

SERFF Tracking Number: HARP-125623317 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number: 39360  
Company Tracking Number: NGL002  
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Group Term Life  
Project Name/Number: /

## Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Group Term Life

SERFF Tr Num: HARP-125623317 State: ArkansasLH

TOI: L04G Group Life - Term

SERFF Status: Closed

State Tr Num: 39360

Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Co Tr Num: NGL002

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Marsha Clark

Disposition Date: 06/24/2008

Date Submitted: 06/20/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association,  
Trust, Other

Filing Status Changed: 06/24/2008

State Status Changed: 06/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Purpose

In our capacity as the Reinsurer and designated filing agent, we are submitting the enclosed forms on behalf of National Guardian Life Insurance Company ("National Guardian") for your review and approval.

This is a new filing and the forms present a program of group term life and accidental death & dismemberment

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insurance.

## Submitted Materials

I have included a list of the forms with a brief description of each and its use.

The Booklet Certificates are being filed in sections with separate form numbers. When the certificate is assembled, the basic form number will appear on the face page of the certificate and the pages will be run in continuous text, without the extended form numbers.

The certificate will be incorporated into and made a part of the Policy of Incorporation, Form NHGRPOL et al currently under review by your department (SERFF Tracking Number HARP-125623027.)

In addition, the master application, enrollment form and personal health information forms that will be used with this product are currently under review by your department (SERFF Tracking Number HARP-125623027.)

## Flesch Test

The certificate has been tested for readability and achieves a Flesch readability score of 42.6. A Readability certification is attached.

## Variability of Forms

The variable material is set off by brackets to be variable so that it may be added to, deleted from or changed. The certificate is accompanied by a Statement of Variable Language to explain the intended range of variability.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - TheHartford03)

Marsha Clark, marsha.j.clark@hartfordlife.com  
7 Waterside Crossing (860) 843-3804 [Phone]  
Windsor, CT 06095 (860) 392-5856[FAX]

### Filing Company Information

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National Guardian Life Insurance Company  
2 East Gilman Street  
Madison, WI 53701  
(608) 443-5325 ext. [Phone]

CoCode: 66583  
Group Code: 1211  
Group Name:  
FEIN Number: 39-0493780  
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State of Domicile: Wisconsin  
Company Type: Life & Health  
State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Arkansas fee is \$50 per submission.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	06/20/2008	21011358

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/24/2008	06/24/2008

*SERFF Tracking Number:*      *HARP-125623317*                      *State:*                      *Arkansas*  
*Filing Company:*              *National Guardian Life Insurance Company*      *State Tracking Number:*      *39360*  
*Company Tracking Number:*      *NGL002*  
*TOI:*                      *L04G Group Life - Term*                      *Sub-TOI:*                      *L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium*

*Product Name:*              *Group Term Life*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 06/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Product Name: Group Term Life  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Forms List		Yes
Supporting Document	Statement of Variable Language		Yes
Supporting Document	Guaranty Association Notice		Yes
Form	Face Page		Yes
Form	Schedule of Insurance-page 1		Yes
Form	Schedule of Insurance-page 2		Yes
Form	Definitions		Yes
Form	Eligibility & Enrollment		Yes
Form	Period of Coverage		Yes
Form	Benefits		Yes
Form	Accelerated Benefit		Yes
Form	Conversion Right		Yes
Form	Portability		Yes
Form	Accidental Death Benefit		Yes
Form	Accidental Death with Double Indemnity		Yes
Form	AD&D		Yes
Form	Common Carrier		Yes
Form	Exposure and Disappearance		Yes
Form	Seat Belt and Air Bag Benefit		Yes
Form	Repatriation Benefit		Yes
Form	Felonious Assault Benefit		Yes
Form	Child Education Benefit		Yes
Form	Day Care Benefit		Yes
Form	Rehabilitation Benefit		Yes
Form	Spouse Education Benefit		Yes
Form	Adaptive Home & Vehicle Benefit		Yes
Form	Coma Benefit		Yes
Form	Critical Burn Benefit		Yes

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<b>Form</b>	Therapeutic Counseling Benefit	Yes
<b>Form</b>	Extended Dependent Coverage	Yes
<b>Form</b>	Common Disaster Benefit	Yes
<b>Form</b>	Survivor Income Benefit	Yes
<b>Form</b>	HIV Occupational Accident Benefit	Yes
<b>Form</b>	Child Dismemberment Benefit	Yes
<b>Form</b>	Funeral Expense Benefit	Yes
<b>Form</b>	Loss of Use Benefit	Yes
<b>Form</b>	Traumatic Brain Injury Benefit	Yes
<b>Form</b>	Bereavement Counseling Benefit	Yes
<b>Form</b>	Occupational Death Benefit	Yes
<b>Form</b>	Accelerated AD&D Benefit	Yes
<b>Form</b>	Exclusions & Limitations	Yes
<b>Form</b>	General Provisions	Yes
<b>Form</b>	Rider Form	Yes

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## Form Schedule

Lead Form Number: NHCRTGTL 4/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NHCRTGT L	Certificate	Face Page	Initial		43	NHCRTGTL_Face Page.pdf
	NHCRTGT L-SCH1	Certificate	Schedule of Insurance-page 1	Initial		43	NHCRTGTL-SCH1_Schedule page 1.pdf
	NHCRTGT L-SCH2	Certificate	Schedule of Insurance-page 2	Initial		43	NHCRTGTL-SCH2_Schedule page 2.pdf
	NHCRTGT L-DEF	Certificate	Definitions	Initial		43	NHCRTGTL-DEF_Definitions.pdf
	NHCRTGT L-E&E	Certificate	Eligibility & Enrollment	Initial		43	NHCRTGTL-E&E_Eligibility.pdf
	NHCRTGT L-PoC	Certificate	Period of Coverage	Initial		43	NHCRTGTL-PoC_Period of Coverage.pdf
	NHCRTGT L-BEN	Certificate	Benefits	Initial		43	NHCRTGTL-BEN_Benefits.pdf
	NHCRTGT L-BEN-AB (AR)	Certificate	Accelerated Benefit	Initial		43	NHCRTGTL-BEN-AB_AR_2008-06-18.pdf
	NHCRTGT L-BEN-Conv (AR)	Certificate	Conversion Right	Initial		43	NHCRTGTL-BEN-Conv_AR_2008-06-18.pdf
	NHCRTGT	Certificate	Portability	Initial		43	NHCRTGTL-

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L-BEN-Port					BEN-Port_Portability.pdf
NHCRTGT Certificate	Accidental Death Benefit	Initial	43		NHCRTGTL-BEN-ADB_Accidental Death Benefit.pdf
L-BEN-ADB					
NHCRTGT Certificate	Accidental Death with Double Indemnity	Initial	43		NHCRTGTL-BEN-ADBCC_Accidental Death from Common Carrier.pdf
L-BEN-ADBCC					
NHCRTGT Certificate	AD&D	Initial	43		NHCRTGTL-BEN-AD&D_AD&D.pdf
L-BEN-AD&D					
NHCRTGT Certificate	Common Carrier	Initial	43		NHCRTGTL-BEN-CC_Common Carrier.pdf
L-BEN-CC					
NHCRTGT Certificate	Exposure and Disappearance	Initial	43		NHCRTGTL-BEN-Exp_Exposure and Disappearance.pdf
L-BEN-Exp					
NHCRTGT Certificate	Seat Belt and Air Bag Benefit	Initial	43		NHCRTGTL-BEN-Seatbelt_Seat belt & Air Bag.pdf
L-BEN-Seatbelt					
NHCRTGT Certificate	Repatriation Benefit	Initial	43		NHCRTGTL-BEN-Rep_Repatriation.pdf
L-BEN-Rep					

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NHCRTGT Certificate L-BEN- Asslt	Felonious Assault Benefit	Initial	43	NHCRTGTL- BEN- Asslt_Felonio us Assault.pdf
NHCRTGT Certificate L-BEN- ChildEd	Child Education Benefit	Initial	43	NHCRTGTL- BEN- ChildEd_Child Education.pdf
NHCRTGT Certificate L-BEN- DayCare	Day Care Benefit	Initial	43	NHCRTGTL- BEN- DayCare_Day Care.pdf
NHCRTGT Certificate L-BEN- Rehab	Rehabilitation Benefit	Initial	43	NHCRTGTL- BEN- Rehab_Reha bilitation.pdf
NHCRTGT Certificate L-BEN- SpseEd	Spouse Education Benefit	Initial	43	NHCRTGTL- BEN- SpseEd_Spo use Education.pdf
NHCRTGT Certificate L-BEN- H&Veh	Adaptive Home & Vehicle Benefit	Initial	43	NHCRTGTL- BEN- H&Veh_Adapt ive Home and Vehicle.pdf
NHCRTGT Certificate L-BEN- Coma	Coma Benefit	Initial	43	NHCRTGTL- BEN- Coma_Coma. pdf
NHCRTGT Certificate L-BEN- Burn	Critical Burn Benefit	Initial	43	NHCRTGTL- BEN- Burn_Critical Burn.pdf
NHCRTGT Certificate L-BEN- Thrpy	Therapeutic Counseling Benefit	Initial	43	NHCRTGTL- BEN- Thrpy_Therap

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Product Name	Policy Type	Benefit Description	Initial	Age	Document Name
NHCRTGT L-BEN-ExtDpndt	Certificate	Extended Dependent Coverage	Initial	43	NHCRTGTL-BEN-ExtDpndt_Ext Dependents Coverage.pdf
NHCRTGT L-BEN-ComDis	Certificate	Common Disaster Benefit	Initial	43	NHCRTGTL-BEN-ComDis_Common Disaster.pdf
NHCRTGT L-BEN-SurvInc	Certificate	Survivor Income Benefit	Initial	43	NHCRTGTL-BEN-SurvInc_Survivor Income.pdf
NHCRTGT L-BEN-OccAD	Certificate	HIV Occupational Accident Benefit	Initial	43	NHCRTGTL-BEN-OccAD_HIV Occupational Accident.pdf
NHCRTGT L-BEN-ChildDismb	Certificate	Child Dismemberment Benefit	Initial	43	NHCRTGTL-BEN-ChildDismb_Dep Child Dismemberment.pdf
NHCRTGT L-BEN-FunExp	Certificate	Funeral Expense Benefit	Initial	43	NHCRTGTL-BEN-FunExp_Funeral Expense.pdf
NHCRTGT L-BEN-Loss	Certificate	Loss of Use Benefit	Initial	43	NHCRTGTL-BEN-Loss_Loss of

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					Use.pdf
NHCRTGT L-BEN- TrmBrain	Certificate Traumatic Brain Injury Benefit	Initial	43	NHCRTGTL- BEN- TrmBrain_Tra umatic Brain Injury.pdf	
NHCRTGT L-BEN- BrvCncl	Certificate Bereavement Counseling Benefit	Initial	43	NHCRTGTL- BEN- BrvCncl_Bere avement Counseling.p df	
NHCRTGT L-BEN- OccDeath	Certificate Occupational Death Benefit	Initial	43	NHCRTGTL_ BEN- OccDeath_Oc cupational Death.pdf	
NHCRTGT L-BEN- Accel	Certificate Accelerated AD&D Benefit	Initial	43	NHCRTGTL- BEN- Accel_Acceler ated AD&D.pdf	
NHCRTGT L-EXCL	Certificate Exclusions & Limitations	Initial	43	NHCRTGTL- EXCL_Exclusi ons & Limitations.pd f	
NHCRTGT L-Prov (AR)	Certificate General Provisions	Initial	43	NHCRTGTL- Prov _AR_2008- 06-18.pdf	
NHCRTGT L-RID	Certificate Rider Form	Initial	43	NHCRTGTL- RID_Rider Form.pdf	





# NATIONAL GUARDIAN LIFE INSURANCE COMPANY

A Mutual Company Incorporated in 1909

2 East Gilman Street

Madison, Wisconsin 53701

## CERTIFICATE OF INSURANCE

[Policyholder: ABC Policyholder]

[Policy Number: XXXXXXXX]

[Policy Effective Date: DATE]

[Policy Anniversary Date: DATE]

[Participating Entity:]

[Account Number: XXXXXXXX]

We have issued The Policy to The Policyholder. Our name, The Policyholder's name and The Policy Number are shown above. The provisions of The Policy, which are important to You, are summarized in this certificate consisting of this form and any additional forms which have been made a part of this certificate. This certificate replaces any other certificate We may have given to You earlier under The Policy. The Policy alone is the only contract under which payment will be made. Any difference between The Policy and this certificate will be settled according to the provisions of The Policy on file with Us at Our home office. The Policy may be inspected at the office of The Policyholder.

**Administrator: [Insert Administrator Name  
Insert Administrator Address]**

Signed for The Company

[  
  
Sherri Kliczak, Secretary

  
John Larson, President]

**[GROUP TERM LIFE COVERAGE  
GROUP ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE]**

### [READ YOUR CERTIFICATE CAREFULLY

You have a 30 day right from Your original Certificate Effective Date to examine Your certificate. If You are not satisfied, You may return it to Us within 30 days of Your original Certificate Effective Date. In that event, We will consider it void from its Effective Date and any premiums paid will be refunded. Any claims paid under The Policy during the initial 30 day period will be deducted from the refund.]

*A note on capitalization in this Certificate:*

Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in The Policy or refers to a specific provision contained herein.

**[Table of Contents**

Certificate Face Page

Schedule of Insurance

Definitions

Eligibility and Enrollment

Period of Coverage

Benefits

General Provisions]

---

**Schedule of Insurance**

[The benefits described herein are those in effect as of: DATE

**Cost of coverage:**

**Non-Contributory Coverage:** Basic Life Insurance  
 Basic Dependents' Life Insurance  
 Accidental Death and Dismemberment

**Contributory Coverage:** Supplemental Life Insurance,  
 Supplemental Dependents' Life Insurance  
 Supplemental Accidental Death and Dismemberment

**Eligible Class(es) For Coverage:** All Full-Time and Part-Time Active Employees and Retirees who are citizens or legal residents of the United States, its territories and protectorates, excluding temporary, leased or seasonal employees.

Class 1	Full-time Executive Employees:	at least # hours weekly
Class 2	Part-time Administrative Employees:	at least # hours weekly, but less than # hours weekly
Class 3	Retirees:	former Active [Employees] who meet the definition of Retiree, as shown in the Definitions

**Annual Enrollment Period:** Month & Day through Month & Day/as determined by Your Employer on a yearly basis.

**Eligibility Waiting Period for Coverage:**

- 1) XX days – if You are Actively at Work for the Employer on the Policy Effective Date; or
- 2) XX days – if You start working for the Employer after the Policy Effective Date.

The number of days referenced above are continuous calendar days. The Eligibility Waiting Period for Coverage will be reduced by the period of time You were a Full-time/Part-time/temporary Active [Employee] with the Employer under the Prior Policy.

**Life Insurance Benefit**

**Amount of Life Insurance**

Basic Amount of Life Insurance

Guaranteed Issue Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX
Maximum Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX

Supplemental Amount of Life Insurance

Guaranteed Issue Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX
Maximum Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX

Combined Basic and Supplemental Amount of Life Insurance

Combined Guaranteed Issue Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX
Combined Maximum Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX

If Your amount of Combined Basic and Supplemental Life Insurance exceeds \$XXXXXXX, the Supplemental Amount of Life Insurance will be reduced, followed by a reduction in the Basic Amount of Life Insurance, if necessary.]

**Schedule of Insurance**

**[Dependent Life Insurance Benefit]**

<u>Amount of Dependent Life Insurance</u>	Spouse	\$XXXXXXXXXX
	Dependent Child(ren)	\$XXXXXXXXXX

**Accidental Death and Dismemberment Benefit (AD&D)**

<u>Basic AD&amp;D Principal Sum</u>	Class 1	\$XXXXXXXXXX
	Class 2	No Benefit
	Class 3	No Benefit
<u>Supplemental AD&amp;D Principal Sum</u>	Class 1	\$XXXXXXXXXX
	Class 2	No Benefit
	Class 3	No Benefit
<u>Combined Basic and Supplemental AD&amp;D Principal Sum</u>		
Combined Maximum Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX

If the combined amount of Basic and Supplemental Accidental Death and Dismemberment Principal Sum exceeds \$XXXXXXX, the Supplemental Principal Sum will be reduced, followed by a reduction in the Basic Principal Sum, if necessary.

**Reduction in Amount of Life Insurance**

We will reduce the Amount of Life Insurance for You and Your Dependents by any amount:

- 1) of individual Life Insurance issued in accordance with the Conversion Right;
- 2) that was continued under the Portability Provision; or
- 3) of Life Insurance in force, paid or payable under the Prior Policy.

**Reduction in Coverage Due to Age**

We will reduce the Life Insurance Benefit and Principal Sum for You and Your Spouse by the percentage indicated in the table below. This reduction will be effective on the first day of the month following the month in which Your birthday occurs/on the January 1st following the date You or Your Spouse attain the ages shown below/on Policy Anniversary Date following the date You or Your Spouse attain the ages shown below. These reductions also apply if:

- 1) You or Your Spouse become covered under The Policy; or
- 2) Your or Your Spouse's coverage increases;

on or after the date You or Your Spouse attain age 65.

Percentage by which current/original amount of coverage (after all previous reductions) will be reduced.	<b>Your Age</b>	<b>Your % Reduction</b>	<b>Your Spouse's Age</b>	<b>Your Spouse's % Reduction</b>
	65	35%	65	35%
	70	35%	70	35%
	75	35%	75	35%
	80	25%	80	25%
	85	25%	85	25%
	90	25%	90	25%
	95	25%	95	25%

The reduced amount of coverage will be rounded to the next higher multiple of \$500, if not already a multiple of \$500. An appropriate adjustment in premium will be made.]

## Definitions

- [Active Employee]** means [an employee who works for the Employer on a regular basis in the usual course of the Employer's business. This must be at least the number of hours shown in the Schedule of Insurance.]
- Actively at Work** means [at work with Your Employer on a day that is one of Your Employer's scheduled workdays. On that day, You must be performing for wage or profit all of the regular duties of Your job:
- 1) in the usual way; and
  - 2) for [Your usual number of hours.]]
- [We will also consider You to be Actively At Work on any regularly scheduled [vacation day, paid time off day, personal day] or holiday, [only if You were Actively At Work on the preceding scheduled work day].
- Paid time off and personal days do not include days off taken for Sickness or Injury.]]
- Actively at Work** means [You are performing all the regular duties of Your occupation on a full-time basis] [(at least 30 hours per week)] [at Your customary place of employment or in the usual way.] ]
- Airworthiness Certificate** means:
- 1) the "Standard" Airworthiness Certificate issued by the United States Federal Aviation Administration (FAA); or
  - 2) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry.
- Civil or Public Aircraft** means a civil or public aircraft which:
- 1) has a current and valid Airworthiness Certificate;
  - 2) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and
  - 3) is not operated by the militia, or armed forces of any state, national government or international authority.
- Commissions** means the [monthly average of monetary] commissions You received from [the Employer] [over:
- 1) [the [X month] period immediately prior to the Policy Anniversary Date]; or
  - 2) the period of time You worked for the Employer, if less than [the above period/X months.]]
- Common Carrier** means a conveyance operated by a concern, other than the [Policyholder], organized and licensed for the transportation of passengers for hire and operated by that concern.
- [Common Carrier will not mean any such conveyance which is hired or used for a sport, gamesmanship, contest, sightseeing, observatory and/or recreational activity, regardless of whether such conveyance is licensed.]
- Contributory Coverage** means coverage for which You are required to contribute toward the cost. [Contributory Coverage is shown in the Schedule of Insurance.]
- Dependent Child(ren)** means:
- 1) Your unmarried children, stepchildren, legally adopted children; or
  - 2) any other children related to You by blood or marriage [or domestic partnership] who:
    - a) [live with You in a regular parent-child relationship; and/or]
    - b) [You claimed as a dependent on Your last filed federal income tax return;]
- provided such children are primarily dependent upon You for financial support and maintenance [and are:
- 1) at least 15 days old but under age 19;
  - 2) from live birth to age 19 years;]
  - 3) [[age 19,] but under [age XX,] and in full-time attendance [(at least 12 course credit hours per semester)] at an accredited institution of learning. If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student continues to qualify as a Dependent;] or
- [[age 19] or older and disabled. Such children must have become disabled before attaining [age 19.] You must submit proof, satisfactory to Us, of such children's disability.]

## Definitions

- Dependents** means [Your Spouse] [and Your Dependent Child(ren)]. [A dependent must be a citizen or legal resident of the United States, [its territories and protectorates.]] [Any person who is in full-time military service cannot be a dependent.]]
- Earnings** [means Your regular annual rate of pay, not counting commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the most recent the date immediately prior to the last Policy Anniversary Date.]
- Earnings** [means, for sole proprietor, partners, members of a limited liability company taxable as a partnership under the federal income tax laws, or share holders in a S-Corporation:
- 1) the annual average of earnings reported as "net earnings from self-employment" for federal income tax purposes for:
    - a) the X year(s) immediately prior to the most recent the last Policy Anniversary Date; or
    - b) the number of months You were employed in this capacity, if less than above period; and
  - 2) not contributions You made through a salary reduction agreement with the Employer to:
    - a) an Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred compensation arrangement;
    - b) an executive non-qualified deferred compensation arrangement; or
    - c) a salary reduction arrangement under an IRC Section 125 plan,for the same period as above.
- Earnings does not include bonuses, commissions, tips and tokens, dividends, capital gains and returns of capital.]
- Earnings** [means, for specific class description if applicable Your average annual rate of pay, including Bonuses, Commissions and Tips and Tokens, from the Employer for the X calendar year(s) ending immediately prior to the most recent the last Policy Anniversary Date , or over the number of calendar months of employment, if less than this period:
- 1) not including contributions you made through a salary reduction agreement with the Employer to:
    - a) an Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred compensation arrangement;
    - b) an executive non qualified deferred compensation arrangement; or
    - c) a salary reduction arrangement under an IRC Section 125 plan; andnot including bonuses, commissions, tips and tokens overtime pay or expense reimbursements for the same period as above.]
- Employer** means [the Policyholder].
- FAA** means:
- 1) the Federal Aviation Administration of the United States; or
  - 2) the equivalent aviation authority for the country of the aircraft's registry, if the governmental authority is recognized by the United States.
- Guaranteed Issue Amount** means the Amount of Life Insurance for which We do not require Evidence of Insurability. [The Guaranteed Issue Amount is shown in the Schedule of Insurance.]
- Hospital** means an institution which:
- 1) operates pursuant to law;
  - 2) primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
  - 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of Physicians; and
  - 4) provides 24-hour nursing service by or under the supervision of registered graduate nurses (R.N.).
- Hospital does not mean any institution or part thereof which is used primarily as:
- 1) a nursing home, convalescent home, or skilled nursing facility;
  - 2) a place for rest, custodial care, or for the aged;
  - 3) a clinic; or
  - 4) a place for the treatment of mental illness, alcoholism, or substance abuse.

## Definitions

However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a Hospital if it is:

- 1) part of an institution that meets the above requirements; and
- 2) listed in the American Hospital Association Guide as a general Hospital.

### **Injury**

means bodily injury resulting:

- 1) directly from an accident; and
- 2) independently of all other causes;

which [occurs while You [or Your Dependents] are covered under The Policy.]

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound;  
or
- 2) medical or surgical treatment of a sickness or disease;

is not considered as resulting from Injury.

### **Military Transport Aircraft**

means a transport aircraft operated by:

- 1) the United States Air Mobility Command (AMC); or
- 2) a national military air transport service of a governmental authority recognized by the United States.

### **Motor Vehicle**

means a self-propelled, [four (4) or more wheeled:

- 1) private passenger: car, station wagon, van or sport utility vehicle;
- 2) motor home or camper; or
- 3) pick-up truck;]

not being used as a Common Carrier.

[A Motor Vehicle does not include farm equipment, snowmobiles, all-terrain vehicles, lawnmowers or any other type of equipment vehicles.]

### **Non- Contributory Coverage**

means coverage for which You are not required to contribute toward the cost. [Non-Contributory Coverage is shown in the Schedule of Insurance.]

### **Normal Retirement Age**

means [the Social Security Normal Retirement Age under the most recent amendments to the United States Social Security Act. It is determined by Your date of birth, as follows:

<b>Year of Birth</b>	<b>Normal Retirement Age</b>	<b>Year of Birth</b>	<b>Normal Retirement Age</b>
1937 or before	65	1955	66 + 2 months
1938	65 + 2 months	1956	66 + 4 months
1939	65 + 4 months	1957	66 + 6 months
1940	65 + 6 months	1958	66 + 8 months
1941	65 + 8 months	1959	66 + 10 months
1942	65 + 10 months	1960 or after	67]
1943 through 1954	66		

### **On**

means, when used with reference to any conveyance (land, water or air), in or on, boarding or alighting from the conveyance.

### **Participating [Employer]**

means [an Employer who agrees to participate in the Trust, pays the required contribution and is a participant in accordance with the provisions of The Policy.]

### **Physician**

means a legally qualified physician or surgeon other than a physician or surgeon who is [Related to You by blood or marriage.]

### **Prior Policy**

means [the group life insurance policy carried by [the Employer] on the day before [the Policy Effective Date.]]

## Definitions

- Related** means Your spouse or other adult living with You, sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild [or similar relationship in law].
- [Retiree]** means a former employee of the Employer:
- 1) [whose age plus years of service equals at least #;
  - 2) who has attained the Normal Retirement Age;
  - 3) who has completed at least # years of active full-time or part-time service with the Employer;
  - 4) who is participating in an Employer-sponsored pension plan;
  - 5) who retired from the Employer immediately after the last day as an Active Employee; or
  - 6) who was on approved Waiver of Premium, immediately before retirement.]
- Scheduled Aircraft** means a Civil or Public Aircraft operated by a scheduled airline which:
- 1) is licensed by the FAA for the transportation of passengers for hire; and
  - 2) publishes its flight schedules and fares for regular passenger service.
- Spouse** means Your spouse who:
- 1) [is under age 65; and]
  - 2) is not [legally separated or] divorced from You; and
  - 3) [is not in active full-time military service [outside the continental United States, Hawaii, Puerto Rico or Alaska.] [However, Your spouse who is in active full-time military service inside the continental United States, Hawaii, Puerto Rico or Alaska will be considered a Dependent.]].
- [Spouse will include Your [domestic partner or party to a civil union], provided You :
- 1) have executed a [domestic partner affidavit] satisfactory to Us, establishing that You and Your partner are [domestic partners or parties to a civil union] for purposes of The [Policy] or;
  - 2) have registered as [domestic partners or parties to a civil union] with a government agency or office where such registration is available [and provide proof of such registration [unless requiring proof is prohibited by law.]]
- You will continue to be considered [domestic partners or parties to a civil union] provided You continue to meet the requirements [described in the domestic partner affidavit [or required by law.]]
- The Policy** means the policy which We issued to [the Policyholder] under [the Policy Number] [shown on the face page.]
- Tips and Tokens** means the [monthly average of monetary] tips and tokens You received from [the Employer] [over:
- 1) [the [X month] period immediately prior to the Policy Anniversary Date]; or
  - 2) the period of time You worked for the Employer, if less than [the above period/X months.]
- Trust** means [the Policyholder stated on the face page of The Policy.]
- We, Us or Our** means [the insurance company named on the face page of The Policy.]
- You or Your** means the person to whom this certificate is issued.

## Eligibility & Enrollment

**Eligible Persons:** All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.  
*Who is eligible for coverage?*

**Eligibility for Coverage:** *When will I become eligible?* You will become eligible for coverage on the latest of:  
1) [the Policy Effective Date;  
2) the date on which You complete the Eligibility Waiting Period for Coverage; or  
3) the date You become a member of an Eligible Class.]

[You are eligible for Retiree coverage on the later of:  
1) the date You meet the definition of Retiree; or  
2) the Policy Effective Date.]

**Eligibility for Dependent Coverage:** *When will I become eligible for Dependent Coverage?* You will become eligible for Dependent coverage on the later of:  
1) [the date You become [insured] for employee coverage; or  
2) the date You acquire Your first Dependent.]  
[You may not elect coverage for Your Dependent if such Dependent is covered as an employee under The Policy. No person can be insured as a Dependent of more than one employee under The Policy.]  
[As a Retiree, You are not eligible for Dependent Coverage [for any Dependent You acquire after the date You retire.]]

**Enrollment:** *How do I enroll for coverage for myself [and my Dependents?]* [[For Non-Contributory Coverage,] Your Employer will automatically enroll You [for the Amount of Basic Life Insurance and Basic Dependent Life Insurance.] [However, You will need to complete a beneficiary designation form.]]

[To enroll for Contributory Coverage, You [must:  
1) complete and sign a group insurance enrollment form, satisfactory to Us, for Your coverage [and Your Dependent's coverage]; and  
2) deliver it to Your Employer.]  
[You have the option to enroll by voice recording or electronically. Your Employer will provide instructions.]

[You must enroll for Retiree Coverage [within 31 days] of the date You retire.]

[If You do not enroll for Your coverage [and/or Your Dependent's coverage] [within 31 days] after becoming eligible under The Policy, [or if You were eligible to enroll under the Prior Policy and did not do so, and later choose to enroll] You may only enroll for Your coverage [and/or Your Dependent's coverage:]

- 1) [during an [Annual Enrollment Period] designated by the Policyholder; or
- 2) within [31 days] of the date You have a Change in Family Status.]

Any Enrollment may be subject to the Evidence of Insurability Requirements provision.]

### Period of Coverage

**Evidence of Insurability Requirements:**  
*When will I first be required to provide Evidence of Insurability?*

- [We require Evidence of Insurability, satisfactory to Us, for initial coverage, if You:
- 1) enroll more than 31 days after the date You are first eligible to enroll, including electing initial coverage after a Change in Family Status;
  - 2) enroll for an Amount of Life Insurance greater than the Supplemental Guaranteed Issue Amount, regardless of when You enroll for coverage; or
  - 3) were eligible for any coverage under the Prior Policy, but did not enroll and later choose to enroll for that coverage under The Policy.

If Your Evidence of Insurability is not satisfactory to Us:

- 1) Your Amount of Life Insurance will equal the amount for which You were eligible without providing Evidence of Insurability, provided You enrolled within 31 days of the date You were first eligible to enroll; and
- 2) You will not be covered under The Policy if You enrolled more than 31 days after the date You were first eligible to enroll.]

**Dependent Evidence of Insurability Requirements:**  
*When will my Dependents first be required to provide Evidence of Insurability?*

- [We require Evidence of Insurability, satisfactory to Us, for initial coverage, if You:
- 1) enroll for Your Dependents' coverage more than 31 days after the date You are first eligible to enroll, including electing initial coverage after a Change in Family Status;
  - 2) enroll for an Amount of Dependent Life Insurance greater than the Supplemental Dependents' Guaranteed Issue Amount, regardless of when You enroll for coverage; or
  - 3) were eligible for any coverage under the Prior Policy, but did not enroll and later choose to enroll for that coverage under The Policy.

However, no Evidence of Insurability will be required if the Amount of Life Insurance for Your Dependent Child is \$15,000 or less.

If Your Dependents' Evidence of Insurability is not satisfactory to Us:

- 1) Your Dependents' Amount of Life Insurance will equal the amount for which Your Dependents were eligible without providing Evidence of Insurability, provided You enrolled within 31 days of the date You were first eligible to enroll;
- 2) Your Dependents will not be covered under The Policy if You enrolled more than 31 days after the date You were first eligible to enroll.]

**Evidence of Insurability:**  
*What is Evidence of Insurability?*

Evidence of Insurability must be satisfactory to Us and may include, but will not be limited to:

- 1) [a completed and signed application approved by Us; and
- 2) any additional information We may require. ]

[All Evidence of Insurability will be furnished at Your expense.] We will then determine if You [or Your Dependents] are insurable [for initial coverage or an increase in coverage under The Policy.]

You will be notified [in writing of Our determination of any Evidence of Insurability submission.]

**Change in Family Status:**  
*What constitutes a Change in Family Status?*

A Change in Family Status occurs when:

- 1) [You get married or You execute a domestic partner affidavit;
- 2) You and Your spouse divorce or terminate a domestic partnership;
- 3) Your child is born or You adopt or become the legal guardian of a child;
- 4) Your spouse or domestic partner dies;
- 5) Your child is no longer financially dependent on You or dies;
- 6) Your spouse is no longer employed, which results in a loss of group insurance; or
- 7) You have a change in classification from part-time to full-time or from full-time to part-time.]

## Period of Coverage

**Effective Date:**  
*When does my coverage start?*

[Non-Contributory Coverage, for which Evidence of Insurability is not required, will start [on the date You become eligible.]]

[Contributory Coverage, for which Evidence of Insurability is not required, will start [on the latest to occur of:

- 1) The date You become eligible, if You enroll on or before that date;
- 2) the first day of the month on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
- 3) the date You enroll, if You do so within 31 days from the date You are eligible.]]

[Any coverage for which Evidence of Insurability is required, will become effective on [the later of:

- 1) the date You become eligible; or
- 2) the date We approve Your Evidence of Insurability.]]

[However, all Effective Dates of coverage are subject to the Deferred Effective Date provision.]

**Deferred Effective Date:**  
*When will my effective date for coverage or a change in my coverage be deferred?*

[With respect to Active [Employees], if, on the date You are to become covered:

- 1) under The Policy;
- 2) for increased benefits; or
- 3) for a new benefit;

You are not Actively at Work [due to a physical or mental condition,] such coverage will not start until [the date You are Actively at Work.]]

[With respect to Retirees, if, on the date You are to become covered:

- 1) for increased benefits; or
- 2) for a new benefit;

You are:

- 1) confined in a hospital; or
- 2) Confined Elsewhere;

such coverage will not start until [You:

- 1) are discharged from the hospital; or
- 2) are no longer Confined Elsewhere;

and have engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.]]

[**Confined Elsewhere** means You are unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.]

## Period of Coverage

**Continuity from a Prior Policy:** *Is there continuity of coverage from a Prior Policy? [Not Applicable To Retirees]*

[Your initial coverage under The Policy will begin, and will not be deferred if [on the day before the Policy Effective Date,] You were:

- 1) insured under the Prior Policy; [and
- 2) Actively at Work or on an authorized family and medical leave;]

but [on the Policy Effective Date,] You were not Actively at Work, and would otherwise meet the Eligibility requirements of The Policy. [However, Your Amount of Insurance will be the lesser of the amount of life insurance and accidental death and dismemberment principal sum]:

- 1) You had under the Prior Policy; or
- 2) [shown in the Schedule of Insurance;]

[reduced by any coverage amount:

- 1) that is in force, paid or payable under the Prior Policy; or
- 2) that would have been so payable under the Prior Policy had timely election been made.]

Such amount of insurance under this provision [is subject to any reductions in The Policy and will not increase.]]

Coverage provided through this provision ends [on the first to occur of:

- 1) the last day of a period of [12 consecutive months] after the Policy Effective Date;
- 2) the date Your insurance terminates for any reason shown under the Termination provision;
- 3) the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated; or
- 4) the date You are Actively at Work.]

However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active Employee under The Policy.

**Continuity from a Prior Policy for Disability Extension:** *Is there continuity of coverage from a Prior Policy? [Not applicable To Retiree Coverage]*

[Your initial coverage under The Policy will begin, and will not be deferred if [on the day before the Policy Effective Date,] You were:

- 3) insured under the Prior Policy; [and
- 2) [under age 65];

Your Amount of Insurance will be the lesser of the amount of life insurance and [accidental death and dismemberment principal sum]:

- 3) You had under the Prior Policy; or
- 4) [shown in the Schedule of Insurance;]

[reduced by any coverage amount:

- 3) that is in force, paid or payable under the Prior Policy; or
- 4) that would have been so payable under the Prior Policy had timely election been made.]

Such amount of insurance under this provision [is subject to any reductions in The Policy and will not increase.]]

Coverage provided through this provision ends [on the first to occur of:

- 5) the date Your insurance terminates for any reason shown under the Termination provision;
- 6) [the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated; ]
- 7) the date You are Actively at Work]; or
- 8) [the date] You attain age [65].

However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active [Employee] under The Policy.

## Period of Coverage

**Dependent Effective Date:**

*When does Dependent coverage start?*

[Non-Contributory Coverage, [for which Evidence of Insurability is not required,] will start [on the date You become eligible for Dependent coverage.]]

[Contributory Coverage, [for which Evidence of Insurability is not required,] will start on [the latest to occur of:

- 1) The date You become eligible for Dependent coverage, if You have enrolled on or before that date; or
- 2) the first day of the month on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
- 3) the date You enroll, if You do so within 31 days from the date You are eligible for Dependent coverage.]]

[Coverage for which Evidence of Insurability is required, will become effective [on the later of:

- 1) the date You become eligible for Dependent coverage; or
- 2) the date We approve Your Dependents' Evidence of Insurability.]]

[In no event will Dependent coverage become effective before You become [insured].]

**Dependent Deferred Effective Date:**

*When will the effective date for Dependent coverage or a change in coverage be deferred?*

[If, on the date Your Dependent, [other than a newborn,] is to become covered:

- 1) under The Policy;
- 2) for increased benefits; or
- 3) for a new benefit;

he or she is:

- 1) confined in a hospital; or
- 2) Confined Elsewhere;

such coverage will not start until he or she:

- 1) [is discharged from the hospital; or
- 2) is no longer Confined Elsewhere;

and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.]

[This Deferred Effective Date provision will not apply to disabled children who qualify under the definition of Dependent Children.]

[**Confined Elsewhere** means Your Dependent is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.]

**Dependent Continuity from a Prior Policy:**

*Is there continuity of coverage from a Prior Policy for my Dependents ?*

If on [the day before the Policy Effective Date,] You were covered with respect to Your Dependents under the Prior Policy, the Deferred Effective Date provision will not apply to initial coverage under The Policy for such Dependents. However, the Dependent Amount of Insurance will be [the lesser of the amount of life insurance [and the accidental death and dismemberment principal sum]:

- 1) they had under the Prior Policy; or
- 2) shown in the Schedule of Insurance;]

[reduced by any coverage amount:

- 1) that is in force, paid or payable under the Prior Policy; or
- 2) that would have been so payable under the Prior Policy had timely election been made.]

**Effective Date of Retiree Coverage:**

*When does my Retiree Coverage start?*

[Non-Contributory Coverage will start [on the date You become eligible.]]

[Contributory Coverage will start on the date You become eligible if You enroll on or before that date.]

Deferred Effective Date provisions will only apply to increases in coverage or new benefits.

## Period of Coverage

**Change in Coverage:** *When may I change my coverage [or coverage for my Dependents]?* [After Your initial enrollment] You may increase or decrease coverage [for You or Your Dependents] [or add a new Dependent to Your existing Dependent coverage]:

- 1) [during any Annual Enrollment Period designated by the Policyholder; or
- 2) within [31] days of the date of a Change in Family Status.]

**Effective Date for Changes in Coverage:** *When will changes in coverage become effective?* Any decrease in coverage will take effect on [the date of the change.]

Any increase in coverage will take effect on [the latest of:

- 1) the date of the change;
- 2) the date requirements of the Deferred Effective Date provision are met; and
- 3) the date Evidence of Insurability is approved, if required.]

**Increase in Amount of Life Insurance:** *If I request an increase in the Amount of Life Insurance [for myself or my Dependents], must [we] provide Evidence of Insurability?* If You [or Your Dependents] are:

- 1) [already enrolled for an Amount of [Supplemental] Life Insurance under The Policy, then You [and Your Dependents] must provide Evidence of Insurability [for any increase; or]
- 2) not already enrolled for [Supplemental] Life Insurance under The Policy, You [and Your Dependents] must provide Evidence of Insurability [for any amount of coverage, including an initial amount of [Supplemental] Life Insurance.]]

[In any event, if the Amount of [Supplemental Life] Insurance You request is greater than the [Combined Guaranteed Issue Amount,] You [or Your Dependents,] as applicable, must provide Evidence of Insurability.]

[If Your Evidence of Insurability is not satisfactory to Us, the Amount of [Supplemental Life] Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.]

[If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of [Supplemental Life] Insurance he or she had in effect on the date immediately prior to the date You requested the increase will not change.]

**[Increase in Amount of Life Insurance:** *If my Amount of Life Insurance increases because my Earnings increase, must I provide Evidence of Insurability?* If Your Amount of [Supplemental Life] Insurance is based on a multiple of Your Earnings, You must provide Evidence of Insurability if Your Earnings increase such that Your Amount of [Supplemental Life] Insurance is greater than the [Combined Guaranteed Issue Amount.]

[Additionally, once approved, We require Evidence of Insurability again if Your Amount of [Supplemental Life] Insurance:

- 1) is greater than the [Combined Guaranteed Issue Amount;] and
- 2) [would increase solely because Your Earnings increased more than \$25,000:
  - a) during the last [12 consecutive month] period; or
  - b) since Your Evidence of Insurability was last approved; whichever occurs most recently.]

However, if:

- 1) You do not submit Evidence of Insurability; or
- 2) Your Evidence of Insurability is not satisfactory to Us,

Your Amount of Life Insurance:

- 1) [will increase, but only up to [the amount for which You were eligible without having to provide Evidence of Insurability; and]
- 2) will not increase again, or beyond that amount, until Your Evidence of Insurability is approved.]]

## Period of Coverage

### **Termination:**

*When will my coverage end?*

Your coverage will end on the earliest of the following:

- 1) [the date The Policy terminates;
- 2) the date You are no longer in a class eligible for coverage, or the class is cancelled;
- 3) the date the required premium is due but not paid;
- 4) the date You or Your Employer terminates Your employment;
- 5) the date Your Employer ceases to be a Participating Employer;
- 6) the date You are no longer Actively at Work; or
- 7) the date You attain age [70];]

[unless continued in accordance with one of the Continuation Provisions.]

### **Reinstatement:**

*Can my coverage be reinstated after it ends?*

If:

- 1) Your coverage ends [because You are no longer employed by the Employer or no longer in an eligible class; and]
- 2) [You are rehired or return to an eligible class] within [12 months] of the date Your coverage ended;

then coverage for You [and Your previously covered Dependents] may be reinstated, provided You request such reinstatement within [31 days] of the date [You return to work or to an eligible class.]

The reinstated coverage will be the lesser of the:

- 1) coverage amounts in force on the date coverage ended; or
- 2) amount of coverage in Your new eligible class.

[We will not reinstate any amount of coverage which You [or Your Dependent:]

- 1) converted in accordance with the Conversion Right; or
- 2) continued under the Portability Provision;

unless You cancel such coverage.]

### **Dependents**

#### **Termination:**

*When does coverage for my Dependents end?*

Coverage for Your Dependents will end on the earliest to occur of:

- 1) [the date Your coverage ends;
- 2) the date the required premium is due but not paid;
- 3) the date You are no longer eligible for Dependent's coverage;
- 4) the date We or the Employer terminate Dependent's coverage;
- 5) the date the Dependent no longer meets the definition of Dependent; or
- 6) the date Your Spouse reaches age [70.]]

[unless continued in accordance with the continuation provisions.]

### **Retiree Coverage**

#### **Termination:**

*When will my Retiree Coverage end?*

Your coverage will end on the earliest of the following:

- 1) [the date The Policy terminates;
- 2) the date You are no longer in a class eligible for coverage, or the class is cancelled;
- 3) the date the required premium is due but not paid;
- 4) the date Your Employer ceases to be a Participating Employer; or
- 5) [the date You attain age [70];]

### Period of Coverage

**Continuation Provisions:** *Can my coverage [and my Dependent's coverage] be continued beyond the date it would otherwise terminate?*

Coverage under The Policy may be continued, at Your Employer's option, beyond a date shown in the Termination provision, provided Your Employer provides a plan of continuation which applies to all employees the same way. The amount of continued coverage [applicable to You or Your Dependents] will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended. Continued coverage:

- 1) is subject to any reductions in The Policy;
- 2) is subject to payment of premium;
- 3) may be continued up to the maximum time shown in the provisions; and
- 4) terminates if:
  - a) [The Policy terminates;]
  - b) [Your Employer ceases to be a Participating Employer; or]
  - c) [You attain age 70].

In no event will the amount of insurance increase while coverage is continued in accordance with the following provisions. The Continuation Provisions shown below may not be applied consecutively.

[In no event will coverage under the following Continuation Provisions, when combined, extend longer than 12 months from the date You were last Actively at Work: Leave of Absence, Layoff, Status Change, Disability Insurance, Sickness or Injury, Family Medical Leave or Labor Dispute.]

In all other respects, the terms of Your [and Your Dependents' coverage] remain unchanged.

[Leave of Absence: If You are on a documented [medical] leave of absence, [other than Family and Medical Leave or Military Leave of Absence], all of Your coverage [(including Dependent Life coverage)] may be continued until [the last day of the month following the month in which the leave of absence commenced.] [If the leave terminates prior to the agreed upon date, this continuation will cease immediately.]]

[Military Leave of Absence: If You [or Your Dependent] enter active military service and are granted a military leave of absence in writing, all of Your coverage [(including Dependent Life coverage)] may be continued for up to [12 weeks]. [If the leave ends prior to the agreed upon date, this continuation will cease immediately.]]

[Spouse Military Leave of Absence: If Your Spouse enters active full-time military service [outside of the continental United States, Hawaii, Puerto Rico or Alaska], his or her coverage may be continued for up to [12 weeks]. [If the leave ends prior to the agreed upon date, this continuation will cease immediately.]]

[Lay Off: If You are [temporarily] laid off by the Employer due to lack of work, all of Your coverage [(including Dependent Life coverage)] may be continued [until the last day of the month following the month in which the layoff commenced.] [If the lay-off becomes permanent, this continuation will cease immediately.]]

[Status Change: If You are:

- 1) employed by the Policyholder; and
- 2) no longer in an Eligible Class due to a reduction in the number of scheduled hours You work;

Your coverage [(including Dependent Life coverage)] may be continued [until the last day of the third consecutive month after the date Your scheduled hours were reduced.]]

[Disability Insurance: If You are working for the Policyholder and:

- 1) are covered by; and
- 2) meet the definition of disabled under;

a Group Disability Insurance Policy, issued [by Us] to [Your Employer], Your coverage [(including Dependent Life coverage)] may be continued [for a period of 12 consecutive months from the date You were last Actively at Work.]

### **Period of Coverage**

**[Sickness or Injury:** If You are not Actively at Work due to sickness or injury, all of Your coverage [(including Dependent Life coverage)] may be continued:

- 1) [for a period of twelve consecutive months from the date You were last Actively at Work; or
- 2) if such absence results in a leave of absence in accordance with state and/or federal family and medical leave laws, then the combined continuation period will not exceed twelve consecutive months.]]

**[Family and Medical Leave:** If You are granted a leave of absence, in writing, according to the Family and Medical Leave Act of 1993, or other applicable state or local law, Your coverage may be continued for up to [12 weeks, or longer if required by other applicable law,] following the date Your leave commenced. [If the leave of absence ends prior to the agreed upon date, this continuation will cease immediately.]]

**[Labor Dispute:** If You are not Actively at Work as the result of a labor dispute, all of Your coverage [(including Dependent Life coverage)] may be continued during such dispute [until the last day of the month in which the coverage terminated.] [If the labor dispute ends, this continuation will cease immediately.]]

**[Sabbatical:** If You are on a documented [paid] sabbatical, Your coverage [(including Dependent Life coverage)] may be continued [until the last day of the month in which] the sabbatical commenced. [If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.]]

**[Severance:** If Your employment terminates and continuation of life insurance is available to You [and Your Dependents] in a severance plan sponsored by the Employer, all of Your coverage [(including Dependent Life coverage)] may be continued. Your coverage will continue until the earliest of:

- 1) [the date The Policy terminates;
- 2) the date You become covered under another group life insurance policy;
- 3) the date specified in Your Severance plan; or
- 4) [12 months] from the date Your employment terminated.]

[Coverage for Your Dependent will continue until the earliest of:

- 1) [the date Your Dependents no longer meet the definition of Dependents;
- 2) the date We or Your Employer terminate Dependent coverage; or
- 3) the date Your coverage terminates.]]]

## Period of Coverage

**Dependent Continuation:**  
*Can coverage for my Dependents be continued if I die?*

If You die while [covered] under The Policy, [the Life Insurance] coverage for Your Dependents in force at the time of Your death may be continued, until [the earliest of:

- 1) the date the coverage would otherwise have ended under the Dependent Termination provision;
- 2) the date Your Spouse remarries, dies, or obtains coverage under another group plan;
- 3) the date Your Spouse attains age 65; or
- 4) 5 years from Your date of death.]

[Coverage continued under this provision will be Contributory Coverage and may not be increased.]

**Continuation for Dependent Child(ren) with Disabilities:** *Will coverage for Dependent Children with Disabilities be continued?*

If Your Dependent Child(ren) reach the age at which they would otherwise cease to be a Dependent as defined, and they are:

- 1) [age 19 or older; and]
- 2) disabled; and
- 3) primarily dependent upon You for financial support;

then Dependent Child(ren) coverage will not terminate solely due to age. However:

- 1) You must submit proof satisfactory to Us of such Dependent Child(ren) 's disability within [31] days of the date he or she reaches such age; and
- 2) [such Dependent Child(ren) must have become disabled before attaining age 19.]

Coverage under The Policy will continue as long as:

- 1) You remain [insured];
- 2) the child continues to meet the required conditions; and
- 3) [any required premium is paid when due.]

[However, no increase in the Amount of Life Insurance for such Dependent Children will be available.]

We have the right to require proof, satisfactory to Us, as often as necessary during the first [two years] of continuation, that the child continues to meet these conditions. We will not require proof more often than [once a year] after that.

**Waiver of Premium:** *Does coverage continue if I am Disabled?*

Waiver of Premium is a provision which allows You to continue [Your and Your Dependent's] [Life Insurance] coverage without paying premium, while You are Disabled and qualify for Waiver of Premium.

If You qualify for Waiver of Premium, the amount of continued coverage:

- 1) will be the amount in force on the date You [cease to be an Active [Employee];]
- 2) [will be subject to any reductions provided by The Policy; and
- 3) will not increase.]

**Waiver of Premium and Disability Extension:** *Does coverage continue if I am Disabled??*

If You become Disabled, You may qualify for Waiver of Premium or Disability Extension [for You and Your Dependents].

To qualify for Waiver of Premium, You must be Disabled prior to [age 60.] If You qualify for Waiver of Premium, Your coverage will be continued while You are Disabled without payment of premium.

To qualify for Disability Extension, You must be Disabled [at age 60 or older but under age 65]. If You qualify for the Disability Extension, You may continue Your Life Insurance coverage while You are Disabled provided the required premium payments are made.

If You qualify for either Waiver of Premium or Disability Extension, the amount of continued coverage:

- 1) will be the amount in force on the date You [cease to be an Active [Employee];]
- 2) [will be subject to any reductions provided by The Policy ; and
- 3) will not increase .]

## Period of Coverage

### **Disability**

**Extension:** *Does coverage continue if I am Disabled?*

If You become Disabled, You may qualify for Disability Extension for You [and Your Dependents]. To qualify for Disability Extension, You must be Disabled [prior to age 65]. If You qualify for Disability Extension, You may continue Your Life Insurance coverage while You are Disabled provided the required premium payments are made.

If You qualify for Disability Extension, the amount of continued coverage:

- 1) will be the amount in force on the date You [cease to be an Active [Employee];]
- 2) [will be subject to any reductions provided by The Policy; and
- 3) will not increase .]

### **Extended Benefit**

**Provision:** *Does coverage continue if I am Disabled?*

The Extended Benefit provision allows for a continuation of Your life insurance:

- 1) while You are Disabled; and
- 2) without payment of premium.

We will pay the amount of continued coverage after We receive Proof of Loss if:

- 1) Your coverage under The Policy terminates while You are Disabled; and
- 2) Your death occurs:
  - a) before You [are age 70; and
  - b) within the Extended Benefit Period; and]
- 3) You are continuously Disabled from the date Your coverage terminates until the date You die.

The amount of continued coverage:

will be the amount in force on the date You [cease to be an Active [Employee];]  
[will be subject to any reductions provided by The Policy; and  
will not increase.]

The Extended Benefit Period begins on the date Your coverage ends and continues until the earlier of:

- 1) [a period of time equal to the length of time You were covered; or
- 2) one year.]

### **Eligible**

**Coverages:** *What coverages are eligible under this provision?*

This provision applies only to:

- 1) [the Standard Issue Program;
- 2) Your Basic; and
- 3) Your Accidental Death and Dismemberment coverage; and
- 4) Dependent Life Insurance.]

This provision does not apply to:

- 1) [Retirees;
- 2) the Modified Guaranteed Issue Program;
- 3) the Guaranteed Issue Program;
- 4) Basic and Supplemental/Supplemental Life Insurance;
- 5) the Critical Illness Benefit; or
- 6) the Ability Plus Benefit.]

[You are not eligible to apply for both the Portability Benefit and Waiver of Premium for the same coverage amount for You or Your Dependents.]

**[Disabled:** *What does Disabled mean?*

Disabled means You are prevented by injury or sickness from doing any work for which You are, or could become, qualified by:

- a) education;
- b) training; or
- c) experience.

[In addition, You will be considered Disabled if You have been diagnosed with a life expectancy of [6 months or less.]]

## Period of Coverage

**Conditions for Qualification:**  
*What conditions must I satisfy before I qualify for this provision?*

[To qualify for Waiver of Premium You must:

- 1) be covered under The Policy [and be under age 60 when You become Disabled;]
- 2) be Disabled and provide Proof of Loss that You have been Disabled for [9 consecutive months], [starting on the date You were last Actively at Work;] and
- 3) provide such proof within [one year] of [Your last day of work as an Active [Employee].]

[To qualify for Disability Extension You must:

- 1) be covered under The Policy and be under age 65 when You become Disabled;
- 2) be Disabled and provide Proof of Loss that You have been Disabled; or
- 3) Your coverage must have been continued under a Disability Extension provision of the Prior Policy.]

[In any event, You must have been Actively at Work under the Policy to qualify for [Waiver of Premium or Disability Extension].]

**When Premiums are Waived:**  
*When will premiums be waived?*

If We approve Waiver of Premium, We will notify You of the date We will begin to waive premium. [In any case, We will not waive premiums for the first [9 months] You are Disabled.] We have the right to:

- 1) [require Proof of Loss that You are Disabled; and
- 2) have You examined at reasonable intervals during the first 2 years after receiving initial Proof of Loss, but not more than once a year after that.]

[If You fail to submit any required Proof of Loss or refuse to be examined as required by Us, [then Your coverage will terminate, premiums will not be waived and You must continue to pay premiums.]]

[However, if We deny Waiver of Premium, You may be eligible to:

- 1) [continue coverage under the Portability Benefit; or]
- 2) convert coverage in accordance with the Conversion Right;

for You and Your Dependents.]

[If You cease to be Disabled and return to work for a total of 5 days or less during the first 9 months that You are Disabled, the 9 month waiting period will not be interrupted. Except for the 5 days or less that You worked, You must be Disabled by the same condition for the total 9 month period. If You return to work for more than 5 days, You must satisfy a new waiting period.]

**Benefit Payable before Approval of Waiver of Premium:**  
*What if I die [or my Dependent dies] before I qualify for Waiver of Premium?*

If You [or Your Dependent] die within [one year] of [Your last day of work as an Active [Employee],] but before You qualify for Waiver of Premium, We will pay the Amount of Life Insurance which is in force for [the deceased person] provided:

- 1) You were continuously Disabled;
- 2) the Disability lasted or would have lasted [9 months] or more; and
- 3) [premiums had been paid for coverage.]

## Period of Coverage

**Waiver Ceases:** We will waive premium payments and continue Your coverage, while You remain Disabled, until [the earliest of]:

*When will*

*Waiver of*

*Premium cease?*

- 1) [the date You attain age [65] if Disabled prior to age [60];
- 2) the date You are no longer in an Eligible Class, or the class is cancelled; or]
- 3) [5 years after the date You became Disabled, if You became Disabled on or after age 60].

We will waive premium payments for Your Dependent Life Insurance and continue such coverage, while You remain Disabled, until the earliest of the date:

- 1) [You die;
- 2) You no longer qualify for Waiver of Premium;
- 3) [The Policy terminates [or Your Employer ceases to be a Participant Employer];]
- 4) [You attain age 65;]
- 5) Your Dependents are no longer in an Eligible Class, or Dependent coverage is no longer offered; or
- 6) Your Dependent no longer meets the definition of Dependent.]

*What happens  
when Waiver of  
Premium  
ceases?*

When the Waiver of Premium ceases:

- 1) if You return to work [in an Eligible Class,] [as an Active Employee], then You may again be eligible for coverage [for Yourself and Your Dependents] as long as premiums are paid when due; or
- 2) if You do not return to work [in an Eligible Class,] coverage will end and You may be eligible to exercise the Conversion Right [for You and Your Dependents] if You do so within the time limits described in such provision. The Amount of Life Insurance that may be converted will be subject to the terms and conditions of the Conversion Right. [Portability will not be available.]

**Disability  
Extension  
Ceases:** *When  
will the Disability  
Extension cease?*

We will continue Your coverage while You remain Disabled until the earliest of [the date:

- 1) The Policy terminates;
- 2) Your Employer ceases to be a Participating Employer;
- 3) the required premium for coverage is due but not paid;
- 4) You attain [age 65;] or
- 5) You are no longer in an Eligible Class, or the class is cancelled.]

[Dependent Life Insurance coverage will continue until the earliest to occur of the date:

- 1) You die;
- 2) Your coverage terminates;
- 3) The Policy terminates [or Your Employer ceases to be a Participant Employer];
- 4) the required premium for coverage is due but not paid;
- 5) [You attain age 65;]
- 6) Your Dependents are no longer in an Eligible Class, or Dependent coverage is no longer offered; or
- 7) Your Dependent no longer meets the definition of Dependent.]

*What happens  
when the  
Disability  
Extension  
ceases?*

When the Disability Extension ceases:

- 1) [if You return to work [in an Eligible Class,] as an Active [Employee], then You may again be eligible for coverage [for Yourself and Your Dependents] as long as premiums are paid when due;] or
- 2) [if You do not return to work [in an Eligible Class,] coverage will end and You may be eligible to exercise the Conversion Right [for You and Your Dependents] if You do so within the time limits described in such provision. The Amount of Life Insurance that may be converted will be subject to the terms and conditions of the Conversion Right. [Portability will not be available.] ]

## Period of Coverage

**Effect of Policy Termination:**

*What happens to the Waiver of Premium if The Policy terminates?*

If The Policy terminates [or an Employer ceases to be a Participant Entity] before You qualify for Waiver of Premium:

- 1) You may be eligible to exercise the Conversion Right, provided You do so within the time limits described in such provision; and
- 2) You may still be approved for Waiver of Premium if You qualify.

If The Policy terminates [or an Employer ceases to be a Participant Entity] after You qualify for Waiver of Premium:

- 1) [Your Dependent coverage will terminate; and
- 2) Your coverage under the terms of this provision will not be affected.]

## Benefits

**Life Insurance Benefit:** *When is the Life Insurance Benefit payable?* If You [or Your Dependents] die while covered under The Policy, We will pay [the deceased person's] Life Insurance Benefit after We receive Proof of Loss, in accordance with the Proof of Loss provision.  
The Life Insurance Benefit will be paid according to the General Provisions of The Policy.

**Suicide:** *What benefit is payable if death is a result of suicide?* If You [or Your Dependent] commit suicide [while sane or insane], We will not pay any [Supplemental] Amount of Life Insurance [or Supplemental Amount of Dependent Life Insurance] for the deceased person which [was elected] within the [2] year period immediately prior to the date of death. This applies to initial coverage and elected increases in coverage. [It does not apply to benefit increases that resulted solely due to an increase in Earnings.]

[This [2] year period includes the time group life insurance coverage was in force under the Prior Policy.]

## Benefits

**Accelerated Benefit:** *What is the benefit? [This benefit is not available for Retirees.]*

In the event that You [or Your Dependent] are diagnosed as Terminally Ill, while [the Terminally Ill person is]:

- 1) covered under The Policy for an Amount of Life Insurance of at least [\$10,000]; and
- 2) [is under age 60];

We will pay the Accelerated Benefit amount as shown below, provided We receive proof of such Terminal Illness.

[The Accelerated Benefit will not be available to You unless You have been Actively at Work under The Policy.]

If Terminal Illness is the result of sickness, such condition must first manifest itself more than 60 days following the effective date of coverage.

You must request in writing that a portion of the [Terminally Ill person's] Amount of Life Insurance be paid as an Accelerated Benefit.

The Amount of Life Insurance payable upon [the Terminally Ill person's] death will be reduced by any Accelerated Benefit Amount paid under this benefit. [In addition, Your remaining Amount of Life Insurance will be subject to any reductions in the Policy and will not increase once an Accelerated Benefit has been paid.]

You may request a minimum Accelerated Benefit amount of [\$3,000, and a maximum of \$100,000]. However, in no event will the Accelerated Benefit Amount exceed [30%] of the [Terminally Ill person's] Amount of Life Insurance. [This option may be exercised only once for You and only once for each of Your Dependents].

[For example, if You are covered for a Life Insurance Benefit Amount under The Policy of \$100,000 and are Terminally Ill, You can request any portion of the Amount of Life Insurance Benefits from \$3,000 to \$30,000 to be paid now instead of to Your beneficiary upon death. However, if You decide to request only \$3,000 now, You cannot request the additional \$27,000 in the future.]

[If You submit proof satisfactory to Us of Your Terminal Illness You will also meet the definition of Disabled for Waiver of Premium.]

[Any benefits received under this benefit may be taxable. You should consult a personal Tax Advisor for further information.]

[In the event:

- 1) You are required by law to accelerate benefits to meet the claims of creditors; or
- 2) if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement;

You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.]

If You have executed an Assignment of rights and interest with respect to Your [or Your Dependent's] Amount of Life Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.

**Amount of Life Insurance** as used in this benefit means [Basic/Supplemental/Basic and Supplemental] Life Insurance.

**Terminal Illness or Terminally Ill** means a life expectancy of [6] months or less.

## Benefits

**Proof of Terminal Illness and**

**Examinations:**  
*Must proof of Terminal Illness be submitted?*

We reserve the right to require satisfactory Proof of Terminal Illness on an ongoing basis. Any diagnosis submitted must be provided by a Physician.

If You [or Your Dependents] do not submit proof of Terminal Illness satisfactory to Us, or if You [or Your Dependents] refuse to be examined by a Physician, as We may require, then We will not pay an Accelerated Benefit.

**No Longer Terminally Ill:**  
*What happens to my coverage if I am no longer Terminally Ill [or my Dependent is no longer Terminally Ill]?*

If You [or Your Dependent] are diagnosed by a Physician as no longer Terminally Ill and:

- 1) [are in an Eligible Class,] coverage will remain in force, provided premium is paid;
- 2) [are not in an Eligible Class, but You continue to meet the definition of Disabled, coverage will remain in force, subject to the Waiver of Premium provision; or
- 3) are not in an Eligible Class, but You do not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision. ]

In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.

## Benefits

### Conversion

**Right:** *If coverage under the Policy ends, do I have a right to convert?*

If Life Insurance coverage [or any portion of it] under The Policy ends [for any reason except non payment of premium], You [and Your Dependents] may have the right to convert the coverage that terminated to an individual conversion policy without providing Evidence of Insurability. Conversion is not available for:

- 1) [the Accidental Death and Dismemberment Benefits; or]
- 2) any Amount of Life Insurance for which You [or Your Dependents] were not eligible and covered;

under The Policy.

If coverage under The Policy ends because:

- 1) The Policy is terminated; or
- 2) [Coverage for an Eligible Class is terminated; or]
- 3) [Your Employer is no longer a Participating Employer;]

then You [or Your Dependent] must have been insured under The Policy for [5] years or more, in order to be eligible to convert coverage. The amount which may be converted under these circumstances is limited to the lesser of:

- 1) \$10,000.00; or
- 2) the Life Insurance Benefit under The Policy less any Amount of Life Insurance for which You [or Your Dependent] may become eligible under any group life insurance policy issued or reinstated within [31] days of termination of group life coverage.

If coverage under The Policy ends for any other reason [except non payment of premium], the full amount of coverage which ended may be converted.

**Insurer**, as used in this provision, means Us or another insurance company which has agreed to issue conversion policies according to this Conversion Right.

### Conversion:

*How do I convert my coverage [or my Dependents' coverage]?*

To convert Your coverage [or coverage for Your Dependents,] You must:

- 1) complete a Notice of Conversion Right form; [and
- 2) have Your Employer sign the form.]

The Insurer must receive this within:

- 1) [31 days] after Life Insurance terminates; [or
- 2) [15 days] from the date Your Employer signs the form;

whichever is later. However, We will not accept requests for Conversion if they are received more than 91 days after Life Insurance terminates.]

After the Insurer verifies eligibility for coverage, the Insurer will send You a Conversion Policy proposal. You must:

- 1) [complete and return the request form in the proposal; and
- 2) pay the required premium for coverage;]

within the time period specified in the proposal.

Any individual policy issued to You [or Your Dependents] under the Conversion Right:

- 1) will be effective as of the [32<sup>nd</sup> day] after the date coverage ends; and
- 2) will be in lieu of coverage for this amount under The Policy.

## Benefits

### **Conversion Policy Provisions:**

*What are the Conversion Policy provisions?*

The Conversion Policy will:

- 1) be issued on one of the Life Insurance policy forms the Insurer is issuing for this purpose at the time of conversion; and
- 2) base premiums on the Insurer's rates in effect for new applicants of Your class and age at the time of conversion.

The Conversion Policy will not provide:

- 1) the same terms and conditions of coverage as The Policy;
- 2) [any benefit other than the Life Insurance Benefit;] and
- 3) term insurance [unless You request a single premium term insurance policy for a period of [1] year prior to the issuance of the Conversion Policy.]

[However, Conversion is not available for any Amount of Life Insurance which was, or is being, continued:

- 1) in accordance with the Waiver of Premium provision;
- 2) under a certificate of insurance issued in accordance with the Portability provision; or
- 3) in accordance with the Continuation Provisions;

until such coverage ends.]

### **Death within the Conversion Period:**

*What if I [or my Dependents] die before coverage is converted?*

We will pay [the deceased person's] Amount of Life Insurance You would have had the right to apply for under this provision if :

- 1) coverage under The Policy terminates; and
- 2) You [or Your Dependent] die within [31 ] days of date coverage terminates; and
- 3) We receive Proof of Loss.

If the Conversion Policy has already taken effect, no Life Insurance Benefit will be payable under The Policy [for the amount converted].

### **Effect of Waiver of Premium on Conversion:**

*What happens to the Conversion Policy if Waiver of Premium is later approved?*

If You apply and are approved for Waiver of Premium after an individual Conversion Policy has been issued, any benefit payable at Your [or Your Dependent's] death under The Policy will be paid only if the individual Conversion Policy is surrendered. [The Insurer will refund the premium paid for such Conversion Policy.]

## Benefits

**Portability  
Benefits:**  
*What is  
Portability?*

Portability is a provision which allows You [and Your Dependents] to continue coverage under a Group Portability policy when coverage would otherwise end due to certain Qualifying Events. Portability applies to [Basic] Life Insurance [only.]

**Qualifying  
Events:** *What are  
Qualifying  
Events?*

Qualifying Events for You are:

- 1) Your employment terminates, for any reason prior to [Normal Retirement Age;] or
- 2) Your membership in an Eligible Class under The Policy ends; or
- 3) You are denied Wavier of Premium solely because You do not meet the definition of Disabled;

provided the Qualifying Event occurs prior to [Normal Retirement Age].

[Qualifying Events for Your Dependents are:

- 1) Your Employment terminates, for any reason prior to Normal Retirement Age; or
- 2) Your death
- 3) You are denied Wavier of Premium solely because You do not meet the definition of Disabled;
- 4) Your membership in a class eligible for Dependents' coverage ends;
- 5) He or she no longer meets the definition of Dependent. However a Dependent Child who reaches the limiting age under The Policy is not eligible for Portability;

provided the Qualifying Event occurs prior to [Normal Retirement Age.]

[In order for Dependent Child coverage to be continued under this provision, You or Your Spouse must elect to continue coverage due to your own Qualifying Event.]

**Electing  
Portability:** *How  
do I elect  
Portability?*

You may elect Portability for Your coverage after Your [Basic/Supplemental/Basic and Supplemental Life Insurance] coverage ends following a Qualifying Event. [You may also elect Portability for Your Dependent coverage if Your Dependent coverage ends following a Qualifying Event] The Policy must still be in force [and the Employer must continue to be a Participant Employer] in order for Portability to be available. Portability will not be available to You [or Your Dependents] unless you have been Actively at Work under The Policy.

To elect Portability for You [or Your Dependents], You must:

- 1) complete and have Your Employer sign a Portability application;
- 2) submit the application [to Us,] with the required premium; and
- 3) [provide Evidence of Insurability, if required.]

This must be received within:

- 1) [31 days] after Life Insurance terminates; [or
- 2) [15 days] from the date Your Employer signs the application;

whichever is later. However, Portability requests will not be accepted if they are received more than 91 days after Life Insurance terminates.]

After [We] verify eligibility for coverage, We will issue a certificate of insurance under a Portability policy. The Portability coverage will be:

- 1) [issued without Evidence of Insurability;]
- 2) issued on one of the forms then being issued by Us for Portability purposes; and
- 3) effective on the day following the date Your [or Your Dependent's] coverage ends.

The terms and conditions of coverage under the Portability policy will not be the same terms and conditions that are applicable to coverage under The Policy.

## Benefits

**Limitations:**  
*What limitations apply to this benefit?*

You may elect to continue [50%, 75% or 100%] of the Amount of Life Insurance which is ending for You [or Your Dependent]. This amount will be rounded to the next higher multiple of [\$1,000,] if not already a multiple of [ \$1,000]. However, the Amount of Life Insurance that may be continued will not exceed:

- 1) [\$250,000 for You;
- 2) \$50,000 for Your Spouse; or
- 3) \$10,000 for Your Dependent Child(ren).]

If You elect to continue [50% or 75%] now, You may not continue any portion of the remaining amount under this Portability provision at a later date. In no event will You [or Your Spouse] be able to continue an Amount of Life Insurance which is less than [\$5,000].

Portability is not available for any Amount of Life Insurance for which You [or Your Dependents] were not eligible and covered.

[In addition Portability is not available if You [or Your Dependents] are entering active military service.]

**Effect of Portability on other provisions:**  
*How does Portability affect other Provisions?*

Portability is not available for any Amount of Life Insurance which [was, or is being,] continued in accordance with the:

- 1) [Conversion Right;
- 2) Waiver of Premium provision; or
- 3) Continuation provisions;]

under The Policy. However, if:

- 1) [You elect to continue only a portion of terminated coverage under this Portability provision; or
- 2) the Amount of Life Insurance exceeds the maximum Portability amount;]

then the Conversion Right may be available for the remaining amount.

[The Waiver of Premium provision will not be available if You elect to continue coverage under this Portability provision.]

## Benefits

**Accidental  
Death Benefit:**  
*When is the  
Accidental  
Death Benefit  
payable?*

If You [or Your Dependents] sustain an Injury which results in Loss of life within [90 days] of the date of accident, We will pay [the deceased person's amount of] Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

[Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

**Benefits**

**Accidental  
Death Benefit  
with Double  
Indemnity  
While On a  
Common  
Carrier:**

*When is the  
Accidental Death  
Benefit with  
Double Indemnity  
while on a  
Common Carrier  
payable?*

If You [or Your Dependents] sustain an Injury which results in Loss of life within [90 days] of the date of accident, We will pay [the deceased person's amount of] Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

If the Injury occurs while On a Common Carrier, We will double the Principal Sum payable for Accidental Death Benefit. [However, in no event will the Principal Sum be increased by more than the Common Carrier Limit.]

[Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

**Benefits**

**Accidental  
Death and  
Dismemberment  
Benefit:**

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90 days] of the date of accident, We will pay [the injured person’s amount of] Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss after We receive Proof of Loss in accordance with the Proof of Loss provision.

*When is the  
Accidental Death  
and  
Dismemberment  
Benefit payable?*

This Benefit will be paid according to the General Provisions of The Policy.

We will not pay more than the Principal Sum, [to any one person,] for all Losses due to the same accident. [Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents’ Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

For Loss of:

- [Life.....Principal Sum
- Both Hands or Both Feet or Sight of Both Eyes..... Principal Sum
- One Hand and One Foot.....Principal Sum
- Speech and Hearing in Both Ears.....Principal Sum
- Either Hand or Foot and Sight of One Eye.....Principal Sum
- Movement of Both Upper and Lower Limbs (Quadriplegia).....Principal Sum
- Movement of Both Lower Limbs (Paraplegia).....Three-Quarters of Principal Sum
- Movement of Three Limbs (Triplegia).....Three-Quarters of Principal Sum
- Movement of the Upper And Lower Limbs  
of One Side of the Body (Hemiplegia).....One-Half of Principal Sum
- Either Hand or Foot.....One-Half of Principal Sum
- Sight of One Eye.....One-Half of Principal Sum
- Speech or Hearing in Both Ears. ....One-Half of Principal Sum
- Movement of One Limb (Uniplegia).....One-Quarter of Principal Sum
- Thumb and Index Finger of Either Hand .....One-Quarter of Principal Sum]

**Loss** means with regard to:

- 1) [hands and feet, actual severance through or above wrist or ankle joints;
- 2) sight, speech and hearing, entire and irrecoverable loss thereof;
- 3) thumb and index finger, actual severance through or above the metacarpophalangeal joints;
- 4) movement, complete and irreversible paralysis of such limbs.]

**Benefits**

**[Double  
Indemnity while  
On a Common  
Carrier Benefit:**

*When is the  
Double Indemnity  
while On a  
Common Carrier  
Benefit payable?]*

If the Injury occurs while [the injured person ] is On a Common Carrier, We will double the Principal Sum payable. [However, in no event will the Principal Sum be increased by more than the Common Carrier Limit.]

### Benefits

**[Exposure and Disappearance:**  
*What if Loss is due to exposure or disappearance?]*

Exposure to the elements will be presumed to be Injury if:

- 1) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which You [or Your Dependents] were an occupant at the time of the accident; and
- 2) The Policy would have covered an Injury resulting from the accident.

We will presume that You [or Your Dependents] suffered Loss of life if:

- 1) the person's body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- 2) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- 3) The Policy would have covered Injury resulting from the accident.

## Benefits

**Seat Belt [and Air Bag] Benefit:**

*When is the Seat Belt [and Air Bag] Benefit payable?*

If You [or Your Dependents] sustain an Injury that results in [a Loss] payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Seat Belt [and Air Bag] Benefit if the Injury occurred while the injured person was:

- 1) a passenger riding in; or
- 2) the licensed operator of; a properly registered Motor Vehicle and was wearing a Seat Belt at the time of the Accident as verified on the police accident report.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

[If a Seat Belt Benefit is payable, We will also pay an Air Bag Benefit if the injured person was:

- 1) positioned in a seat equipped with a factory-installed Air Bag; and
- 2) properly strapped in the Seat Belt when the Air Bag inflated.]

The Seat Belt Benefit is [the lesser of:

- 1) an amount resulting from multiplying [the injured person's amount of] Principal Sum by the Seat Belt Benefit Percentage; or
- 2) the Maximum Amount for this Benefit].

[The Air Bag Benefit is [the lesser of:

- 1) an amount resulting from multiplying [the injured person's amount of] Principal Sum by the Air Bag Benefit Percentage; or
- 2) the Maximum Amount for this Benefit].]

[If it cannot be determined that [the injured person was] wearing a Seat Belt at the time of Accident, [a Minimum Benefit] will be payable under the Seat Belt Benefit.]

**Accident**, for the purpose of this Benefit only, means the unintentional collision of a Motor Vehicle during which [the injured person was] wearing a Seat Belt.

**[Air Bag]** means an inflatable supplemental passive restraint system installed by the manufacturer of the Motor Vehicle or its proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.]

**Seat Belt** means:

- 1) an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Motor Vehicle, or proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications; or
- 2) a child restraint device that meets the standards of the National Safety Council and is properly secured and used in accordance with applicable state law and installed according to the recommendations of its manufacturer for children of like age and weight.]

[The Seat Belt [and Air Bag] Benefit will not be payable if [the injured person is] operating the Motor Vehicle at the time of Injury while:

- 1) Intoxicated; or
- 2) taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician.

**Intoxicated** means:

- 1) the blood alcohol content;
  - 2) the results of other means of testing blood alcohol level; or
  - 3) the results of other means of testing other substances;
- that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.]

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## **Benefits**

**Repatriation  
Benefit:**

*When is the  
Repatriation  
Benefit payable?*

If You [or Your Dependents] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Repatriation Benefit, if the death occurs outside the territorial limits of the state or country of the deceased person's place of permanent residence. We will only pay a benefit if the deceased person's body is transported across state lines or country borders.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Repatriation Benefit will pay the [least of:

- 1) the actual expenses incurred for:
  - a) preparation of the body for burial or cremation; and
  - b) transportation of the body to the place of burial or cremation;
- 2) the amount resulting from multiplying [the deceased person's amount of] Principal Sum by the Repatriation Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.]

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

**Felonious  
Assault Benefit:**  
*When is the  
Felonious  
Assault Benefit  
payable?*

If You [or Your Dependents] sustain an Injury that results in a Loss payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Felonious Assault Benefit, if Injury is the result of a Felonious Assault.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Felonious Assault Benefit will pay the lesser of:

- 1) [the amount resulting from multiplying [the injured person's amount of] Principal Sum by the Felonious Assault Percentage; or
- 2) the Maximum Amount for this Benefit].

**Felonious Assault** means [a violent or criminal act directed at You [or Your Dependents] during the course of:

- 1) a robbery, kidnapping or criminal assault; or
- 2) an attempt at any of the above;

which constitutes a felony under the law.]

The Felonious Assault Benefit will not pay for a Loss that results from a Felonious Assault committed by:

- 1) a member of [the injured person's family;]
- 2) a member of the household in which [the injured person lives]; [or
- 3) [the injured person's] fellow employee.]

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

### **Child Education Benefit:**

*When is the Child Education Benefit payable?*

If You [or Your Spouse] sustain[s] an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Child Education Benefit to Your [Dependent] Child(ren).

This Benefit will be paid:

- 1) after We receive proof that your [Dependent] Child(ren) qualify as a Student, as defined in this Benefit; and
- 2) according to the General Provisions of The Policy.

If You die, the Child Education Benefit provides an annual amount equal to [the lesser of:

- 1) the amount resulting from multiplying Your Principal Sum by the Child Education Percentage; or
- 2) the Maximum Amount for this Benefit.]

[If Your Spouse dies, the Child Education Benefit pays an amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by the Child Education Percentage; or
- 2) the Maximum Amount for this Benefit.]

The Child Education Benefit is payable to each of Your [Dependent] Child(ren):

- 1) on the date; and
- 2) for whom;

We have received proof satisfactory to Us that he or she is a Student.

If he or she is a minor, We will pay the benefit to the Student's legal guardian.

We will pay the Child Education Benefit to a qualifying Student until the first to occur of:

- 1) Our payment of the [fourth] Child Education Benefit to or on behalf of that person; or
- 2) the end of the 12<sup>th</sup> consecutive month during which We have not received proof satisfactory to Us that he or she is a Student.

We will not pay more than one Child Education Benefit to any one Student during any one school year.

We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision of The Policy if:

- 1) a Principal Sum is payable because of Your death [or Your Spouse's death]; and
- 2) no person qualifies as a Student.

**Student** means Your [Dependent] Child [who is covered ] on the date of Your [or Your Spouse's] death and:

- 1) is a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning on the date of Your [or Your Spouse's] death; or
- 2) became a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning within [365 days] after Your [or Your Spouse's] death and was a student in the 12th grade on the date of Your [or Your Spouse's] death.

If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student qualifies as a Student.

**[Child(ren)]** means Your [or Your Spouse's] unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is less than age [21] who:

- 1) regularly attends an accredited institution of learning; and
- 2) is primarily dependent on You for financial support and maintenance.]

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

### **Day Care Benefit:**

*When is the Day Care Benefit payable?*

If You [or Your Spouse] sustain[s] an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Day Care Benefit for each of your [Dependent] Children [who are covered] if such [Dependent] Child is under age [7] at the time of Your [Your Spouse's] death.

This Benefit will be paid:

- 1) after We receive proof of enrollment in a Day Care Program as described in this Benefit; and
- 2) according to the General Provisions of The Policy.

We will make one Day Care Benefit payment each year, for a maximum of [2] Day Care Benefit payments, for each [Dependent] Child. The Benefit will be paid to the person who has primary responsibility for the [Dependent] Child's Day Care expenses.

Proof of enrollment satisfactory to Us for each [Dependent] Child in a Day Care Program includes, but will not be limited to, the following:

- 1) a copy of the [Dependent]Child's approved enrollment application in a Day Care Program;
- 2) cancelled check(s) evidencing payment to a Day Care facility or Day Care provider;
- 3) a letter from the Day Care facility or Day Care provider stating that the [Dependent] Child:
  - a) is attending a Day Care Program; or
  - b) has been enrolled in a Day Care Program and will be attending within [365 days] of the date of the death.

Proof of enrollment must be sent to Us prior to the last day of the [12th month following the date of death.]

If You die, the Day Care Benefit provides an annual amount equal to [the lesser of:

- 1) the amount resulting from multiplying Your Principal Sum by the Day Care Benefit; or
- 2) the Maximum Amount for this Benefit.]

[If Your Spouse dies, the Day Care Benefit pays an amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by the Day Care Benefit; or
- 2) the Maximum Amount for this Benefit.]

[We will pay [the Minimum Amount for this Benefit] in accordance with the Claims to be Paid provision for payment of benefits for Loss of life if:

- 1) a Principal Sum is payable because of the deceased person's death; and
- 2) no person qualifies as a Child eligible for the Day Care Benefit. ]

**Day Care or Day Care Program** means a program of child care which:

- 1) is operated in a private home, school or other facility;
- 2) provides, and makes a charge for, the care of children; and
- 3) is licensed as a day care center or is operated by a licensed day care provider, if such licensing is required by the state or jurisdiction in which it is located; or
- 4) if licensing is not required, provides childcare on a daily basis for 12 months a year.

[**Child** means Your [or Your Spouse's] unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is less than age [7] and primarily dependent on You [or Your Spouse] for financial support and maintenance.]

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## **Benefits**

**Rehabilitation Benefit:** *When is the Rehabilitation Benefit payable?*

If You [or Your Dependents] sustain an Injury which results in a Loss other than Loss of life, payable under the [Non-Contributory] Accidental Death and Dismemberment Benefit, We will pay, an additional Rehabilitation Benefit for Rehabilitative Program Expenses Incurred within [one (1) year] of the date of accident.

This Benefit will be paid:

- 1) after We receive proof of Expenses Incurred for a Rehabilitative Program, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Rehabilitation Benefit provides an amount equal to [the least of:

- 1) the actual Expense Incurred for a Rehabilitative Program;
- 2) the amount resulting from multiplying [injured person's amount of]Principal Sum by the Rehabilitation Benefit Percentage; or
- 3) the Maximum Amount for this Benefit].

**Rehabilitative Program** means any training which:

- 1) is required due to [the injured person's] Injury; and
- 2) prepares [the injured person] for an occupation for which [he or she] was not previously trained.

**Expense Incurred** means the actual cost of:

- 1) training; and
- 2) materials needed for the training.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## **Benefits**

**Spouse  
Education  
Benefit:**

*When is the  
Spouse  
Education  
Benefit payable?*

If You sustain an Injury that results in a Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Spouse Education Benefit to Your surviving Spouse.

[Your Spouse must be covered under The Policy in order to receive this Benefit.]

This Benefit will be paid:

- 1) after We receive proof satisfactory to Us that the Spouse has enrolled in an Occupational Training program; and
- 2) according to the General Provisions of The Policy.

The Spouse Education Benefit is [the least of;

- 1) the Expense Incurred for Occupational Training;
- 2) the amount resulting from multiplying Your Principal Sum by the Spouse Education Benefit Percentage; or
- 3) the Maximum Amount for this Benefit].

[If a Principal Sum is payable because of Your death and there is no surviving Spouse, We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision.]

**Your surviving Spouse must enroll in Occupational Training:**

- 1) for the purpose of obtaining an independent source of income; and
- 2) within [one (1) year] of Your death.

**Occupational Training** means any:

- 1) education;
- 2) professional; or
- 3) trade training;

program which prepares the Spouse for an occupation for which he or she was not previously qualified.

**Expense Incurred** means:

- 1) the actual tuition charged, exclusive of room and board; and
- 2) the actual cost of the materials needed;

for the Occupational Training.

The expense must be incurred within [two (2) years] of the date of Your death.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

**Adaptive Home  
and Vehicle  
Benefit:**

*When is the  
Adaptive Home  
and Vehicle  
Benefit payable?*

If You [or Your Dependents] sustain an Injury that results in a Loss, other than Loss of life, payable under the [Non-Contributory] Accidental Death and Dismemberment Benefit, We will pay an additional Adaptive Home and Vehicle Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Adaptive Home and Vehicle Benefit pays a benefit for the one-time cost of alterations to [the injured person's]:

- 1) principal residence; and/or
- 2) private automobile;

to make the residence accessible and/or the private automobile drivable or rideable for [him or her.]

The costs must be incurred within [two] years from the date of accident.

We will pay the Adaptive Home and Vehicle Benefit if:

- 1) such home alterations are:
  - a) made by a person or persons with experience in such alterations; and
  - b) recommended by a recognized organization associated with the Injury; and
- 2) such vehicle modifications are:
  - a) carried out by a person or persons with experience in such matters; and
  - b) approved by the Motor Vehicle Department.

The Adaptive Home and Vehicle Benefit will provide an amount equal to the [the least of:

- 1) the actual cost of the alterations;
- 2) the amount resulting from multiplying [the injured person's amount of] Principal Sum by the Adaptive Home and Vehicle Benefit Percentage; or
- 3) the Maximum Amount for this Benefit

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

**Coma Benefit:**  
*When is the  
Coma Benefit  
payable?*

If, as a result of an Injury, You [or Your Dependents]:

- 1) are in a Coma within [31 days] from the date of accident; and
  - 2) remain continuously in a Coma for at least [the number of days shown as the Waiting Period];
- We will pay [1%] of the Coma Maximum Benefit Amount for each month after the Waiting Period that [the injured person] remains in a Coma.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 3) according to the General Provisions of The Policy.

We will pay the benefit until the earliest to occur of:

- 1) [the end of the month in which [the injured person] dies;
- 2) the end of the month in which [the injured person] recovers from the Coma; or
- 3) when the total payment equals [the Coma Maximum Benefit Amount.]

The Coma Maximum Benefit equals [the injured person's amount of] Principal Sum less all other payments under The Policy for the Injury.]

**Coma** means complete and continuous:

- 1) unconsciousness; and
- 2) inability to respond to external or internal stimuli, as verified by a Physician.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## **Benefits**

### **Critical Burn**

#### **Benefit:**

*When is the  
Critical Burn  
Benefit payable?*

If You [or Your Dependents] are Critically Burned and require reconstructive surgery as determined by a Physician, We will pay a Critical Burn Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Critical Burn Benefit is an amount equal to [the least of:

- 1) the actual cost for the expense of the reconstructive surgery;
- 2) the amount resulting from multiplying [the injured person's amount of] Principal Sum by the Critical Burn Percentage; or
- 3) the Maximum Amount for this Benefit.]

**Critically Burned** means [the injured person] suffered burns which:

- 1) are certified by a Physician as more severe than second degree burns; and
- 2) result in scarring over at least 25% of the body which will last indefinitely and can only be corrected through reconstructive surgery.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

### **Therapeutic Counseling Benefit:**

*When is the Therapeutic Counseling Benefit payable?*

If You [or Your Dependents] sustain an Injury that results in a Loss, other than Loss of life, that is payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Therapeutic Counseling Benefit if [the injured person] requires Therapeutic Counseling due to the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

Therapeutic Counseling must:

- 1) begin within [90 days] of the date of the Loss; and
- 2) be incurred no later than [one year] of the date of the Loss.

The Therapeutic Counseling Benefit is an amount equal to the [the least of:

- 1) the Reasonable Expenses incurred for Therapeutic Counseling;
- 2) the amount resulting from multiplying [the injured person's amount of] Principal Sum by the Therapeutic Counseling Percentage; or
- 3) the Maximum Amount for this Benefit.]

**Therapeutic Counseling** means treatment or counseling provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling.

**Reasonable Expenses** means fees and prices which do not exceed those generally charged for similar Therapeutic Counseling in the local area where such Therapeutic Counseling was received. For purposes of this benefit, We reserve the right to determine Reasonable Expenses. A Reasonable Expense is considered to be incurred on the date the Therapeutic Counseling is rendered.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**Benefits**

**Extended  
Dependents  
Coverage  
Benefit:**

*When is the  
Extended  
Dependents  
Coverage Benefit  
payable?*

If You die while Your Dependents are covered under [The Policy], We will waive the payment of premiums; and continue coverage for Your Dependents.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

We will waive the premium and continue coverage for each of Your [Dependents] until the first to occur of:

- 1) [the date Your Spouse remarries;]
- 2) the date he or she ceases to qualify as [Your Dependent];
- 3) the date which is one year from the date of Your death; or
- 4) the date The Policy terminates.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## **Benefits**

**Common  
Disaster  
Benefit:**

*When is the  
Common  
Disaster Benefit  
payable?*

If You and Your Spouse die as the result of Injury:

1) received in the same accident; [or  
2) in separate accidents which occur within 24 hours of each other;]  
and a Principal Sum is payable under the Accidental Death [and Dismemberment] Benefit for each death, the Principal Sum applicable to Your Spouse will be increased to equal the lesser of:

1) Your Principal Sum; [or  
2) an amount which, when added to Your Principal Sum, equals [the Common Disaster Limit]].

This Benefit will be paid:

1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and  
2) according to the General Provisions of The Policy.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## **Benefits**

**Survivor  
Income Benefit:**  
*When is the  
Survivor Income  
Benefit payable?*

If You [or Your Spouse] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Survivor Benefit if Your Dependents are covered.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Survivor Income Benefit provides a monthly Benefit equal to [a Percentage of the deceased person's Principal Sum] for [the Payment Period].

The Survivor Income Benefit will be paid:

- 1) [to the beneficiary You designated; or
- 2) if no beneficiary has been designated:
  - a) to Your surviving Spouse;
  - b) if no surviving Spouse, in equal shares to Your surviving [Dependent Children];
  - c) if no surviving Dependents, to Your estate.]

If a minor child is entitled to this Benefit, We may, at Our option, make Benefit payments according to the Claims to be Paid provision of The Policy. We will begin payments on the first day of the month next following the date the death claim is paid.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## **Benefits**

**HIV  
Occupational  
Accident  
Benefit:**

*When is the HIV  
Occupational  
Accident Benefit  
payable?*

If, as a direct result of an Injury as defined in this Benefit You test HIV Positive, We will pay an HIV Occupational Accidental Benefit.

In order to receive this Benefit, You must:

- 1) file with [Your Employer], within [48 hours] of the accident, an incident report (notice of exposure), on a form satisfactory to Us, which describes the nature of the exposure to HIV;
  - 2) submit such incident report to Us as soon as reasonably possible after the accident;
  - 1) not have previously tested positive for HIV, or if You had previously tested positive for HIV, You must have subsequently tested negative for HIV prior to the date of the accident;
  - 2) submit to Us, as soon as reasonably possible, proof that You tested negative for HIV in a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test (other than saliva or urine testing) within [48 hours] of the Injury at an authorized laboratory other than the laboratory of [Your Employer]; and
  - 3) thereafter, test HIV Positive within [26 weeks] of the date of the Injury reported in item 1) above.
- We must receive notification of HIV Positive test results as soon as reasonably possible.

This Benefit will be paid:

- 1) after We receive proof of HIV test results as indicated in this Benefit; and
- 2) according to the General Provisions of The Policy.

We will not pay for any cost incurred for HIV tests or any related testing.

In no event will We provide benefits for HIV, acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or any complications arising therefrom, except as specifically provided in this Benefit.

**Injury**, for the purpose of this Benefit, means an accidental:

- 1) cutaneous exposure through abraded skin;
- 2) percutaneous exposure; or
- 3) mucocutaneous exposure;

that occurs while You are covered by this Benefit and Actively at Work.

**HIV** means human immunodeficiency virus.

**HIV Positive** means [the presence of HIV antibodies in Your blood as substantiated through both a positive screening test enzyme-linked immunosorbent assay (ELISA), and a positive supplement test such as Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positive results as specified by the manufacturer(s).]

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

### Benefits

**Dependent  
Child  
Dismemberment  
Benefit:** *When is  
the Dependent  
Child  
Dismemberment  
Benefit payable?*

If Your Dependent Child sustains a Loss, other than Loss of Life under the [Non-Contributory] Accidental Death and Dismemberment Benefit, We will [double] the Principal Sum amount payable for the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

We will not pay more than an amount equal to [two times] the Principal Sum under this Benefit and the Accidental Death and Dismemberment Benefit combined for all Losses which are due to the same Injury.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

**Funeral  
Expense Benefit:**  
*When is the  
Funeral Expense  
Benefit payable?*

If You [or Your Dependents] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Funeral Expense Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Funeral Expense Benefit will provide an amount equal to the [least of:

- 1) the expense incurred for Customary Funeral Expenses;
- 2) the amount resulting from multiplying [the deceased person's amount of] Principal Sum by the Funeral Expense Percentage; or
- 3) the Maximum Amount for this Benefit].

**Customary Funeral Expenses** mean services and materials provided by an undertaker, crematorium or funeral home relative to the burial of the deceased and the costs incurred for the purchase of a cemetery plot, tomb or mausoleum for the burial or interment of the deceased, including plaque, tombstone or monument.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**Benefits**

**Loss of Use**

**Benefit:**

*When is the Loss of Use Benefit payable?*

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90 days] of the date of accident, We will pay [the injured person's amount of Principal Sum], or a portion of such Principal Sum, as shown opposite the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

We will not pay more than the Principal Sum, to any one person, under this Benefit and the Accidental Death and Dismemberment Benefit combined for all Losses due to the same accident.

Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

For Loss of Use of:

	<u>Benefit Amount</u>
Four Entire Limbs.....	Principal Sum
Three Entire Limbs.....	Three-Quarters of Principal Sum
Two Entire Limbs.....	Two-Thirds of Principal Sum
One Entire Limb.....	One Half of Principal Sum]

**Entire Limb** means with regard to:

- 1) [the arm, the total area from shoulder joint to finger tips;
- 2) the leg, the total area from hip joint to toes.]

**Loss of Use** means [total paralysis of an Entire Limb or Limbs which:

- 1) has continued without interruption for a period of not less than [12] consecutive months; and
- 2) is determined by a Physician to be permanent, complete and irreversible.]

## **Benefits**

**Traumatic  
Brain Injury  
Benefit:**

*When is the  
Traumatic Brain  
Injury Benefit  
payable?*

If You [or Your Dependents] sustain an Injury that results in a Traumatic Brain Injury within [90] days of the date of accident which:

- 1) requires that [the injured person] be Hospitalized for at least [7 days during the first 60 days] following the accident; and
  - 2) continues for [12] consecutive months;
- We will pay a Traumatic Brain Injury Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Traumatic Brain Injury Benefit is equal to [the injured person's amount of] Principal Sum.

[We will not pay this Benefit if a benefit is payable [to the injured person] for Loss of Life under the Accidental Death [and Dismemberment] Benefit.]

**Traumatic Brain Injury** means physical damage to the brain which is certified by a Physician at the end of [12] consecutive months to:

- 1) be permanent, complete and irreversible; and
- 2) prevent [the injured person] from performing all the substantial and material functions and activities of a person of like age and gender in good health.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

### **Bereavement Counseling**

**Benefit:** *When is  
the Bereavement  
Counseling  
Benefit payable?*

If You [or Your Dependents] die and a Benefit is payable for Loss of life under the Accidental Death [and Dismemberment] Benefit, We will pay the expenses [You or] Your dependents incur for Bereavement Counseling.

This Benefit will be paid:

- 1) after We receive proof of Bereavement Counseling expenses, satisfactory to Us, within [one year] of the date of Your [or Your Dependent's] death; and
- 2) according to the General Provisions of The Policy.

We will pay up to [\$50.00] per visit up to [the Maximum Amount for this Benefit per person.]

The expenses for Bereavement Counseling must first be incurred within [90 days] of the date of the death.

**Bereavement Counseling** means [treatment or counseling for the grief reaction resulting from Your [or Your Dependent's] Loss of life. Counseling must be provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.]

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

**Occupational  
Death Benefit:**  
*When is the  
Occupational  
Death Benefit  
payable?*

If You suffer a Loss of life as the result of a Covered Occupational Death, We will pay an Occupational Death Benefit if Your Death:

- 1) occurred within [365 days] after the date You were last Actively at Work; and
- 2) occurred while You were covered under The Policy.

**Covered Occupational Death** means a death caused by or resulting from:

- 1) [an Injury sustained during working hours as an employee of the employer, or in the case of a required period of work not coinciding with regular work hours, while in transit to or from work;]
- 2) [any disease or infection which arises out of the scope of active employment as an employee and to which you are not ordinarily exposed;]
- 3) [cardiovascular, hypertension disease or Silicosis and You were treated by a Physician within [365 days] after You were last Actively at Work;]
- 4) [cardiovascular or hypertension disease if You were Actively at Work for [1 day] or more and:
  - a. death occurs within [365 days] after You were last Actively at Work;
  - b. were treated by a Physician after You were last Actively at Work and within [365 days] of Your initial treatment.]
- 5) [any disease of the lungs or respiratory tract or renal disease.]

**[Injury]** means bodily injury resulting:

- 1) directly from an accident; and
- 2) independently of all other causes;

which [occurs while You are covered under The Policy.]

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- 2) medical or surgical treatment of a sickness or disease;

is not considered as resulting from Injury.

**Silicosis** means a disease of the lungs caused by breathing silica dust producing fibrous nodules, distributed through the lungs and demonstrated by x-ray or autopsy.]

No benefit will be payable for any death for which benefits are payable under any individual insurance policy obtained by exercising Your Conversion Right or under the Portability provision.

The Occupational Death Benefit will not be payable if Your death is caused or contributed by:

- 1) [war or act of war, whether declared or not;]
- 2) [suicide or attempted suicide, whether sane or insane;]
- 3) [Injury sustained while committing or attempting to commit a felony; or]
- 4) [Voluntary use or consumption of any poison, chemical compound or drug, including but not limited to prescribed medications, unless as prescribed by or administered by a Physician.]

The specific amounts for this Benefit are shown in the Schedule of Insurance.

## Benefits

**Accelerated Benefit:** *When is the Accelerated Benefit payable? [This benefit is not available for Retirees.]*

In the event that You [or Your Dependent] are Terminally Injured, You may be eligible to receive an Accelerated Benefit. We will pay the applicable Accelerated Benefit amount as shown below, provided the [Terminally Injured person]:

- 1) is covered under The Policy [for an amount of at least [\$10,000]];
- 2) [is under age 60]; and
- 3) gives Proof of Loss to Us of such Terminal Injury.

You must request in writing that a portion of [the Terminally Injured person's] Amount of Accidental Death [and Dismemberment] Insurance be paid as an Accelerated Benefit.

However, if You [or Your Dependents] are incompetent or unable to provide a request for the Accelerated Benefit, Your [or Your Dependents'] legal guardian may submit the request.

The Amount of Accidental Death [and Dismemberment] Insurance payable upon [the Terminally Injured person's] death will be reduced by any Accelerated Benefit Amount paid under this benefit.

You may request a minimum Accelerated Benefit amount of [\$3,000, and a maximum of \$100,000]. However, in no event will the Accelerated Benefit Amount exceed [30%] of [the Terminally Injured person's] Amount of Accidental Death [and Dismemberment] Insurance. [This option may be exercised only once for You and only once for each of Your Dependents].

[For example, if You are covered for an Accidental Death [and Dismemberment] Insurance Benefit Amount under The Policy of \$100,000 and are Terminally Injured, You can request any portion of the Amount of Accidental Death [and Dismemberment] Insurance Benefits from \$3,000 to \$30,000 to be paid now instead of to Your Beneficiary upon death. However, if You decide to request only \$3,000 now, You cannot request the additional \$27,000 in the future.]

[Any benefits received under this benefit may be taxable. You should consult a personal tax advisor for further information.]

[In the event:

- 1) You are required by law to accelerate benefits to meet the claims of creditors; or
- 2) if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement;

You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.]

If You have executed an assignment of rights and interest with respect to Your [or Your Dependent's] Amount of Accidental Death [and Dismemberment] Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.

**Terminal Injury or Terminally Injured** means Your [or Your Dependents'] bodily Injury which:

- 1) resulted directly and independently of all other causes from an accident which occurred while [the injured person was] covered under The Policy; and
- 2) resulted in [the injured person] having a life expectancy of [6] months or less.

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
  - 2) medical or surgical treatment of a sickness or disease;
- is not considered as resulting from Injury.

**Proof of Terminal Injury and Examinations:** *Must proof of Terminal Injury be submitted?*

We reserve the right to require satisfactory proof of Terminal Injury on an ongoing basis. Any diagnosis submitted must be provided by a physician licensed to practice in the United States.

If You [or Your Dependents] do not submit Proof of Loss of Terminal Injury, or if You [or Your Dependents] refuse to be examined by a Physician licensed to practice in the United States, as We may require, then We will not pay an Accelerated Benefit.

## Benefits

**No Longer  
Terminally  
Injured:** *What  
happens to my  
coverage if I am  
no longer  
terminally  
Injured [or my  
Dependent is no  
longer  
Terminally  
Injured?]*

If [the injured person is] diagnosed by a Physician as no longer Terminally Injured and:

- 1) [are in an Eligible Class,] coverage will remain in force, provided premium is paid;
- 2) [are not in an Eligible Class, but You continue to meet the definition of Disabled, coverage will remain in force, subject to the Waiver of Premium provision; or
- 3) are not in an Eligible Class, but You do not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision. ]

In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.

## Exclusions & Limitations

**Exclusions (Not applicable to the Life Insurance benefits):** *What is not covered under The Policy?*

The Policy does not cover any loss caused or contributed by:

1. [intentionally self-inflicted Injury;
2. suicide or attempted suicide, whether sane or insane;
3. war or act of war, whether declared or not;
4. Injury sustained while on [full-time] active duty as a member of the armed forces (land, water, air) of any country or international authority [except Reserve National Guard Service];  

[(We will refund the pro rata portion of any premium paid for You [or Your Dependents] while You [or Your Dependents] are in the armed forces on full-time active duty, for a period of [two] months or more. [Written] notice must be given to Us within 12 months of the date You [or Your Dependents] enter the armed forces.);]
5. Injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
6. Injury sustained while On any aircraft:
  - a) as a pilot, crewmember or student pilot;
  - b) as a flight instructor or examiner;
  - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any [Employer] or organization whose eligible persons are covered under The Policy;
  - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests; or
7. Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
8. Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
9. Injury sustained while committing or attempting to commit a felony;
10. Injury sustained while Intoxicated; or
11. Injury sustained while driving while Intoxicated.]

**Intoxicated** means:

- 1) the blood alcohol content;
- 2) the results of other means of testing blood alcohol level; or
- 3) the results of other means of testing other substances;

that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

[Reserve National Guard Service means: You [or Your Dependents] are:

- 1) attending or en route to or from any active duty training of less than sixty (60) days;
- 2) attending or en route to or from a service school of any duration;
- 3) taking part in any authorized inactive duty training; or
- 1) taking part as a unit member in a parade or exhibition authorized by official orders.]

**Cafeteria Plan Election Restriction**

The Policy is a part of a Cafeteria Plan sponsored by Your Employer and governed by the requirements of Section 125 of the Internal Revenue Code. The rules of the Cafeteria Plan will supersede any provisions of The Policy which are in conflict with them.

Cafeteria Plans are subject to the following restriction:

The benefits You elect during the Enrollment Period will remain in effect until the next Enrollment Period.

Section 125 allows exception to this rule only in specified situations, including Change in Family Status and commencement or Termination of employment.

## General Provisions

- Notice of Claim:** You, or the person who has the right to claim benefits, must give Us, [or Our representative,] *When should I notify the Company of a claim?* [written] notice of a claim within [30 days] after:
- 1) the date of death; or
  - 2) [the date of loss.]
- If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant's name, address and the Policy Number. [If You become eligible for the Ability Plus Benefit, You must file a separate Notice of Claim within [30 days] of becoming eligible.]
- Claim Forms:** Within [15 days] of receiving a Notice of Claim, We [or Our representative] will send forms to the claimant to provide Proof of Loss. If We do not send the forms within [15 days,] any other [written] proof which fully describes the nature and extent of the claim may be submitted. *Are special forms required to file a claim?*
- Proof of Loss:** Proof of Loss may include, but is not limited to, the following: *What is Proof of Loss?*
- 1) [a completed claim form;
  - 2) a certified copy of the death certificate (if applicable);
  - 3) Your Enrollment form;
  - 4) Your Beneficiary Designation (if applicable);
  - 5) documentation of:
    - a) the date Your Disability began;
    - b) the cause of Your Disability;
    - c) the prognosis of Your Disability;
  - 6) any and all medical information, including x-ray films and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes;
  - 7) the names and addresses of all:
    - a) Physicians or other qualified medical professionals You have consulted;
    - b) hospitals or other medical facilities in which You have been treated; and
    - c) pharmacies which have filled Your prescriptions within the past three years;
  - 8) Your signed authorization for Us to obtain and release medical, employment and financial information; or
  - 9) Any additional information required by Us to adjudicate the claim.]
- All proof submitted must be satisfactory to Us.
- Sending Proof of Loss:** [Written] Proof of Loss should be sent to Us [or Our representative;] *When must Proof of Loss be given?*
- 1) [with respect to the Life Insurance Benefits,] within [365 days]; and
  - 2) [with respect to the Accidental Death and Dismemberment Benefits,] within [90 days];
- after the loss. However, all claims should be submitted to Us within [90 days] of the date coverage ends.
- If proof is not given by the time it is due, it will not affect the claim if:
- 1) it was not possible to give proof within the required time; and
  - 2) proof is given as soon as possible; but
  - 3) not later than [1 year] after it is due unless You, or the person who has the right to claim benefits, are not legally competent.
- Physical Examination and Autopsy:** While a claim is pending We have the right at Our expense: *Can We have a claimant examined or request an autopsy?*
- 1) to have the person who has a loss examined by a Physician when and as often as We reasonably require; and
  - 2) to have an autopsy performed in case of death where it is not forbidden by law.
- Claim Payment:** When We determine that benefits are payable, We will pay the benefits due in accordance with the Claims to be Paid provision, [but not more than [30 days] after such Proof of Loss is received.] *When are benefit payments issued?*

## General Provisions

**Claims to be Paid:** *To whom will benefits for my claim be paid?*

Life Insurance Benefits [and benefits for loss of life under the Accidental Death and Dismemberment Benefits] will be paid in accordance with the life insurance Beneficiary Designation.

If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:

- 1) [the executors or administrators of Your estate; or
- 2) all to Your surviving Spouse; or
- 3) if Your Spouse does not survive You, in equal shares to Your surviving Children; or
- 4) if no Child survives You, in equal shares to Your surviving parents.]

In addition, We may, at Our option, pay a portion of Your Life Insurance Benefit up to \$10,000 to any person equitably entitled to payment because of expenses from Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid.

[If any beneficiary is a minor, We may pay his or her share, until a legal guardian of the minor's estate is appointed, to a person who at Our option and in Our opinion is providing financial support and maintenance for the minor. We will pay:

- 1) [\$200.00] at Your death; and
- 2) monthly installments of not more than [\$200.00.]

Payment to any person as shown above will release Us from all further liability for the amount paid.]

[We will pay the Life Insurance Benefit at Your Dependents' death to You, if living. Otherwise, it will be paid, at Our option, to Your surviving Spouse or the executor or administrator of Your estate.]

[If benefits are payable and meet Our guidelines, then We may pay benefits into a draft book account (checking account) which will be owned by:

- 1) You, if living; or
- 2) Your beneficiary, in the event of Your death.]

The account owner may elect a lump sum payment by writing a check for the full amount in the account. However, an account will not be established for:

- 1) a benefit payable to Your estate;
- 2) [an Accidental Death and Dismemberment Principal Sum that is less than \$10,000; or
- 3) benefits due at Your Dependent's death.]

We will make any payments, other than for loss of life, to You. We may make any such payments owed at Your death to Your estate. If any payment is owed to:

- 1) [Your estate;
- 2) a person who is a minor; or
- 3) a person who is not legally competent,

then We may pay up to [\$1,000] to a person who is related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid.]

**Beneficiary Designation:** *How do I designate or change my beneficiary?*

You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us [and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.]

Beneficiary designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change [from the Employer].

[In no event may a beneficiary be changed by a Power of Attorney.]

**General Provisions**

**[Optional] Modes of Settlement:** *Do I have any payment options?*

You may elect by written request that Your Life Insurance Benefit or part of it be paid in equal installments for a specified number of years as shown below. Your Beneficiary may also choose this option.

We will make the first payment when We receive Proof of Loss. No installment will be less than [\$20.00] under any option chosen.

The following table is illustrative only.

[Number of years during which payments will be made	Amount of each installment for each \$1,000.00 of the Amount of Life Insurance	
	Annual	Monthly
1 .....	\$1,000.00.....	\$84.28
2 .....	506.18.....	42.66
3 .....	341.60.....	28.79
4 .....	259.34.....	21.86
5 .....	210.00.....	17.70
10 .....	111.47.....	9.39
15 .....	78.80.....	6.64
20 .....	62.58.....	5.27]

In addition to each installment after the first, the payee will receive interest. The rate of interest per year will be:

- 1) at least Our corporate interest rate; and
- 2) any amount over Our corporate interest rate which We declare for that year on funds remaining with Us.

If any installments are left unpaid when the payee last entitled to receive them dies, We will:

- 1) calculate the sum of the remaining installments; then
- 2) commute the sum at Our corporate interest rate per year; then
- 3) pay the resulting amount to the executors or the administrators of the payee's estate.

[If You or Your Beneficiary request this option, We will make the periodic payments and no checking account will be established.]

If the payee is a corporation, partnership, association, assignee or trustee, this option will be available only with Our consent.

[Provision may be made for payment of Your Life Insurance Benefit under any reasonable arrangement mutually agreed upon.]

**Claim Denial:** *What notification will my Beneficiary or I receive if a claim is denied?*

If a claim for benefits is wholly or partly denied, You or Your beneficiary will be furnished with written notification of the decision. This written notification will:

- 1) give the specific reason(s) for the denial;
- 2) make specific reference to the provisions upon which the denial is based;
- 3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
- 4) provide an explanation of the review procedure.

## General Provisions

**Claim Appeal:** On any claim, the claimant or his or her representative may appeal to Us for a full and fair review.  
*What recourse do my Beneficiary or I have if a claim is denied?* To do so, he or she:

- 1) must request a review upon written application within:
  - a) [180 days] of receipt of claim denial if the claim requires Us to make a determination of disability; or
  - b) [60 days] of receipt of claim denial if the claim does not require Us to make a determination of disability; and
- 2) may request copies of all documents, records, and other information relevant to the claim; and
- 3) may submit written comments, documents, records and other information relating to the claim.

We will respond in writing with Our final decision on the claim.

**Policy Interpretation:** We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of The Policy. [This provision applies where the interpretation of The Policy is governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA).]  
*Who interprets policy terms and conditions?*

**Incontestability:** Except for non-payment of premiums, the Life Insurance Benefit of The Policy cannot be contested after two years from the Policy Effective Date. [This provision does not apply to the Accidental Death and Dismemberment, the Critical Illness or Activities of Daily Living benefits.]  
*When can The Policy be contested?*

In the absence of Fraud, no statement made by You relating to Your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during Your lifetime. In order to be used, the statement must be in writing and signed by You.

[No statement made relating to Your Dependents being insurable will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Dependent's lifetime. In order to be used, the statement must be in writing and signed by You or Your representative.]

**Assignment:** *Are there any rights of assignment?* [[Except for the dismemberment benefits under the Accidental Death and Dismemberment Benefit,] You have the right to absolutely assign all of Your rights and interest under The Policy including, but not limited to the following:

- 1) the right to make any contributions required to keep the insurance in force;
- 2) the right to convert; and
- 3) the right to name and change a beneficiary.

We will recognize any absolute assignment made by You under The Policy, provided:

- 1) it is duly executed; and
- 2) a copy is acknowledged and on file with Us.

We and the Policyholder assume no responsibility:

- 1) for the validity or effect of any assignment; or
- 2) to provide any assignee with notices which We may be obligated to provide to You.

You do not have the right to collaterally assign Your rights and interest under The Policy.]

[You have no assignment rights under The Policy.]

**Legal Actions:** Legal action cannot be taken against Us:  
*When can legal action be taken?*

- 1) sooner than [60 days] after the date [written] Proof of Loss is furnished; or
- 2) [3] years after the date Proof of Loss is required to be furnished according to the terms of The Policy.

## General Provisions

**Workers' Compensation:**

*How does The Policy affect Workers' Compensation coverage?*

The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

**Insurance Fraud:**

*How does the Company deal with fraud?*

Insurance fraud occurs when You, [Your Dependents and/or Your Employer] provide Us with false information or file a claim for benefits that contains any false, incomplete or misleading information with the intent to injure, defraud or deceive Us. It is a crime if You, [Your Dependents and/or Your Employer] commit insurance fraud. We will use all means available to Us to detect, investigate, deter and prosecute those who commit insurance fraud. We will pursue all available legal remedies if You, [Your Dependents and/or Your Employer] perpetrate insurance fraud.

**Misstatements:**

*What happens if facts are misstated?*

If material facts about You [or Your Dependents] were not stated accurately:

- 1) the premium may be adjusted; and
- 2) the true facts will be used to determine if, and for what amount, coverage should have been in force.

**[Rider Language** This rider forms a part of [The Policy to which it is attached] and [all] certificates given in connection with The Policy.

This rider becomes effective [on the later to occur of:

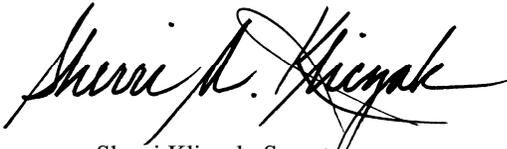
- a) the effective date of the Policy or certificate to which this rider is attached; or
- b) the first day of the month on or next following the date e accept Your application and required premium.]

[In consideration of the required additional premium and submission of satisfactory evidence of insurability, the following benefit is added to The Policy and certificates:]

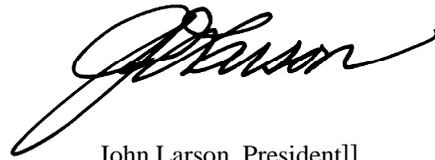
In all other respects, The Policy and certificates remain the same.

Signed for **National Guardian Life Insurance Company**

[



Sherri Kliczak, Secretary



John Larson, President]]

-



SERFF Tracking Number: HARP-125623317 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number: 39360  
Company Tracking Number: NGL002  
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Group Term Life  
Project Name/Number: /

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 04/24/2008  
**Comments:**  
**Attachments:**  
AR Life Readability Certification\_2008-06-18.pdf  
Reg 19 compliance certification\_2008-06-18.pdf

**Review Status:**  
**Satisfied -Name:** Application 04/24/2008  
**Comments:**  
The attached forms are the application and enrollment forms to be used with this product. They are currently pending approval in Arkansas under SERFF tracking number HARP-125623027.  
**Attachments:**  
Combined Master Application rev608.pdf  
2006-NDN-VI-OTH Enroll - Enrollment Form rev308 \_2\_.pdf  
PHI 3-08.pdf

**Review Status:**  
**Satisfied -Name:** Forms List 06/20/2008  
**Comments:**  
**Attachment:**  
AR Life Forms List\_2008-06-18.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variable Language 06/20/2008  
**Comments:**  
**Attachments:**  
NGL AR Life Cert\_SOVL\_2008-06-18.pdf  
NGL AR Life SOVL\_2008-06-18.pdf

**Review Status:**  
Guaranty Association Notice

SERFF Tracking Number: HARP-125623317 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number: 39360  
Company Tracking Number: NGL002  
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Group Term Life  
Project Name/Number: /

**Satisfied -Name:**

06/20/2008

**Comments:**

**Attachment:**

Guaranty Notice \_AR\_.pdf



June 20, 2008

RE: National Guardian Life Insurance Company  
Certification of Readability

To Whom It May Concern:

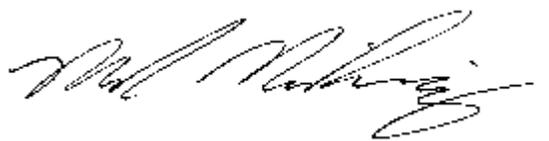
The following form has been tested by an acceptable method specified in the Model Law and obtained Flesch scores as indicated:

Group Life and Accidental Death & Dismemberment  
Booklet Certificate (NHCRTGTL et al): 42.6

I hereby certify that the above application form complies with the N.A.I.C. Model Policy Language Simplification Act.

Unless we hear from you to the contrary, we will assume that this certification satisfies the certification requirements for compliance with any present or future readability law enacted by your state. We understand that this certification will not be valid to the extent that there is a material difference between the readability law of your state and the N.A.I.C. Model.

Very truly yours,



\_\_\_\_\_  
Associate General Counsel

6/20/2008

Date

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: National Guardian Life Insurance Company

Form Numbers: NHCRTGTL et al

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

A handwritten signature in black ink, appearing to read "M. M. [unclear]", is written in a cursive style.

Associate General Counsel  
National Guardian Life Insurance Company



[Application is hereby made to National Guardian Life on the basis of the information contained in this application, the group risk specifications, the enrollment data, and available experience data. The application in its entirety, and any required additional information, is subject to Home Office approval before insurance can become effective.

Once approved, the application will be attached to and made part of the Group Policy(ies). Insurance will become effective on the requested effective date shown below, unless written notice of a different effective date is sent.

If this application is not approved, no insurance is in effect at any time, and any deposit premium AlwaysCare has received will be returned.

This application is made with the following deposit premium. The premium amount is estimated, as the amount due for the first month, and will be applied toward the first premium on the proposed Group Policy(ies): \$ \_\_\_\_\_

If any insurance requires employee contributions, any underwriting requirements for enrollment must be met before insurance can become effective.]

[Legal Name of Group \_\_\_\_\_

Physical Address \_\_\_\_\_

City\State\Zip \_\_\_\_\_

Billing Address (If different) \_\_\_\_\_

City\State\Zip \_\_\_\_\_

Federal Tax ID \_\_\_\_\_

# Employees: \_\_\_\_\_ # Eligible: \_\_\_\_\_ # of Employees with Dependents: \_\_\_\_\_

Group Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ]

[Contact for Administration & Eligibility:

\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ ]

[Contact for Billing \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ ]

Plan Selection:

Dental Insurance  Policy Year  Calendar Year

Vision Insurance

Hearing Rider (where applicable):

Attached to:  Dental  Vision

Basic Life (Employer Funded)

Supplemental / Voluntary Life

AD&D

Dependent Life

Short Term Disability

Long Term Disability

Other \_\_\_\_\_ ]

[Policyholder (Employer) contributions:]

[Dental \$\_\_\_\_\_ per month or \_\_\_\_\_ % of premium

Vision \$\_\_\_\_\_ per month or \_\_\_\_\_ % of premium

Basic Life and AD&D \$\_\_\_\_\_ per month or \_\_\_\_\_ % of premium

Supplemental / Voluntary Life and AD&D \$\_\_\_\_\_ per month or \_\_\_\_\_ % of premium

Short Term Disability \$\_\_\_\_\_ per month or \_\_\_\_\_ % of premium

Long Term Disability \$\_\_\_\_\_ per month or \_\_\_\_\_ % of premium ]

[Eligibility: Permanent, full-time employees working 30 hours (Standard) or \_\_\_\_\_ (other) per week are eligible for coverage.

An eligible employee must have been actively at work on a full-time basis for \_\_\_\_\_ months in order to be eligible for coverage.

An eligible dependent must be less than \_\_\_\_\_ yrs. old or less than \_\_\_\_\_ yrs. old if a full-time student. Coverage becomes effective the first of the month following eligibility.

W-2 Services Option (for Short Term Disability and Long Term Disability coverage only):

Option 1: Withhold state and federal income taxes, and the employee's portion of FICA. Prepare and file W-2 Forms.

Option 2: Withhold federal income taxes, and the employee's portion of FICA. Applicant waives W-2 Forms services.

A detailed description of the W-2 services elected by applicant pursuant to this application will be sent to the applicant via mail. Such services will be performed in accordance with the above election and established standard procedures.

Participation: Depending on group size and coverage elected, specific participation requirements may apply. Participation must be met before the insurance can be effective and must be maintained continuously while insurance is in force to prevent cancellation of coverage.

I understand and agree that audits will be made by National Guardian Life Insurance Company now and in the future to verify the number and names of full-time employees/members of this group. I will furnish with application, and upon any future request, a current census and State Quarterly Unemployment Tax Report, and any other information requested.

Monthly Administration Fee: I understand there is a \$5.00 monthly administrative billing charge for groups with less than 10 employees enrolled.]

**IMPORTANT NOTES:**

Unless agreed otherwise, membership cards, welcome letters and coverage summaries are printed and provided in a single package following group approval. The certificate of coverage, group policy, administration manuals and other information will be provided on a customized, group-specific CD-ROM to enable the Employer to distribute as needed via email or printouts to all enrolled employees. Employees may also print ID Cards and certificates by visiting our website at [www.AlwaysCareBenefits.com](http://www.AlwaysCareBenefits.com).]

[Please send Membership Materials and Enrollment Materials to (CHECK ONE):

- Group Attn: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Broker or Agent

Under ERISA (Employee Retirement Income Security Act of 1974), it is required that there be a named fiduciary for each employee benefit plan. It is understood that the undersigned Employer is the named fiduciary for each employee benefit plan. I understand and agree if, on the effective date, an employee is not in permanent full-time active work or unable to perform usual and customary duties, coverage will not be effective until the employee returns to an active eligible status. I hereby certify that the information provided herein is true and complete to the best of my knowledge and that I have read and understand this form.

The information contained herein describes the essential provisions of the elected coverage(s) discussed between the above client and an authorized National Guardian Life Insurance Co. representative. By signing this form, both parties agree that these are the essential provisions the client is purchasing. The details of this form may be changed by either party with mutual agreement.

The applicant understands that the requested group insurance will:

- a. be issued only if the requested insurance is acceptable to National Guardian Life (the Company) and is legally permissible;
- b. be issued under a group Policy or Policies in the language customarily used by the Company;
- c. be subject to the Company's usual underwriting requirements (including Evidence of Insurability, if applicable);
- d. be subject to all exclusions and limitations of the policy; and take effect on the date determined by the Company.

The Applicant understands that no agent or broker has the authority to guarantee the acceptability of the requested insurance. The effective date of insurance for which an employee is required to submit satisfactory Evidence of Insurability will be determined in accord with the Policy's terms, and will be subject to the Active Work requirement. The applicant agrees not to:

- a. collect or pay premiums (other than the Binder Premium) for such insurance, before receiving the Company's notice of approval; or
- b. distribute material describing Policy coverage to persons to be insured, without the Company's prior written consent.

**WARNING:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

Applicant Signature: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name Title Date

National Guardian Representative: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ]  
Date

[Agent (if applicable)]	Tax I.D. Number
Firm Name (if applicable)	National Guardian Life Insurance Company appointment on file <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Please attach Appointment Paperwork if not appointed)</b>
Address  City/State/Zip	Phone  Fax  Email Address]

**TO BE COMPLETED BY ALWAYS CARE BENEFITS**

[Group Set Up Information	Account Management Approval
Group Code: _____	Account Manager: _____
SIC Code: _____	Signature _____ Date ____/____/____]

Notes:



Administered by:

# Enrollment Form for Group Insurance

Underwritten by: National Guardian Life Insurance Company  
 Administered by: [AlwaysCare Benefits, Inc. (A Starmount Life Insurance Company)]  
 [7800 Office Park Blvd., Baton Rouge, LA 70809-7603, (225)926-2888 or 1-888-729-5433]

**EMPLOYEE INFORMATION**      **A: Add (enroll) T: Terminate C: Change (change of name or coverage)**

Employer Name		Group Number	Location		Effective Date
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Employee or subscriber)	First Name	M.I.	Date of Birth
Home Street Address		City/State/Zip	Home Phone	Work Phone	Cell Phone

**[COMPLETED BY EMPLOYER]**

[Date of Hire]	<input type="checkbox"/> Full time <input type="checkbox"/> Part time If part time: Hrs worked per week: _____	[Occupation]	[Class]
[Salary \$: _____ <input type="checkbox"/> Yearly <input type="checkbox"/> monthly <input type="checkbox"/> bi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Hourly]			

**FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name or coverage)**

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Unmarried child/ FT student/ handicapped? Yes      No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Yes      No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Yes      No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Yes      No

**[BENEFIT ELECTIONS (Employer determines benefits available for election):]**

<input type="checkbox"/> <b>Dental</b> <input type="checkbox"/> Employee Only      \$ _____ <input type="checkbox"/> Employee Spouse      \$ _____ <input type="checkbox"/> Employee + Child(ren)      \$ _____ <input type="checkbox"/> Employee Family      \$ _____  <input type="checkbox"/> <b>Vision</b> <input type="checkbox"/> Employee Only      \$ _____ <input type="checkbox"/> Employee Spouse      \$ _____ <input type="checkbox"/> Employee + Child(ren)      \$ _____ <input type="checkbox"/> Employee Family      \$ _____	<input type="checkbox"/> <b>Basic Life / AD&amp;D</b> Employee <input type="checkbox"/> Elect <input type="checkbox"/> Decline Spouse <input type="checkbox"/> Elect <input type="checkbox"/> Decline Children <input type="checkbox"/> Elect <input type="checkbox"/> Decline  <input type="checkbox"/> <b>Supplemental / Voluntary Term Life / AD&amp;D</b> Employee <input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ or _____ X annual salary Spouse <input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ Children <input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____	<input type="checkbox"/> <b>Short Term Disability</b> <input type="checkbox"/> Elect <input type="checkbox"/> Decline If Buy-Up Available: <input type="checkbox"/> Elect <input type="checkbox"/> Decline  <input type="checkbox"/> <b>Long Term Disability</b> If Buy-Up Available: <input type="checkbox"/> Elect <input type="checkbox"/> Decline
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**[Beneficiary Information (Complete ONLY for Life or AD&D):]**

[Primary Beneficiary:	Relationship:	Date of Birth:
Contingent Beneficiary:		]

In the past 12 months, have you had continuous group coverage (for yourself and/or your dependents) with a prior carrier?  yes       no  
 If yes, please provide: Policyholder \_\_\_\_\_ and Insurance Company \_\_\_\_\_  
**Important!** If declining any coverage for yourself or any dependent, give reason. Covered under:  Spouse's group coverage  
 Individual insurance       other coverage offered by my employer       other \_\_\_\_\_

I declare that the information I have completed on this enrollment form is complete and true. I have read and understand the statements on page 2 and understand an agent or broker cannot guarantee coverage, revise rates, benefits, or provisions without written approval from National Guardian Life Insurance Company.

Your signature      X \_\_\_\_\_      Date signed \_\_\_\_\_



Administered by:

## Enrollment Form for Group Insurance

Underwritten by: National Guardian Life Insurance Company  
Administered by: [ AlwaysCare Benefits, Inc. (A Starmount Life Insurance Company)]  
[7800 Office Park Blvd., Baton Rouge, LA 70809-7603, (225)926-2888 or 1-888-729-5433]

[ I understand and agree with the following statements:

- My dependents are not eligible for coverages I don't have. If I refuse [dental or vision] coverage, I and/or my dependents may enroll later [but this will affect the level of benefits]. [If I refuse life and/or disability coverage, I may apply later but I must show proof of good health and coverage will be subject to approval by National Guardian Life Insurance Company]. If I refuse coverage, I cannot enroll after retirement.]
- If the group policy does not require my contribution, I cannot decline any coverage unless the policy indicates otherwise.
- If the group policy requires my contribution: (1) I authorize my employer to deduct from my pay; and (2) I understand that no insurance is in force until the first premium is paid.
- I represent all information on this form and attachments are complete and true to the best of my knowledge. They are part of this request for coverage. I agree National Guardian Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, false statements, omissions and/or material misrepresentations can cause changes in my coverage, including cancellation back to the effective date. 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 is guilty of a crime and may be subject to fines and confinement in prison.
- I authorize National Guardian Life Insurance Company to release data as required by law. If signed in connection with an application, reinstatement or a change in benefits, this form will be valid two years from the date of signature. I may revoke authorization for information not yet obtained. I understand data obtained will be used by National Guardian Life for claims administration [and determining eligibility for life and disability coverage]. Information will not be used for any purpose prohibited by law.
- Explanation of Benefits reflecting claim payments for myself and/or my dependents will be sent to my home address. I also understand collection of social security numbers from myself and/or my dependents will be used by National Guardian Life Insurance Company only as allowed by law.]
- [NOTE For Dental: Coverage for a Late Entrant or Re-enrollee will be limited to those procedures listed under Coverage A in the Schedule of Covered Procedures during the first 24 months after the Late Entrant's or Re-enrollee's Effective Date.]
- [For Vision: Coverage for a Late Entrant or Re-enrollee will be limited to the Vision Examination benefit in the Benefits Summary during the first 24 months after the Late Entrant's or Re-enrollee's Effective Date. These limited coverages also apply to the Late Entrant's or Re-enrollee's Dependents, if enrolled.]

A copy of this form will be as valid as the original.

After this form is completed and signed, make two copies and send the original to:

National Guardian Life Company  
c/o AlwaysCare Benefits  
P.O. Box 98100  
Baton Rouge, LA 70898-9100

• Employer – copy of Page 1 and Page 2

• Employee – copy of Page 1 and Page 2



PERSONAL HEALTH INFORMATION



Thank you for choosing AlwaysCare Benefits, Inc. (a Starmount Life Insurance Company) and National Guardian Life Insurance Company. All sections of this form must be completed and received by AlwaysCare within 30 days of the signature date.

Employers: Please completely fill out Section 1 and Section 2 on this page and forward the entire form to the employee. Refer to your Policy and employee records for this information. These records are your property and are not on file with National Guardian Life or AlwaysCare. An incomplete form will result in a delay in processing your employee's request for insurance.

Section 1 - Employer Details (to be completed by Employer) PLEASE PRINT CLEARLY
Employer Name: Policy Number:
Division (if applicable):
Employer Mailing Address (Street, City, State, Zip Code):
Benefits Contact Name: (First, Last)
Benefits Contact Email Address: Benefits Contact Phone: ( ) -

Section 2 - Applicant Details (to be completed by Employer) PLEASE PRINT CLEARLY
Employee Name: (First, MI, Last)
Base Annual Earnings\*: Social Security Number: - - Date of Hire (mm/dd/yyyy): / /

\* Base annual earnings as described in the contract with National Guardian Life Insurance Company.

Coverage Details

- Check the box(es) next to each row of the applicant's existing or new employer-sponsored coverage.
Enter the amount of any existing coverage (including Guarantee Issue\*) in Current Coverage. Please include the amount of Employee Basic Life coverage even if the applicant is not requesting Basic Life coverage at this time.
Enter the amount of Additional Coverage Requested by the applicant that requires Medical Underwriting.
If the applicant is enrolling after his/her initial eligibility, check Late Entrant as the Reason for Medical Underwriting, if not, check Other as the reason.

Table with 4 columns: Reason for Medical Underwriting, Current Coverage, Additional Coverage Requested. Rows include Life Insurance Coverage (Employee Basic Life, Employee Supplemental or Voluntary Life, Spouse Basic Life, Spouse Supplemental or Voluntary Life) and Disability Insurance Coverage (Short-Term Disability, Long Term Disability).

\* Guarantee Issue is the maximum amount of coverage - as defined in the contract with National Guardian Life Insurance Company - that does not require an applicant to provide proof of good health.

Is the employee requesting more than \$15,000 of coverage for a child? Yes No Number of Children: Amount Requested Per Child: \$

Employees: Please complete pages two and three. It should take you about 7 to 10 minutes to complete this form

Employee: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Employee Section**

Please answer all questions on this page completely and accurately and certify your answers on the next page. **Leaving information blank will result in delays and may result in your file being closed.** AlwaysCare may contact you for additional or missing information.

<b>Section 3 – Employee Information</b> (Complete even if employee is <u>not</u> applying for coverage)				<b>PLEASE PRINT CLEARLY</b>	
Home Mailing Address (Street, Apt. #):			City:		
State:	Zip Code:	Employer:			
Daytime Phone: ( )		Evening Phone: ( )		Height: ___Ft. ___In.	Weight _____ lbs.
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: / /	Email Address:			

<b>Section 4 –Spouse or Eligible Partner Information</b> (Complete <u>only</u> if applying for this coverage)				<b>PLEASE PRINT CLEARLY</b>	
First Name:		Last Name:		Social Security Number - -	
Daytime Phone: ( )		Evening Phone: ( )		Height: ___Ft. ___In.	Weight _____ lbs.
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: / /	Email Address:			

**Section 5 – Medical Information** (to be completed only by applicants requesting coverage)

If you or anyone proposed for coverage can answer Yes to any of Questions 1 – 6 below, check the appropriate box and provide **additional details in Section 6. Residents of Florida, Maine, Minnesota, North Carolina, Vermont or Wisconsin, please review the condition specific wording required by your state on page 4 of this form prior to answering these questions.**

1. Within the past 5 years, with the exception of a past pregnancy, have you lost time from work for more than 10 work days for the same physical, mental, or emotional condition, disability, injury, or sickness?	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse
2. Within the past 2 years, have you used any controlled substances, with the exception of those prescribed by your physician, received medical advice or sought treatment for drug or alcohol abuse, or been charged with operating a motor vehicle under the influence of drugs or alcohol?	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse
3. Are you currently undergoing any diagnostic testing for symptoms without a final diagnosis or resolution?	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse
4. Are you currently pregnant? _____ If yes, what was your pre-pregnancy weight? _____ lbs	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse
5. During the past 5 years have you been diagnosed with or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any other immune deficiency disorder?	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse

6. During the past 5 years have you been diagnosed with, treated for, treated with, or had any symptoms due to any of the following conditions or treatments listed below?

	Employee	Spouse		Employee	Spouse
Heart Related Surgery or Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Crohn's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Failure/Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease (excluding high blood pressure & heart murmur)	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis (excluding Hepatitis A)	<input type="checkbox"/>	<input type="checkbox"/>
Blocked Arteries (including arteriosclerosis, atherosclerosis, aneurysms, or deep vein blood clots)	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Obstructive Pulmonary Disorder (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	Knee Disorder, Injury, or Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Back or Neck Disorder, Injury, or Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Joint/Ligament Disorder, Injury, or Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis or Osteopenia	<input type="checkbox"/>	<input type="checkbox"/>
Depression (single episode)	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis (MS)	<input type="checkbox"/>	<input type="checkbox"/>
Depression (multiple episodes)	<input type="checkbox"/>	<input type="checkbox"/>	Amyotrophic Lateral Sclerosis (ALS)	<input type="checkbox"/>	<input type="checkbox"/>
Psychotic/Personality Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
Other Mental/Nervous/Psychiatric Disorders (including Anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (excluding Basal Cell Carcinoma)	<input type="checkbox"/>	<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>
Cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Fatigue Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Ulcerative Colitis	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>

Employee First Name \_\_\_\_\_

Last Name: \_\_\_\_\_

**Section 6 – Additional Details:** If you or anyone proposed for coverage checked any box next to Questions 1 – 6, please provide details in the space below. If you need more space, please attach, sign and date an additional sheet.

Question # or Condition	Applicant Name	Medications/ Treatment	Date of Diagnosis	Date of Last Symptom	Current Status of Condition	Physician's Name and Phone #

**Section 7 – Certification Statement** *(To be completed by all applicants)*

By checking this box:                       Employee                       Spouse

I hereby certify that I have reviewed each of the above questions and conditions.  
I also certify that I have checked all of the questions and conditions that apply to my health history.

**Section 8 – Fraud Statement** *(To be completed by all applicants)*

I hereby certify that the above statement and answers are complete and true to be the best of my knowledge and belief concerning the past and present state of health and medical history of the persons to whom the statement and answers relate. I agree that this document and all its contents shall form a part of my enrollment request for group benefits. 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 is guilty of a crime and may be subject to fines and confinement in prison.

This information may be used by AlwaysCare (for fully insured coverages) or my employer/administrator (for self-funded coverages) for plan administration purposes to decide if the person(s) is/are eligible for coverage. I acknowledge that I have read the disclosure notice on the last page of this application.

**Notice:** *Anyone applying for coverage is required to notify National Guardian Life and AlwaysCare in writing at the address below of any changes in their medical condition to the best of their knowledge between the date you sign this form and the date the coverage is approved.*

\_\_\_\_\_  
**Employee's Signature**  
or Legal Representative/ Relationship to  
Employee **(Required)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Spouse's (or Eligible Partner's) Signature**  
or Legal Representative/Relationship to Spouse  
**(Required only if applying for coverage)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date Signed**

Please return the completed Employer and Employee sections to:

**National Guardian Life Insurance Company**  
**c/o AlwaysCare Benefits, Inc.**  
**P.O. 98100**  
**Baton Rouge, LA 70898-9100**

If you have any questions or concerns about this form, please call AlwaysCare's Customer Service Department toll-free at 888-729-5433, Ext. 2013, Monday through Friday, 7:30 a.m. – 8:30 p.m. (CST), Saturday, 9:00 a.m. – 3:00 p.m. (CST).

**State Specific Information**

**Please Do Not Return This Page – Retain for Your Records**

**FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

**For residents of Pennsylvania:** 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 a person to criminal and civil penalties.

**Florida residents:** AIDS/HIV Condition: Has anyone proposed for coverage ever tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection or had unexplained weight loss or enlarged lymph nodes?

**Maine residents:** You are not required to disclose whether you have been tested for HIV, if you have not developed symptoms of the disease AIDS or ARC, in your answer to any of the following questions.

**Minnesota residents:** YOU NEED NOT DISCLOSE AN HIV (AIDS VIRUS) TEST WHICH WAS ADMINISTERED: (1) TO A CRIMINAL OFFENDER OR CRIMINAL VICTIM AS A RESULT OF A CRIME THAT WAS REPORTED TO THE POLICE; (2) TO A PATIENT WHO RECEIVED THE SERVICES OF EMERGENCY MEDICAL SERVICES PERSONNEL AT A HOSPITAL OR MEDICAL CARE FACILITY; (3) TO EMERGENCY MEDICAL PERSONNEL WHO WERE TESTED AS A RESULT OF PERFORMING EMERGENCY MEDICAL SERVICES.

**North Carolina residents:** AIDS/HIV Condition: Has anyone proposed for coverage ever been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or any other immune deficiency disorder? "AIDS Related Complex (ARC)" is a condition with signs and symptoms which may include generalized lymphadenopathy (swollen lymph nodes), loss of appetite, weight loss, fever, oral thrush, skin rashes, unexplained infections, dementia, depression, or other psychoneurotic disorders with no known cause. "Disorder of the Immune System" includes the hyperimmune conditions, disorders of gammaglobulin synthesis (hypogammaglobulinemia), of white blood cell production and maturation, and the immune-deficiency disorders both congenital and acquired. Also included in disorders of immunity are lupus erythematosis, Grave's Disease, rheumatoid arthritis, primary biliary cirrhosis, and others.

**Vermont residents:** AIDS/HIV Condition: Has anyone been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) by a licensed medical physician?

**Wisconsin residents:** AIDS/HIV Condition: Had any lab tests, x-ray, electrocardiogram, or other diagnostic testing other than HIV testing or those requested as part of routine physical with normal findings?

**Disclosure Notice**  
**Please Do Not Return This Page – Retain for Your Records**

I authorize AlwaysCare Benefits (a Starmount Life Insurance company) and National Guardian Life Insurance Company to release information in its file to the Medical Information Bureau, Inc., and other insurance companies to whom I or my children may apply for Life or Health Insurance, or other persons or organization, performing business or legal services in connection with this application or a claim, or as may be otherwise lawfully required. Except as specified, this information will not be given, sold, or transferred to any person without first obtaining my consent or a written form stating the use and need for such information.

I understand that upon written request, I am entitled to receive details of the procedures I must use to implement my right to access, correct and amend any personal information collected about myself or my children in connection with this application.

I understand that if I request details about any medical record information collected about myself in connection with this application, the medical record information and the identity of the medical care institution, or medical professional that provided the information, shall be supplied only to a licensed medical professional designated by me, unless otherwise authorized by the medical professional or institution who provided such information.

I understand that misstatements, misrepresentations, or omissions in my response to the request for information above may result in the voiding of coverage.

Summary of information: In order to properly underwrite your request for group benefits, AlwaysCare and National Guardian Life must collect certain information about your physical condition. You are the most important source of information about your own health, and to the degree it is possible, We will rely on only information obtained from you. If We do find We are required to contact a medical professional or institution, We may contact them directly using the authorization on the application form.

Information We collect about you will not be given to anyone without your consent, except when it is necessary for conducting our business. The only people that have access to the information are employees who service your benefits or claims and those who have a regulatory or legal need for the information. In other situations, We will ask you for written authorization to disclose information about you.

In most cases the only information We will collect is provided by you. You are encouraged to keep a copy of this form for your records. If We find it necessary to contact medical providers or institutions, there are procedures by which you can obtain access to the personal information about you which We have collected. Upon written request, We will provide you with information in your file. Medical information will be disclosed only through a physician you designate, unless otherwise authorized by the medical professional or institution who provided such information to Us. Details regarding your right to correct or amend information in your file will be furnished upon written request. If you have any further questions about these policies and practices, please write to: AlwaysCare Benefits, Inc., Privacy Officer, P.O. Box 98100, Baton Rouge, LA 70898-9100.

**All policies are underwritten by National Guardian Life Insurance Company\*.**

\*National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a.k.a. The Guardian or Guardian Life.

ARKANSAS LIST OF FORMS	
GROUP TERM LIFE CERTIFICATE	
Form Number	Description
NHCRTGTL 4/08	Base Form Number Certificate Face Page
NHCRTGTL-SCH1 4/08	Schedule of Insurance – page 1
NHCRTGTL-SCH2 4/08	Schedule of Insurance – page 2
NHCRTGTL-DEF 4/08	Definitions
NHCRTGTL-E&E 4/08	Eligibility and Enrollment
NHCRTGTL-PoC 4/08	Period of Coverage
NHCRTGTL-BEN 4/08	Benefits
NHCRTGTL-BEN-AB (AR) 4/08	Accelerated Benefit
NHCRTGTL-BEN-Conv (AR) 4/08	Conversion Right
NHCRTGTL-BEN-Port 4/08	Portability Benefits
NHCRTGTL-BEN-ADB 4/08	Accidental Death Benefit
NHCRTGTL-BEN-ADBCC 4/08	Accidental Death Benefit with Double Indemnity while on a Common Carrier
NHCRTGTL-BEN-AD&D 4/08	Accidental Death and Dismemberment Benefit
NHCRTGTL-BEN-CC 4/08	Double Indemnity while on a Common Carrier
NHCRTGTL-BEN-Exp 4/08	Exposure and Disappearance Benefit
NHCRTGTL-BEN-Seatbelt 4/08	Seat Belt and Air Bag Benefit
NHCRTGTL-BEN-Rep 4/08	Repatriation Benefit
NHCRTGTL-BEN-Asslt 4/08	Felonious Assault Benefit
NHCRTGTL-BEN-ChildEd 4/08	Child Education Benefit
NHCRTGTL-BEN-DayCare 4/08	Day Care Benefit
NHCRTGTL-BEN-Rehab 4/08	Rehabilitation Benefit
NHCRTGTL-BEN-SpseEd 4/08	Spouse Education Benefit
NHCRTGTL-BEN-H&Veh 4/08	Adaptive Home and Vehicle Benefit

NHCRTGTL-BEN-Coma 4/08	Coma Benefit
NHCRTGTL-BEN-Burn 4/08	Critical Burn Benefit
NHCRTGTL-BEN-Thrpy 4/08	Therapeutic Counseling Benefit
NHCRTGTL-BEN-ExtDpndt 4/08	Extended Dependents Coverage
NHCRTGTL-BEN-ComDis 4/08	Common Disaster Benefit
NHCRTGTL-BEN-SurvInc 4/08	Survivor Income Benefit
NHCRTGTL-BEN-OccAD 4/08	HIV Occupational Accident Benefit
NHCRTGTL-BEN-ChildDismb 4/08	Dependent Child Dismemberment Benefit
NHCRTGTL-BEN-FunExp 4/08	Funeral Expense Benefit
NHCRTGTL-BEN-Loss 4/08	Loss of Use Benefit
NHCRTGTL-BEN-TrmBrain 4/08	Traumatic Brain Injury Benefit
NHCRT-BEN-BrvCncl 4/08	Bereavement Counseling Benefit
NHCRTGTL-BEN-OccDeath 4/08	Occupational Death Benefit
NHCRTGTL-BEN-Accel 4/08	Accelerated AD&D Benefit
NHCRTGTL-EXCL 4/08	Exclusions and Limitations
NHCRTGTL-Prov (AR) 4/08	General Provisions
NHCRTGTL-RID 4/08	Rider Language



# NATIONAL GUARDIAN LIFE INSURANCE COMPANY

A Mutual Company Incorporated in 1909

2 East Gilman Street

Madison, Wisconsin 53701

## CERTIFICATE OF INSURANCE

[Policyholder: ABC Policyholder] 1  
[Policy Number: XXXXXXXX]  
[Policy Effective Date: DATE] [Participating Entity:]  
[Policy Anniversary Date: DATE] [Account Number: XXXXXXXX]

We have issued The Policy to The Policyholder. Our name, The Policyholder's name and The Policy Number are shown above. The provisions of The Policy, which are important to You, are summarized in this certificate consisting of this form and any additional forms which have been made a part of this certificate. This certificate replaces any other certificate We may have given to You earlier under The Policy. The Policy alone is the only contract under which payment will be made. Any difference between The Policy and this certificate will be settled according to the provisions of The Policy on file with Us at Our home office. The Policy may be inspected at the office of The Policyholder.

Administrator: [Insert Administrator Name] 2  
Insert Administrator Address]

Signed for The Company

[  
  
Sherri Kliczak, Secretary

  
John Larson, President] 3

[GROUP TERM LIFE COVERAGE] 4  
GROUP ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE]

### [READ YOUR CERTIFICATE CAREFULLY

You have a 30 day right from Your original Certificate Effective Date to examine Your certificate. If You are not satisfied, You 5  
may return it to Us within 30 days of Your original Certificate Effective Date. In that event, We will consider it void from its  
Effective Date and any premiums paid will be refunded. Any claims paid under The Policy during the initial 30 day period will be  
deducted from the refund.]

*A note on capitalization in this Certificate:*

Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in The Policy or refers to a specific provision contained herein.

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**[Table of Contents**

Certificate Face Page

Schedule of Insurance

Definitions

Eligibility and Enrollment

Period of Coverage

Benefits

General Provisions]

---

**Schedule of Insurance**

[The benefits described herein are those in effect as of: DATE

1

**Cost of coverage:**

**Non-Contributory Coverage:** Basic Life Insurance  
 Basic Dependents' Life Insurance  
 Accidental Death and Dismemberment

**Contributory Coverage:** Supplemental Life Insurance,  
 Supplemental Dependents' Life Insurance  
 Supplemental Accidental Death and Dismemberment

**Eligible Class(es) For Coverage:** All Full-Time and Part-Time Active Employees and Retirees who are citizens or legal residents of the United States, its territories and protectorates, excluding temporary, leased or seasonal employees.

Class 1	Full-time Executive Employees:	at least # hours weekly
Class 2	Part-time Administrative Employees:	at least # hours weekly, but less than # hours weekly
Class 3	Retirees:	former Active [Employees] who meet the definition of Retiree, as shown in the Definitions

**Annual Enrollment Period:** Month & Day through Month & Day/as determined by Your Employer on a yearly basis.

**Eligibility Waiting Period for Coverage:**

- 1) XX days – if You are Actively at Work for the Employer on the Policy Effective Date; or
- 2) XX days – if You start working for the Employer after the Policy Effective Date.

The number of days referenced above are continuous calendar days. The Eligibility Waiting Period for Coverage will be reduced by the period of time You were a Full-time/Part-time/temporary Active [Employee] with the Employer under the Prior Policy.

**Life Insurance Benefit**

**Amount of Life Insurance**

Basic Amount of Life Insurance

Guaranteed Issue Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX
Maximum Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX

Supplemental Amount of Life Insurance

Guaranteed Issue Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX
Maximum Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX

Combined Basic and Supplemental Amount of Life Insurance

Combined Guaranteed Issue Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX
Combined Maximum Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX
	Class 3	\$XXXXXXXXXX

If Your amount of Combined Basic and Supplemental Life Insurance exceeds \$XXXXXX, the Supplemental Amount of Life Insurance will be reduced, followed by a reduction in the Basic Amount of Life Insurance, if necessary.]

**Schedule of Insurance**

**[Dependent Life Insurance Benefit]**

<u>Amount of Dependent Life Insurance</u>	Spouse	XXXXXXXXXX
	Dependent Child(ren)	XXXXXXXXXX

**Accidental Death and Dismemberment Benefit (AD&D)**

<u>Basic AD&amp;D Principal Sum</u>	Class 1	XXXXXXXXXX
	Class 2	No Benefit
	Class 3	No Benefit
<u>Supplemental AD&amp;D Principal Sum</u>	Class 1	XXXXXXXXXX
	Class 2	No Benefit
	Class 3	No Benefit
<u>Combined Basic and Supplemental AD&amp;D Principal Sum</u>		
<u>Combined Maximum Amount</u>	Class 1	XXXXXXXXXX
	Class 2	XXXXXXXXXX

If the combined amount of Basic and Supplemental Accidental Death and Dismemberment Principal Sum exceeds \$XXXXXX, the Supplemental Principal Sum will be reduced, followed by a reduction in the Basic Principal Sum, if necessary.

**Reduction in Amount of Life Insurance**

We will reduce the Amount of Life Insurance for You and Your Dependents by any amount:

- 1) of individual Life Insurance issued in accordance with the Conversion Right;
- 2) that was continued under the Portability Provision; or
- 3) of Life Insurance in force, paid or payable under the Prior Policy.

**Reduction in Coverage Due to Age**

We will reduce the Life Insurance Benefit and Principal Sum for You and Your Spouse by the percentage indicated in the table below. This reduction will be effective on the first day of the month following the month in which Your birthday occurs/on the January 1st following the date You or Your Spouse attain the ages shown below/on Policy Anniversary Date following the date You or Your Spouse attain the ages shown below. These reductions also apply if:

- 1) You or Your Spouse become covered under The Policy; or
- 2) Your or Your Spouse's coverage increases;

on or after the date You or Your Spouse attain age 65.

Percentage by which current/original amount of coverage (after all previous reductions) will be reduced.	<b>Your Age</b>	<b>Your % Reduction</b>	<b>Your Spouse's Age</b>	<b>Your Spouse's % Reduction</b>
	65	35%	65	35%
	70	35%	70	35%
	75	35%	75	35%
	80	25%	80	25%
	85	25%	85	25%
	90	25%	90	25%
	95	25%	95	25%

The reduced amount of coverage will be rounded to the next higher multiple of \$500, if not already a multiple of \$500. An appropriate adjustment in premium will be made.]

## Definitions

<b>[Active Employee]</b>	means [an employee who works for the Employer on a regular basis in the usual course of the Employer's business. This must be at least the number of hours shown in the Schedule of Insurance.]	1,2
<b>Actively at Work</b>	means [at work with Your Employer on a day that is one of Your Employer's scheduled workdays. On that day, You must be performing for wage or profit all of the regular duties of Your job: 1) in the usual way; and 2) for [Your usual number of hours.]]	1  2
	[We will also consider You to be Actively At Work on any regularly scheduled [vacation day, paid time off day, personal day] or holiday, [only if You were Actively At Work on the preceding scheduled work day].	3,4 5
	Paid time off and personal days do not include days off taken for Sickness or Injury.]]	
<b>Actively at Work</b>	means [You are performing all the regular duties of Your occupation on a full-time basis] [(at least 30 hours per week)] [at Your customary place of employment or in the usual way.] ]	1,2 3
<b>Airworthiness Certificate</b>	means: 1) the "Standard" Airworthiness Certificate issued by the United States Federal Aviation Administration (FAA); or 2) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry.	None
<b>Civil or Public Aircraft</b>	means a civil or public aircraft which: 1) has a current and valid Airworthiness Certificate; 2) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and 3) is not operated by the militia, or armed forces of any state, national government or international authority.	None
<b>Commissions</b>	means the [monthly average of monetary] commissions You received from [the Employer] [over: 1) [the [X month] period immediately prior to the Policy Anniversary Date]; or 2) the period of time You worked for the Employer, if less than [the above period/X months.]]	1,2,3 4,5 6
<b>Common Carrier</b>	means a conveyance operated by a concern, other than the [Policyholder], organized and licensed for the transportation of passengers for hire and operated by that concern.  [Common Carrier will not mean any such conveyance which is hired or used for a sport, gamesmanship, contest, sightseeing, observatory and/or recreational activity, regardless of whether such conveyance is licensed.]	1
<b>Contributory Coverage</b>	means coverage for which You are required to contribute toward the cost. [Contributory Coverage is shown in the Schedule of Insurance.]	1
<b>Dependent Child(ren)</b>	means: 1) Your unmarried children, stepchildren, legally adopted children; or 2) any other children related to You by blood or marriage [or domestic partnership] who: a) [live with You in a regular parent-child relationship; and/or] b) [You claimed as a dependent on Your last filed federal income tax return;] provided such children are primarily dependent upon You for financial support and maintenance [and are: 1) at least 15 days old but under age 19; 2) from live birth to age 19 years;] 3) [[age 19,] but under [age XX,] and in full-time attendance [(at least 12 course credit hours per semester)] at an accredited institution of learning. If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student continues to qualify as a Dependent;] or 4) [[age 19] or older and disabled. Such children must have become disabled before attaining [age 19.] You must submit proof, satisfactory to Us, of such children's disability.]	1 2 3 4        5,6,7,8  9, 10 11

## Definitions

<b>Dependents</b>	means [Your Spouse] [and Your Dependent Child(ren)]. [A dependent must be a citizen or legal resident of the United States, [its territories and protectorates.]] [Any person who is in full-time military service cannot be a dependent.]]	1,2,3 4,5
<b>Earnings</b>	[means Your regular annual rate of pay, not counting commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the most recent the date immediately prior to the last Policy Anniversary Date.]	1
<b>Earnings</b>	<p>[means, for sole proprietor, partners, members of a limited liability company taxable as a partnership under the federal income tax laws, or share holders in a S-Corporation:</p> <ol style="list-style-type: none"> <li>1) the annual average of earnings reported as "net earnings from self-employment" for federal income tax purposes for: <ol style="list-style-type: none"> <li>a) the X year(s) immediately prior to the most recent the last Policy Anniversary Date; or</li> <li>b) the number of months You were employed in this capacity, if less than above period; and</li> </ol> </li> <li>2) not contributions You made through a salary reduction agreement with the Employer to: <ol style="list-style-type: none"> <li>a) an Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred compensation arrangement;</li> <li>b) an executive non-qualified deferred compensation arrangement; or</li> <li>c) a salary reduction arrangement under an IRC Section 125 plan, for the same period as above.</li> </ol> </li> </ol> <p>Earnings does not include bonuses, commissions, tips and tokens, dividends, capital gains and returns of capital.]</p>	1
<b>Earnings</b>	<p>[means, for specific class description if applicable Your average annual rate of pay, including Bonuses, Commissions and Tips and Tokens, from the Employer for the X calendar year(s) ending immediately prior to the most recent the last Policy Anniversary Date , or over the number of calendar months of employment, if less than this period:</p> <ol style="list-style-type: none"> <li>1) not including contributions you made through a salary reduction agreement with the Employer to: <ol style="list-style-type: none"> <li>a) an Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred compensation arrangement;</li> <li>b) an executive non qualified deferred compensation arrangement; or</li> <li>c) a salary reduction arrangement under an IRC Section 125 plan; and</li> </ol> </li> </ol> <p>not including bonuses, commissions, tips and tokens overtime pay or expense reimbursements for the same period as above.]</p>	1
<b>Employer</b>	means [the Policyholder].	1
<b>FAA</b>	<p>means:</p> <ol style="list-style-type: none"> <li>1) the Federal Aviation Administration of the United States; or</li> <li>2) the equivalent aviation authority for the country of the aircraft's registry, if the governmental authority is recognized by the United States.</li> </ol>	None
<b>Guaranteed Issue Amount</b>	means the Amount of Life Insurance for which We do not require Evidence of Insurability. [The Guaranteed Issue Amount is shown in the Schedule of Insurance.]	1
<b>Hospital</b>	<p>means an institution which:</p> <ol style="list-style-type: none"> <li>1) operates pursuant to law;</li> <li>2) primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;</li> <li>3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of Physicians; and</li> <li>4) provides 24-hour nursing service by or under the supervision of registered graduate nurses (R.N.).</li> </ol> <p>Hospital does not mean any institution or part thereof which is used primarily as:</p> <ol style="list-style-type: none"> <li>1) a nursing home, convalescent home, or skilled nursing facility;</li> <li>2) a place for rest, custodial care, or for the aged;</li> <li>3) a clinic; or</li> <li>4) a place for the treatment of mental illness, alcoholism, or substance abuse.</li> </ol>	None

### Definitions

However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a Hospital if it is:

- 1) part of an institution that meets the above requirements; and
- 2) listed in the American Hospital Association Guide as a general Hospital.

<b>Injury</b>	means bodily injury resulting: <ol style="list-style-type: none"> <li>1) directly from an accident; and</li> <li>2) independently of all other causes;</li> </ol> which [occurs while You [or Your Dependents] are covered under The Policy.]  Loss resulting from: <ol style="list-style-type: none"> <li>1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or</li> <li>2) medical or surgical treatment of a sickness or disease;</li> </ol> is not considered as resulting from Injury.	1																																
<b>Military Transport Aircraft</b>	means a transport aircraft operated by: <ol style="list-style-type: none"> <li>1) the United States Air Mobility Command (AMC); or</li> <li>2) a national military air transport service of a governmental authority recognized by the United States.</li> </ol>	None																																
<b>Motor Vehicle</b>	means a self-propelled, [four (4) or more wheeled: <ol style="list-style-type: none"> <li>1) private passenger: car, station wagon, van or sport utility vehicle;</li> <li>2) motor home or camper; or</li> <li>3) pick-up truck;]</li> </ol> not being used as a Common Carrier.  [A Motor Vehicle does not include farm equipment, snowmobiles, all-terrain vehicles, lawnmowers or any other type of equipment vehicles.]	1  2																																
<b>Non-Contributory Coverage</b>	means coverage for which You are not required to contribute toward the cost. [Non-Contributory Coverage is shown in the Schedule of Insurance.]	1																																
<b>Normal Retirement Age</b>	means [the Social Security Normal Retirement Age under the most recent amendments to the United States Social Security Act. It is determined by Your date of birth, as follows: <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Year of Birth</th> <th style="text-align: left;">Normal Retirement Age</th> <th style="text-align: left;">Year of Birth</th> <th style="text-align: left;">Normal Retirement Age</th> </tr> </thead> <tbody> <tr> <td>1937 or before</td> <td>65</td> <td>1955</td> <td>66 + 2 months</td> </tr> <tr> <td>1938</td> <td>65 + 2 months</td> <td>1956</td> <td>66 + 4 months</td> </tr> <tr> <td>1939</td> <td>65 + 4 months</td> <td>1957</td> <td>66 + 6 months</td> </tr> <tr> <td>1940</td> <td>65 + 6 months</td> <td>1958</td> <td>66 + 8 months</td> </tr> <tr> <td>1941</td> <td>65 + 8 months</td> <td>1959</td> <td>66 + 10 months</td> </tr> <tr> <td>1942</td> <td>65 + 10 months</td> <td>1960 or after</td> <td>67]</td> </tr> <tr> <td>1943 through 1954</td> <td>66</td> <td></td> <td></td> </tr> </tbody> </table>	Year of Birth	Normal Retirement Age	Year of Birth	Normal Retirement Age	1937 or before	65	1955	66 + 2 months	1938	65 + 2 months	1956	66 + 4 months	1939	65 + 4 months	1957	66 + 6 months	1940	65 + 6 months	1958	66 + 8 months	1941	65 + 8 months	1959	66 + 10 months	1942	65 + 10 months	1960 or after	67]	1943 through 1954	66			1
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1937 or before	65	1955	66 + 2 months																															
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1941	65 + 8 months	1959	66 + 10 months																															
1942	65 + 10 months	1960 or after	67]																															
1943 through 1954	66																																	
<b>On</b>	means, when used with reference to any conveyance (land, water or air), in or on, boarding or alighting from the conveyance.	None																																
<b>Participating [Employer]</b>	means [an Employer who agrees to participate in the Trust, pays the required contribution and is a participant in accordance with the provisions of The Policy.]	1																																
<b>Physician</b>	means a legally qualified physician or surgeon other than a physician or surgeon who is [Related to You by blood or marriage.]	1																																
<b>Prior Policy</b>	means [the group life insurance policy carried by [the Employer] on the day before [the Policy Effective Date.]]	1,2 3																																
<b>Related</b>	means Your spouse or other adult living with You, sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild [or similar relationship in law].	1																																

## Definitions

<b>[Retiree]</b>	means a former employee of the Employer: 1) [whose age plus years of service equals at least #; 2) who has attained the Normal Retirement Age; 3) who has completed at least # years of active full-time or part-time service with the Employer; 4) who is participating in an Employer-sponsored pension plan; 5) who retired from the Employer immediately after the last day as an Active Employee; or 6) who was on approved Waiver of Premium, immediately before retirement.]	1
<b>Scheduled Aircraft</b>	means a Civil or Public Aircraft operated by a scheduled airline which: 1) is licensed by the FAA for the transportation of passengers for hire; and 2) publishes its flight schedules and fares for regular passenger service.	None
<b>Spouse</b>	means Your spouse who: 1) [is under age 65; and] 2) is not [legally separated or] divorced from You; and 3) [is not in active full-time military service [outside the continental United States, Hawaii, Puerto Rico or Alaska.] [However, Your spouse who is in active full-time military service inside the continental United States, Hawaii, Puerto Rico or Alaska will be considered a Dependent.]]. [Spouse will include Your [domestic partner or party to a civil union], provided You : 1) have executed a [domestic partner affidavit] satisfactory to Us, establishing that You and Your partner are [domestic partners or parties to a civil union] for purposes of The [Policy] or; 2) have registered as [domestic partners or parties to a civil union] with a government agency or office where such registration is available [and provide proof of such registration [unless requiring proof is prohibited by law.]] You will continue to be considered [domestic partners or parties to a civil union] provided You continue to meet the requirements [described in the domestic partner affidavit [or required by law.]]	1 2 3, 4 5 6, 7 8 9 10 11, 12 13 14
<b>The Policy</b>	means the policy which We issued to [the Policyholder] under [the Policy Number] [shown on the face page.]	1,2,3
<b>Tips and Tokens</b>	means the [monthly average of monetary] tips and tokens You received from [the Employer] [over: 1) [the [X month] period immediately prior to the Policy Anniversary Date]; or 2) the period of time You worked for the Employer, if less than [the above period/X months.]	1,2,3 4,5 6
<b>Trust</b>	means [the Policyholder stated on the face page of The Policy.]	1
<b>We, Us or Our</b>	means [the insurance company named on the face page of The Policy.]	1
<b>You or Your</b>	means the person to whom this certificate is issued.	

## Eligibility & Enrollment

<b>Eligible Persons:</b> <i>Who is eligible for coverage?</i>	All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.	
<b>Eligibility for Coverage:</b> <i>When will I become eligible?</i>	You will become eligible for coverage on the latest of: 1) [the Policy Effective Date; 2) the date on which You complete the Eligibility Waiting Period for Coverage; or 3) the date You become a member of an Eligible Class.]	1
	[You are eligible for Retiree coverage on the later of: 1) the date You meet the definition of Retiree; or 2) the Policy Effective Date.]	2
<b>Eligibility for Dependent Coverage:</b> <i>When will I become eligible for Dependent Coverage?</i>	You will become eligible for Dependent coverage on the later of: 1) [the date You become [insured] for employee coverage; or 2) the date You acquire Your first Dependent.] [You may not elect coverage for Your Dependent if such Dependent is covered as an employee under The Policy. No person can be insured as a Dependent of more than one employee under The Policy.] [As a Retiree, You are not eligible for Dependent Coverage [for any Dependent You acquire after the date You retire.]]	1,2 3 4, 5
<b>Enrollment:</b> <i>How do I enroll for coverage for myself [and my Dependents?]</i>	[[For Non-Contributory Coverage,] Your Employer will automatically enroll You [for the Amount of Basic Life Insurance and Basic Dependent Life Insurance.] [However, You will need to complete a beneficiary designation form.]] [To enroll for Contributory Coverage, You [must: 1) complete and sign a group insurance enrollment form, satisfactory to Us, for Your coverage [and Your Dependent's coverage]; and 2) deliver it to Your Employer.] [You have the option to enroll by voice recording or electronically. Your Employer will provide instructions.] [You must enroll for Retiree Coverage [within 31 days] of the date You retire.] [If You do not enroll for Your coverage [and/or Your Dependent's coverage] [within 31 days] after becoming eligible under The Policy, [or if You were eligible to enroll under the Prior Policy and did not do so, and later choose to enroll] You may only enroll for Your coverage [and/or Your Dependent's coverage]: 1) [during an [Annual Enrollment Period] designated by the Policyholder; or 2) within [31 days] of the date You have a Change in Family Status.]	1,2,3 4 5,6 7 8,9 10,11 12 13,14 15
	Any Enrollment may be subject to the Evidence of Insurability Requirements provision.]	

## Period of Coverage

**Evidence of Insurability Requirements:**  
*When will I first be required to provide Evidence of Insurability?*

[We require Evidence of Insurability, satisfactory to Us, for initial coverage, if You: 1

- 1) enroll more than 31 days after the date You are first eligible to enroll, including electing initial coverage after a Change in Family Status;
- 2) enroll for an Amount of Life Insurance greater than the Supplemental Guaranteed Issue Amount, regardless of when You enroll for coverage; or
- 3) were eligible for any coverage under the Prior Policy, but did not enroll and later choose to enroll for that coverage under The Policy.

If Your Evidence of Insurability is not satisfactory to Us:

- 1) Your Amount of Life Insurance will equal the amount for which You were eligible without providing Evidence of Insurability, provided You enrolled within 31 days of the date You were first eligible to enroll; and
- 2) You will not be covered under The Policy if You enrolled more than 31 days after the date You were first eligible to enroll.]

**Dependent Evidence of Insurability Requirements:**  
*When will my Dependents first be required to provide Evidence of Insurability?*

[We require Evidence of Insurability, satisfactory to Us, for initial coverage, if You: 1

- 1) enroll for Your Dependents' coverage more than 31 days after the date You are first eligible to enroll, including electing initial coverage after a Change in Family Status;
- 2) enroll for an Amount of Dependent Life Insurance greater than the Supplemental Dependents' Guaranteed Issue Amount, regardless of when You enroll for coverage; or
- 3) were eligible for any coverage under the Prior Policy, but did not enroll and later choose to enroll for that coverage under The Policy.

However, no Evidence of Insurability will be required if the Amount of Life Insurance for Your Dependent Child is \$15,000 or less.

If Your Dependents' Evidence of Insurability is not satisfactory to Us:

- 1) Your Dependents' Amount of Life Insurance will equal the amount for which Your Dependents were eligible without providing Evidence of Insurability, provided You enrolled within 31 days of the date You were first eligible to enroll;
- 2) Your Dependents will not be covered under The Policy if You enrolled more than 31 days after the date You were first eligible to enroll.]

**Evidence of Insurability:**  
*What is Evidence of Insurability?*

Evidence of Insurability must be satisfactory to Us and may include, but will not be limited to: 1

- 1) [a completed and signed application approved by Us; and
- 2) any additional information We may require. ]

[All Evidence of Insurability will be furnished at Your expense.] We will then determine if You [or Your Dependents] are insurable [for initial coverage or an increase in coverage under The Policy.] 2  
3

You will be notified [in writing of Our determination of any Evidence of Insurability submission.] 4

**Change in Family Status:**  
*What constitutes a Change in Family Status?*

A Change in Family Status occurs when: 1

- 1) [You get married or You execute a domestic partner affidavit;
- 2) You and Your spouse divorce or terminate a domestic partnership;
- 3) Your child is born or You adopt or become the legal guardian of a child;
- 4) Your spouse or domestic partner dies;
- 5) Your child is no longer financially dependent on You or dies;
- 6) Your spouse is no longer employed, which results in a loss of group insurance; or
- 7) You have a change in classification from part-time to full-time or from full-time to part-time.]

## Period of Coverage

<b>Effective Date:</b> <i>When does my coverage start?</i>	[Non-Contributory Coverage, for which Evidence of Insurability is not required, will start [on the date You become eligible.]]	1,2
	[Contributory Coverage, for which Evidence of Insurability is not required, will start [on the latest to occur of: 1) The date You become eligible, if You enroll on or before that date; 2) the first day of the month on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or 3) the date You enroll, if You do so within 31 days from the date You are eligible.]]	3,4
	[Any coverage for which Evidence of Insurability is required, will become effective on [the later of: 1) the date You become eligible; or 2) the date We approve Your Evidence of Insurability.]]	5,6
	[However, all Effective Dates of coverage are subject to the Deferred Effective Date provision.]	7
<b>Deferred Effective Date:</b> <i>When will my effective date for coverage or a change in my coverage be deferred?</i>	[With respect to Active [Employees], if, on the date You are to become covered: 1) under The Policy; 2) for increased benefits; or 3) for a new benefit; You are not Actively at Work [due to a physical or mental condition,] such coverage will not start until [the date You are Actively at Work.]]	1,2 3,4
	[With respect to Retirees, if, on the date You are to become covered: 1) for increased benefits; or 2) for a new benefit; You are: 1) confined in a hospital; or 2) Confined Elsewhere; such coverage will not start until [You: 1) are discharged from the hospital; or 2) are no longer Confined Elsewhere; and have engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.]]	5 6
	[ <b>Confined Elsewhere</b> means You are unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.]	7

**Period of Coverage**

<b>Continuity from a Prior Policy:</b> <i>Is there continuity of coverage from a Prior Policy? [Not Applicable To Retirees]</i>	[Your initial coverage under The Policy will begin, and will not be deferred if [on the day before the Policy Effective Date,] You were:	1,2
	1) insured under the Prior Policy; [and	3
	2) Actively at Work or on an authorized family and medical leave;]	
	but [on the Policy Effective Date,] You were not Actively at Work, and would otherwise meet the Eligibility requirements of The Policy. [However, Your Amount of Insurance will be the lesser of the amount of life insurance and accidental death and dismemberment principal sum]:	4
	1) You had under the Prior Policy; or	5
	2) [shown in the Schedule of Insurance;]	6
	[reduced by any coverage amount:	7
	1) that is in force, paid or payable under the Prior Policy; or	
	2) that would have been so payable under the Prior Policy had timely election been made.]	
	Such amount of insurance under this provision [is subject to any reductions in The Policy and will not increase.]]	8
	Coverage provided through this provision ends [on the first to occur of:	9
	1) the last day of a period of [12 consecutive months] after the Policy Effective Date;	10
	2) the date Your insurance terminates for any reason shown under the Termination provision;	
	3) the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated; or	
	4) the date You are Actively at Work.]	
	However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active Employee under The Policy.	

<b>Continuity from a Prior Policy for Disability Extension:</b> <i>Is there continuity of coverage from a Prior Policy? [Not applicable To Retiree Coverage]</i>	[Your initial coverage under The Policy will begin, and will not be deferred if [on the day before the Policy Effective Date,] You were:	1,2
	3) insured under the Prior Policy; [and	
	2) [under age 65];	3
	Your Amount of Insurance will be the lesser of the amount of life insurance and [accidental death and dismemberment principal sum]:	4
	3) You had under the Prior Policy; or	
	4) [shown in the Schedule of Insurance;]	5
	[reduced by any coverage amount:	6
	3) that is in force, paid or payable under the Prior Policy; or	
	4) that would have been so payable under the Prior Policy had timely election been made.]	
	Such amount of insurance under this provision [is subject to any reductions in The Policy and will not increase.]]	7
	Coverage provided through this provision ends [on the first to occur of:	
	5) the date Your insurance terminates for any reason shown under the Termination provision;	8
	6) [the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated; ]	
	7) the date You are Actively at Work]; or	9
	8) [the date] You attain age [65].	
	However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active [Employee] under The Policy.	10,11

## Period of Coverage

<b>Dependent Effective Date:</b> <i>When does Dependent coverage start?</i>	[Non-Contributory Coverage, [for which Evidence of Insurability is not required,] will start [on the date You become eligible for Dependent coverage.]]	1,2,3
	[Contributory Coverage, [for which Evidence of Insurability is not required,] will start on [the latest to occur of: 1) The date You become eligible for Dependent coverage, if You have enrolled on or before that date; or 2) the first day of the month on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or 3) the date You enroll, if You do so within 31 days from the date You are eligible for Dependent coverage.]]	4,5,6
	[Coverage for which Evidence of Insurability is required, will become effective [on the later of: 1) the date You become eligible for Dependent coverage; or 2) the date We approve Your Dependents' Evidence of Insurability.]]	7,8
	[In no event will Dependent coverage become effective before You become [insured].]	9,10
<b>Dependent Deferred Effective Date:</b> <i>When will the effective date for Dependent coverage or a change in coverage be deferred?</i>	[If, on the date Your Dependent, [other than a newborn,] is to become covered: 1) under The Policy; 2) for increased benefits; or 3) for a new benefit; he or she is: 1) confined in a hospital; or 2) Confined Elsewhere; such coverage will not start until he or she: 1) [is discharged from the hospital; or 2) is no longer Confined Elsewhere; and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.]	1,2
	[This Deferred Effective Date provision will not apply to disabled children who qualify under the definition of Dependent Children.]	4
	[ <b>Confined Elsewhere</b> means Your Dependent is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.]	5
<b>Dependent Continuity from a Prior Policy:</b> <i>Is there continuity of coverage from a Prior Policy for my Dependents ?</i>	If on [the day before the Policy Effective Date,] You were covered with respect to Your Dependents under the Prior Policy, the Deferred Effective Date provision will not apply to initial coverage under The Policy for such Dependents. However, the Dependent Amount of Insurance will be [the lesser of 1) they had under the Prior Policy; or 2) shown in the Schedule of Insurance;] [reduced by any coverage amount: 1) that is in force, paid or payable under the Prior Policy; or 2) that would have been so payable under the Prior Policy had timely election been made.]	1 2 3 4
<b>Effective Date of Retiree Coverage:</b> <i>When does my Retiree Coverage start?</i>	[Non-Contributory Coverage will start [on the date You become eligible.]]  [Contributory Coverage will start on the date You become eligible if You enroll on or before that date.]  Deferred Effective Date provisions will only apply to increases in coverage or new benefits.	1,2  3
<b>Change in Coverage:</b> <i>When may I change my coverage [or coverage for my Dependents]?</i>	[After Your initial enrollment] You may increase or decrease coverage [for You or Your Dependents] [or add a new Dependent to Your existing Dependent coverage]: 1) [during any Annual Enrollment Period designated by the Policyholder; or 2) within [31] days of the date of a Change in Family Status.]	1,2  3 4

**Period of Coverage**

<b>Effective Date for Changes in Coverage:</b> <i>When will changes in coverage become effective?</i>	Any decrease in coverage will take effect on [the date of the change.]	1
	Any increase in coverage will take effect on [the latest of: 1) the date of the change; 2) the date requirements of the Deferred Effective Date provision are met; and 3) the date Evidence of Insurability is approved, if required.]	2
<b>Increase in Amount of Life Insurance:</b> <i>If I request an increase in the Amount of Life Insurance [for myself or my Dependents], must [we] provide Evidence of Insurability?</i>	If You [or Your Dependents] are: 1) [already enrolled for an Amount of [Supplemental] Life Insurance under The Policy, then You [and Your Dependents] must provide Evidence of Insurability [for any increase; or] 2) not already enrolled for [Supplemental] Life Insurance under The Policy, You [and Your Dependents] must provide Evidence of Insurability [for any amount of coverage, including an initial amount of [Supplemental] Life Insurance.]]	1,2 3 4 5 6
	[In any event, if the Amount of [Supplemental Life] Insurance You request is greater than the [Combined Guaranteed Issue Amount,] You [or Your Dependents,] as applicable, must provide Evidence of Insurability.]	7,8,9
	[If Your Evidence of Insurability is not satisfactory to Us, the Amount of [Supplemental Life] Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.]	10,11
	[If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of [Supplemental Life] Insurance he or she had in effect on the date immediately prior to the date You requested the increase will not change.]	12,13
<b>[Increase in Amount of Life Insurance:</b> <i>If my Amount of Life Insurance increases because my Earnings increase, must I provide Evidence of Insurability?]</i>	If Your Amount of [Supplemental Life] Insurance is based on a multiple of Your Earnings, You must provide Evidence of Insurability if Your Earnings increase such that Your Amount of [Supplemental Life] Insurance is greater than the [Combined Guaranteed Issue Amount.]	1 2 3
	[Additionally, once approved, We require Evidence of Insurability again if Your Amount of [Supplemental Life] Insurance: 1) is greater than the [Combined Guaranteed Issue Amount;] and 2) [would increase solely because Your Earnings increased more than \$25,000: a) during the last [12 consecutive month] period; or b) since Your Evidence of Insurability was last approved; whichever occurs most recently.]	4,5 6 7 8
	However, if: 1) You do not submit Evidence of Insurability; or 2) Your Evidence of Insurability is not satisfactory to Us, Your Amount of Life Insurance: 1) [will increase, but only up to [the amount for which You were eligible without having to provide Evidence of Insurability; and] 2) will not increase again, or beyond that amount, until Your Evidence of Insurability is approved.]]	9,10
<b>Termination:</b> <i>When will my coverage end?</i>	Your coverage will end on the earliest of the following: 1) [the date The Policy terminates; 2) the date You are no longer in a class eligible for coverage, or the class is cancelled; 3) the date the required premium is due but not paid; 4) the date You or Your Employer terminates Your employment; 5) the date Your Employer ceases to be a Participating Employer; 6) the date You are no longer Actively at Work; or 7) the date You attain age [70];] [unless continued in accordance with one of the Continuation Provisions.]	1      2 3

## Period of Coverage

<b>Reinstatement:</b> <i>Can my coverage be reinstated after it ends?</i>	If:	1) Your coverage ends [because You are no longer employed by the Employer or no longer in an eligible class; and]	1
		2) [You are rehired or return to an eligible class] within [12 months] of the date Your coverage ended;	2,3
		then coverage for You [and Your previously covered Dependents] may be reinstated, provided You request such reinstatement within [31 days] of the date [You return to work or to an eligible class.]	4 5,6
		The reinstated coverage will be the lesser of the:	
		1) coverage amounts in force on the date coverage ended; or	
		2) amount of coverage in Your new eligible class.	
		[We will not reinstate any amount of coverage which You [or Your Dependent:]	7
		1) converted in accordance with the Conversion Right; or	
		2) continued under the Portability Provision;	
		unless You cancel such coverage.]	
<b>Dependents Termination:</b> <i>When does coverage for my Dependents end?</i>	Coverage for Your Dependents will end on the earliest to occur of:	1) [the date Your coverage ends;	1
		2) the date the required premium is due but not paid;	
		3) the date You are no longer eligible for Dependent's coverage;	
		4) the date We or the Employer terminate Dependent's coverage;	
		5) the date the Dependent no longer meets the definition of Dependent; or	
		6) the date Your Spouse reaches age [70.]]	2
		[unless continued in accordance with the continuation provisions.]	3
<b>Retiree Coverage Termination:</b> <i>When will my Retiree Coverage end?</i>	Your coverage will end on the earliest of the following:	1) [the date The Policy terminates;	1
		2) the date You are no longer in a class eligible for coverage, or the class is cancelled;	
		3) the date the required premium is due but not paid;	
		4) the date Your Employer ceases to be a Participating Employer; or	
		5) [the date You attain age [70];]	2,3

## Period of Coverage

**Continuation Provisions:** *Can my coverage [and my Dependent's coverage] be continued beyond the date it would otherwise terminate?*

Coverage under The Policy may be continued, at Your Employer's option, beyond a date shown in the Termination provision, provided Your Employer provides a plan of continuation which applies to all employees the same way. The amount of continued coverage [applicable to You or Your Dependents] will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended. Continued coverage:

- 1) is subject to any reductions in The Policy;
- 2) is subject to payment of premium;
- 3) may be continued up to the maximum time shown in the provisions; and
- 4) terminates if:
  - a) [The Policy terminates;]
  - b) [Your Employer ceases to be a Participating Employer; or]
  - c) [You attain age 70].

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In no event will the amount of insurance increase while coverage is continued in accordance with the following provisions. The Continuation Provisions shown below may not be applied consecutively.

[In no event will coverage under the following Continuation Provisions, when combined, extend longer than 12 months from the date You were last Actively at Work: Leave of Absence, Layoff, Status Change, Disability Insurance, Sickness or Injury, Family Medical Leave or Labor Dispute.]

4

In all other respects, the terms of Your [and Your Dependents' coverage] remain unchanged.

[Leave of Absence: If You are on a documented [medical] leave of absence, [other than Family and Medical Leave or Military Leave of Absence], all of Your coverage [(including Dependent Life coverage)] may be continued until [the last day of the month following the month in which the leave of absence commenced.] [If the leave terminates prior to the agreed upon date, this continuation will cease immediately.]

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[Military Leave of Absence: If You [or Your Dependent] enter active military service and are granted a military leave of absence in writing, all of Your coverage [(including Dependent Life coverage)] may be continued for up to [12 weeks]. [If the leave ends prior to the agreed upon date, this continuation will cease immediately.]

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[Spouse Military Leave of Absence: If Your Spouse enters active full-time military service [outside of the continental United States, Hawaii, Puerto Rico or Alaska], his or her coverage may be continued for up to [12 weeks]. [If the leave ends prior to the agreed upon date, this continuation will cease immediately.]

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[Lay Off: If You are [temporarily] laid off by the Employer due to lack of work, all of Your coverage [(including Dependent Life coverage)] may be continued [until the last day of the month following the month in which the layoff commenced.] [If the lay-off becomes permanent, this continuation will cease immediately.]

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[Status Change: If You are:

- 1) employed by the Policyholder; and
- 2) no longer in an Eligible Class due to a reduction in the number of scheduled hours You work;

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Your coverage [(including Dependent Life coverage)] may be continued [until the last day of the third consecutive month after the date Your scheduled hours were reduced.]

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[Disability Insurance: If You are working for the Policyholder and:

- 1) are covered by; and
- 2) meet the definition of disabled under;

22

a Group Disability Insurance Policy, issued [by Us] to [Your Employer], Your coverage [(including Dependent Life coverage)] may be continued [for a period of 12 consecutive months from the date You were last Actively at Work.]

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[Sickness or Injury: If You are not Actively at Work due to sickness or injury, all of Your coverage [(including Dependent Life coverage)] may be continued:

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- 1) [for a period of twelve consecutive months from the date You were last Actively at Work; or
- 2) if such absence results in a leave of absence in accordance with state and/or federal family and medical leave laws, then the combined continuation period will not exceed twelve consecutive months.]

28

## Period of Coverage

<p><u>Family and Medical Leave</u>: If You are granted a leave of absence, in writing, according to the Family and Medical Leave Act of 1993, or other applicable state or local law, Your coverage may be continued for up to [12 weeks, or longer if required by other applicable law,] following the date Your leave commenced. [If the leave of absence ends prior to the agreed upon date, this continuation will cease immediately.]</p>	<p>29 30 31 32</p>
<p><u>Labor Dispute</u>: If You are not Actively at Work as the result of a labor dispute, all of Your coverage [(including Dependent Life coverage)] may be continued during such dispute [until the last day of the month in which the coverage terminated.] [If the labor dispute ends, this continuation will cease immediately.]</p>	<p>33 34, 35 36</p>
<p><u>Sabbatical</u>: If You are on a documented [paid] sabbatical, Your coverage [(including Dependent Life coverage)] may be continued [until the last day of the month in which] the sabbatical commenced. [If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.]</p>	<p>37 38</p>
<p><u>Severance</u>: If Your employment terminates and continuation of life insurance is available to You [and Your Dependents] in a severance plan sponsored by the Employer, all of Your coverage [(including Dependent Life coverage)] may be continued. Your coverage will continue until the earliest of:</p>	<p>39</p>
<p style="padding-left: 20px;">1) [the date The Policy terminates;</p>	<p>40</p>
<p style="padding-left: 20px;">2) the date You become covered under another group life insurance policy;</p>	<p>41</p>
<p style="padding-left: 20px;">3) the date specified in Your Severance plan; or</p>	<p>42</p>
<p style="padding-left: 20px;">4) [12 months] from the date Your employment terminated.]</p>	<p></p>
<p>[Coverage for Your Dependent will continue until the earliest of:</p>	<p></p>
<p style="padding-left: 20px;">1) [the date Your Dependents no longer meet the definition of Dependents;</p>	<p></p>
<p style="padding-left: 20px;">2) the date We or Your Employer terminate Dependent coverage; or the date Your coverage terminates.]]]</p>	<p></p>
<p><b>Dependent Continuation:</b> <i>Can coverage for my Dependents be continued if I die?</i></p>	<p>1,2 3</p>
<p style="padding-left: 20px;">1) the date the coverage would otherwise have ended under the Dependent Termination provision;</p>	<p></p>
<p style="padding-left: 20px;">2) the date Your Spouse remarries, dies, or obtains coverage under another group plan;</p>	<p></p>
<p style="padding-left: 20px;">3) the date Your Spouse attains age 65; or</p>	<p></p>
<p style="padding-left: 20px;">4) 5 years from Your date of death.]</p>	<p>4</p>
<p>[Coverage continued under this provision will be Contributory Coverage and may not be increased.]</p>	<p></p>
<p><b>Continuation for Dependent Child(ren) with Disabilities:</b> <i>Will coverage for Dependent Children with Disabilities be continued?</i></p>	<p></p>
<p>If Your Dependent Child(ren) reach the age at which they would otherwise cease to be a Dependent as defined, and they are:</p>	<p>1</p>
<p style="padding-left: 20px;">1) [age 19 or older; and]</p>	<p></p>
<p style="padding-left: 20px;">2) disabled; and</p>	<p></p>
<p style="padding-left: 20px;">3) primarily dependent upon You for financial support;</p>	<p></p>
<p>then Dependent Child(ren) coverage will not terminate solely due to age. However:</p>	<p>2</p>
<p style="padding-left: 20px;">1) You must submit proof satisfactory to Us of such Dependent Child(ren) 's disability within [31] days of the date he or she reaches such age; and</p>	<p></p>
<p style="padding-left: 20px;">2) [such Dependent Child(ren) must have become disabled before attaining age 19.]</p>	<p>3</p>
<p>Coverage under The Policy will continue as long as:</p>	<p>4</p>
<p style="padding-left: 20px;">1) You remain [insured];</p>	<p></p>
<p style="padding-left: 20px;">2) the child continues to meet the required conditions; and</p>	<p>5</p>
<p style="padding-left: 20px;">3) [any required premium is paid when due.]</p>	<p>6</p>
<p>[However, no increase in the Amount of Life Insurance for such Dependent Children will be available.]</p>	<p>7</p>
<p>We have the right to require proof, satisfactory to Us, as often as necessary during the first [two years] of continuation, that the child continues to meet these conditions. We will not require proof more often than [once a year] after that.</p>	<p>8</p>

**Period of Coverage**

<b>Waiver of Premium:</b> <i>Does coverage continue if I am Disabled?</i>	Waiver of Premium is a provision which allows You to continue [Your and Your Dependent's] [Life Insurance] coverage without paying premium, while You are Disabled and qualify for Waiver of Premium.	1
	If You qualify for Waiver of Premium, the amount of continued coverage:	2
	1) will be the amount in force on the date You [cease to be an Active [Employee];]	3
	2) [will be subject to any reductions provided by The Policy; and	
	3) will not increase.]	
<b>Waiver of Premium and Disability Extension:</b> <i>Does coverage continue if I am Disabled??</i>	If You become Disabled, You may qualify for Waiver of Premium or Disability Extension [for You and Your Dependents].	
	To qualify for Waiver of Premium, You must be Disabled prior to [age 60.] If You qualify for Waiver of Premium, Your coverage will be continued while You are Disabled without payment of premium.	1
	To qualify for Disability Extension, You must be Disabled [at age 60 or older but under age 65]. If You qualify for the Disability Extension, You may continue Your Life Insurance coverage while You are Disabled provided the required premium payments are made.	2
	If You qualify for either Waiver of Premium or Disability Extension, the amount of continued coverage:	3
	1) will be the amount in force on the date You [cease to be an Active [Employee];]	4
	2) [will be subject to any reductions provided by The Policy ; and	
	3) will not increase .]	
<b>Disability Extension:</b> <i>Does coverage continue if I am Disabled?</i>	If You become Disabled, You may qualify for Disability Extension for You [and Your Dependents]. To qualify for Disability Extension, You must be Disabled [prior to age 65]. If You qualify for Disability Extension, You may continue Your Life Insurance coverage while You are Disabled provided the required premium payments are made.	1
	If You qualify for Disability Extension, the amount of continued coverage:	
	1) will be the amount in force on the date You [cease to be an Active [Employee];]	2
	2) [will be subject to any reductions provided by The Policy; and	3
	3) will not increase .]	
<b>Extended Benefit Provision:</b> <i>Does coverage continue if I am Disabled?</i>	The Extended Benefit provision allows for a continuation of Your life insurance:	
	1) while You are Disabled; and	
	2) without payment of premium.	
	We will pay the amount of continued coverage after We receive Proof of Loss if:	
	1) Your coverage under The Policy terminates while You are Disabled; and	
	2) Your death occurs:	
	a) before You [are age 70; and	1
	b) within the Extended Benefit Period; and]	
	3) You are continuously Disabled from the date Your coverage terminates until the date You die.	
	The amount of continued coverage:	2
	will be the amount in force on the date You [cease to be an Active [Employee];]	3
	[will be subject to any reductions provided by The Policy; and	
	will not increase.]	
	The Extended Benefit Period begins on the date Your coverage ends and continues until the earlier of:	4
	1) [a period of time equal to the length of time You were covered; or	
	2) one year.]	

## Period of Coverage

<b>Eligible Coverages:</b> <i>What coverages are eligible under this provision?</i>	This provision applies only to: 1) [the Standard Issue Program; 2) Your Basic; and 3) Your Accidental Death and Dismemberment coverage; and 4) Dependent Life Insurance.]	1
	This provision does not apply to: 1) [Retirees; 2) the Modified Guaranteed Issue Program; 3) the Guaranteed Issue Program; 4) Basic and Supplemental/Supplemental Life Insurance; 5) the Critical Illness Benefit; or 6) the Ability Plus Benefit.]	2
	[You are not eligible to apply for both the Portability Benefit and Waiver of Premium for the same coverage amount for You or Your Dependents.]	3
<b>[Disabled:</b> <i>What does Disabled mean?</i>	Disabled means You are prevented by injury or sickness from doing any work for which You are, or could become, qualified by: a) education; b) training; or c) experience. [In addition, You will be considered Disabled if You have been diagnosed with a life expectancy of [6 months or less.]]	1 2,3
<b>Conditions for Qualification:</b> <i>What conditions must I satisfy before I qualify for this provision?</i>	[To qualify for Waiver of Premium You must: 1) be covered under The Policy [and be under age 60 when You become Disabled;] 2) be Disabled and provide Proof of Loss that You have been Disabled for [9 consecutive months], [starting on the date You were last Actively at Work;] and 3) provide such proof within [one year] of [Your last day of work as an Active [Employee].]	1 2 3 4 5, 6
	[To qualify for Disability Extension You must: 1) be covered under The Policy and be under age 65 when You become Disabled; 2) be Disabled and provide Proof of Loss that You have been Disabled; or 3) Your coverage must have been continued under a Disability Extension provision of the Prior Policy.]	7 8,9
	[In any event, You must have been Actively at Work under the Policy to qualify for [Waiver of Premium or Disability Extension].]	9
<b>When Premiums are Waived:</b> <i>When will premiums be waived?</i>	If We approve Waiver of Premium, We will notify You of the date We will begin to waive premium. [In any case, We will not waive premiums for the first [9 months] You are Disabled.] We have the right to: 1) [require Proof of Loss that You are Disabled; and 2) have You examined at reasonable intervals during the first 2 years after receiving initial Proof of Loss, but not more than once a year after that.] [If You fail to submit any required Proof of Loss or refuse to be examined as required by Us, [then Your coverage will terminate, premiums will not be waived and You must continue to pay premiums.]] [However, if We deny Waiver of Premium, You may be eligible to: 1) [continue coverage under the Portability Benefit; or] 2) convert coverage in accordance with the Conversion Right; for You and Your Dependents.]	1 2 3 4,5 6 7 8
	[If You cease to be Disabled and return to work for a total of 5 days or less during the first 9 months that You are Disabled, the 9 month waiting period will not be interrupted. Except for the 5 days or less that You worked, You must be Disabled by the same condition for the total 9 month period. If You return to work for more than 5 days, You must satisfy a new waiting period.]	9

**Period of Coverage**

<b>Benefit Payable before Approval of Waiver of Premium:</b> <i>What if I die [or my Dependent dies] before I qualify for Waiver of Premium?</i>	<p>If You [or Your Dependent] die within [one year] of [Your last day of work as an Active [Employee,] but before You qualify for Waiver of Premium, We will pay the Amount of Life Insurance which is in force for [the deceased person] provided:</p> <ol style="list-style-type: none"> <li>1) You were continuously Disabled;</li> <li>2) the Disability lasted or would have lasted [9 months] or more; and</li> <li>3) [premiums had been paid for coverage.]</li> </ol>	<p>1,2 3 4</p>
<b>Waiver Ceases:</b> <i>When will Waiver of Premium cease?</i>	<p>We will waive premium payments and continue Your coverage, while You remain Disabled, until [the earliest of]:</p> <ol style="list-style-type: none"> <li>1) [the date You attain age [65] if Disabled prior to age [60];</li> <li>2) the date You are no longer in an Eligible Class, or the class is cancelled; or]</li> <li>3) [5 years after the date You became Disabled, if You became Disabled on or after age 60].</li> </ol> <p>We will waive premium payments for Your Dependent Life Insurance and continue such coverage, while You remain Disabled, until the earliest of the date:</p> <ol style="list-style-type: none"> <li>1) [You die;</li> <li>2) You no longer qualify for Waiver of Premium;</li> <li>3) [The Policy terminates [or Your Employer ceases to be a Participant Employer];]</li> <li>4) [You attain age 65;]</li> <li>5) Your Dependents are no longer in an Eligible Class, or Dependent coverage is no longer offered; or</li> <li>6) Your Dependent no longer meets the definition of Dependent.]</li> </ol> <p>When the Waiver of Premium ceases:</p> <ol style="list-style-type: none"> <li>1) if You return to work [in an Eligible Class,] [as an Active Employee], then You may again be eligible for coverage [for Yourself and Your Dependents] as long as premiums are paid when due; or</li> <li>2) if You do not return to work [in an Eligible Class,] coverage will end and You may be eligible to exercise the Conversion Right [for You and Your Dependents] if You do so within the time limits described in such provision. The Amount of Life Insurance that may be converted will be subject to the terms and conditions of the Conversion Right. [Portability will not be available.]</li> </ol>	<p>1 2,3,4 5 6 7, 8 9 10 11 12</p>
<i>What happens when Waiver of Premium ceases?</i>		



## Benefits

<b>Life Insurance Benefit:</b> <i>When is the Life Insurance Benefit payable?</i>	If You [or Your Dependents] die while covered under The Policy, We will pay [the deceased person's] Life Insurance Benefit after We receive Proof of Loss, in accordance with the Proof of Loss provision.  The Life Insurance Benefit will be paid according to the General Provisions of The Policy.	
<b>Suicide:</b> <i>What benefit is payable if death is a result of suicide?</i>	If You [or Your Dependent] commit suicide [while sane or insane], We will not pay any [Supplemental] Amount of Life Insurance [or Supplemental Amount of Dependent Life Insurance] for the deceased person which [was elected] within the [2] year period immediately prior to the date of death. This applies to initial coverage and elected increases in coverage. [It does not apply to benefit increases that resulted solely due to an increase in Earnings.]	1, 2 3 4,5 6
	[This [2] year period includes the time group life insurance coverage was in force under the Prior Policy.]	7,8

## Benefits

<b>Accelerated Benefit:</b> <i>What is the benefit? [This benefit is not available for Retirees.]</i>	In the event that You [or Your Dependent] are diagnosed as Terminally Ill, while [the Terminally Ill person is]: 1) covered under The Policy for an Amount of Life Insurance of at least [\$10,000]; and 2) [is under age 60]; We will pay the Accelerated Benefit amount as shown below, provided We receive proof of such Terminal Illness.  [The Accelerated Benefit will not be available to You unless You have been Actively at Work under The Policy.]  If Terminal Illness is the result of sickness, such condition must first manifest itself more than 60 days following the effective date of coverage.  You must request in writing that a portion of the [Terminally Ill person's] Amount of Life Insurance be paid as an Accelerated Benefit.  The Amount of Life Insurance payable upon [the Terminally Ill person's] death will be reduced by any Accelerated Benefit Amount paid under this benefit. [In addition, Your remaining Amount of Life Insurance will be subject to any reductions in the Policy and will not increase once an Accelerated Benefit has been paid.]  You may request a minimum Accelerated Benefit amount of [\$3,000, and a maximum of \$100,000]. However, in no event will the Accelerated Benefit Amount exceed [30%] of the [Terminally Ill person's] Amount of Life Insurance. [This option may be exercised only once for You and only once for each of Your Dependents].  [For example, if You are covered for a Life Insurance Benefit Amount under The Policy of \$100,000 and are Terminally Ill, You can request any portion of the Amount of Life Insurance Benefits from \$3,000 to \$30,000 to be paid now instead of to Your beneficiary upon death. However, if You decide to request only \$3,000 now, You cannot request the additional \$27,000 in the future.]  [If You submit proof satisfactory to Us of Your Terminal Illness You will also meet the definition of Disabled for Waiver of Premium.]  [Any benefits received under this benefit may be taxable. You should consult a personal Tax Advisor for further information.]  [In the event: 1) You are required by law to accelerate benefits to meet the claims of creditors; or 2) if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement; You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.]  If You have executed an Assignment of rights and interest with respect to Your [or Your Dependent's] Amount of Life Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.  <b>Amount of Life Insurance</b> as used in this benefit means [Basic/Supplemental/Basic and Supplemental] Life Insurance.  <b>Terminal Illness or Terminally Ill</b> means a life expectancy of [6] months or less.	1 2 3 4 5 6 7 8 9 10 11 12 13 14
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## Benefits

**Proof of Terminal Illness and**

We reserve the right to require satisfactory Proof of Terminal Illness on an ongoing basis. Any diagnosis submitted must be provided by a Physician.

**Examinations:**  
*Must proof of Terminal Illness be submitted?*

If You [or Your Dependents] do not submit proof of Terminal Illness satisfactory to Us, or if You [or Your Dependents] refuse to be examined by a Physician, as We may require, then We will not pay an Accelerated Benefit.

**No Longer Terminally Ill:**  
*What happens to my coverage if I am no longer Terminally Ill [or my Dependent is no longer Terminally Ill]?*

If You [or Your Dependent] are diagnosed by a Physician as no longer Terminally Ill and:

- |   |   |
|---|---|
| 1) [are in an Eligible Class,] coverage will remain in force, provided premium is paid;   | 1 |
| 2) [are not in an Eligible Class, but You continue to meet the definition of Disabled, coverage will remain in force, subject to the Waiver of Premium provision; or  | 2 |
| 3) are not in an Eligible Class, but You do not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision. ] |   |

In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.

**Benefits**

<b>Conversion Right:</b> <i>If coverage under the Policy ends, do I have a right to convert?</i>	If Life Insurance coverage [or any portion of it] under The Policy ends [for any reason except non payment of premium], You [and Your Dependents] may have the right to convert the coverage that terminated to an individual conversion policy without providing Evidence of Insurability. Conversion is not available for: 1) [the Accidental Death and Dismemberment Benefits; or] 2) any Amount of Life Insurance for which You [or Your Dependents] were not eligible and covered; under The Policy.	1,2 3
	If coverage under The Policy ends because: 1) The Policy is terminated; or 2) [Coverage for an Eligible Class is terminated; or] 3) [Your Employer is no longer a Participating Employer;] then You [or Your Dependent] must have been insured under The Policy for [5] years or more, in order to be eligible to convert coverage. The amount which may be converted under these circumstances is limited to the lesser of: 1) \$10,000.00; or 2) the Life Insurance Benefit under The Policy less any Amount of Life Insurance for which You [or Your Dependent] may become eligible under any group life insurance policy issued or reinstated within [31] days of termination of group life coverage.	4 5 6 7
	If coverage under The Policy ends for any other reason [except non payment of premium], the full amount of coverage which ended may be converted.	8
	<b>Insurer</b> , as used in this provision, means Us or another insurance company which has agreed to issue conversion policies according to this Conversion Right.	
<b>Conversion:</b> <i>How do I convert my coverage [or my Dependents' coverage]?</i>	To convert Your coverage [or coverage for Your Dependents,] You must: 1) complete a Notice of Conversion Right form; [and 2) have Your Employer sign the form.] The Insurer must receive this within: 1) [31 days] after Life Insurance terminates; [or 2) [15 days] from the date Your Employer signs the form; whichever is later. However, We will not accept requests for Conversion if they are received more than 91 days after Life Insurance terminates.]	1 2,3 4
	After the Insurer verifies eligibility for coverage, the Insurer will send You a Conversion Policy proposal. You must: 1) [complete and return the request form in the proposal; and 2) pay the required premium for coverage;] within the time period specified in the proposal.	5
	Any individual policy issued to You [or Your Dependents] under the Conversion Right: 1) will be effective as of the [32 <sup>nd</sup> day] after the date coverage ends; and 2) will be in lieu of coverage for this amount under The Policy.	6

**Benefits**

<b>Conversion Policy Provisions:</b> <i>What are the Conversion Policy provisions?</i>	<p>The Conversion Policy will:</p> <ol style="list-style-type: none"> <li>1) be issued on one of the Life Insurance policy forms the Insurer is issuing for this purpose at the time of conversion; and</li> <li>2) base premiums on the Insurer's rates in effect for new applicants of Your class and age at the time of conversion.</li> </ol> <p>The Conversion Policy will not provide:</p> <ol style="list-style-type: none"> <li>1) the same terms and conditions of coverage as The Policy;</li> <li>2) [any benefit other than the Life Insurance Benefit;] and</li> <li>3) term insurance [unless You request a single premium term insurance policy for a period of [1] year prior to the issuance of the Conversion Policy.]</li> </ol> <p>[However, Conversion is not available for any Amount of Life Insurance which was, or is being, continued:</p> <ol style="list-style-type: none"> <li>1) in accordance with the Waiver of Premium provision;</li> <li>2) under a certificate of insurance issued in accordance with the Portability provision; or</li> <li>3) in accordance with the Continuation Provisions;</li> </ol> <p>until such coverage ends.]</p>	<p>1 2,3  4</p>
<b>Death within the Conversion Period:</b> <i>What if I [or my Dependents] die before coverage is converted?</i>	<p>We will pay [the deceased person's] Amount of Life Insurance You would have had the right to apply for under this provision if :</p> <ol style="list-style-type: none"> <li>1) coverage under The Policy terminates; and</li> <li>2) You [or Your Dependent] die within [31 ] days of date coverage terminates; and</li> <li>3) We receive Proof of Loss.</li> </ol> <p>If the Conversion Policy has already taken effect, no Life Insurance Benefit will be payable under The Policy [for the amount converted].</p>	<p>1 2</p>
<b>Effect of Waiver of Premium on Conversion:</b> <i>What happens to the Conversion Policy if Waiver of Premium is later approved?</i>	<p>If You apply and are approved for Waiver of Premium after an individual Conversion Policy has been issued, any benefit payable at Your [or Your Dependent's] death under The Policy will be paid only if the individual Conversion Policy is surrendered. [The Insurer will refund the premium paid for such Conversion Policy.]</p>	<p>1</p>

## Benefits

<b>Portability Benefits:</b> <i>What is Portability?</i>	Portability is a provision which allows You [and Your Dependents] to continue coverage under a Group Portability policy when coverage would otherwise end due to certain Qualifying Events. Portability applies to [Basic] Life Insurance [only.]	1,2
<b>Qualifying Events:</b> <i>What are Qualifying Events?</i>	<p>Qualifying Events for You are:</p> <ol style="list-style-type: none"> <li>1) Your employment terminates, for any reason prior to [Normal Retirement Age;] or</li> <li>2) Your membership in an Eligible Class under The Policy ends; or</li> <li>3) You are denied Wavier of Premium solely because You do not meet the definition of Disabled;</li> </ol> <p>provided the Qualifying Event occurs prior to [Normal Retirement Age].</p> <p>[Qualifying Events for Your Dependents are:</p> <ol style="list-style-type: none"> <li>1) Your Employment terminates, for any reason prior to Normal Retirement Age; or</li> <li>2) Your death</li> <li>3) You are denied Wavier of Premium solely because You do not meet the definition of Disabled;</li> <li>4) Your membership in a class eligible for Dependents' coverage ends;</li> <li>5) He or she no longer meets the definition of Dependent. However a Dependent Child who reaches the limiting age under The Policy is not eligible for Portability;</li> </ol> <p>provided the Qualifying Event occurs prior to [Normal Retirement Age.]]</p> <p>[In order for Dependent Child coverage to be continued under this provision, You or Your Spouse must elect to continue coverage due to your own Qualifying Event.].]</p>	1 2 3 4
<b>Electing Portability:</b> <i>How do I elect Portability?</i>	<p>You may elect Portability for Your coverage after Your [Basic/Supplemental/Basic and Supplemental Life Insurance] coverage ends following a Qualifying Event. [You may also elect Portability for Your Dependent coverage if Your Dependent coverage ends following a Qualifying Event] The Policy must still be in force [and the Employer must continue to be a Participant Employer] in order for Portability to be available. Portability will not be available to You [or Your Dependents] unless you have been Actively at Work under The Policy.</p> <p>To elect Portability for You [or Your Dependents], You must:</p> <ol style="list-style-type: none"> <li>1) complete and have Your Employer sign a Portability application;</li> <li>2) submit the application [to Us,] with the required premium; and</li> <li>3) [provide Evidence of Insurability, if required.]</li> </ol> <p>This must be received within:</p> <ol style="list-style-type: none"> <li>1) [31 days] after Life Insurance terminates; [or</li> <li>2) [15 days] from the date Your Employer signs the application;</li> </ol> <p>whichever is later. However, Portability requests will not be accepted if they are received more than 91 days after Life Insurance terminates.]</p> <p>After [We] verify eligibility for coverage, We will issue a certificate of insurance under a Portability policy. The Portability coverage will be:</p> <ol style="list-style-type: none"> <li>1) [issued without Evidence of Insurability;]</li> <li>2) issued on one of the forms then being issued by Us for Portability purposes; and</li> <li>3) effective on the day following the date Your [or Your Dependent's] coverage ends.</li> </ol> <p>The terms and conditions of coverage under the Portability policy will not be the same terms and conditions that are applicable to coverage under The Policy.</p>	1 2 3 4 5 6, 7 8 9 10

## Benefits

<b>Limitations:</b>			1
<i>What limitations apply to this benefit?</i>	You may elect to continue [50%, 75% or 100%] of the Amount of Life Insurance which is ending for You [or Your Dependent]. This amount will be rounded to the next higher multiple of [\$1,000,] if not already a multiple of [ \$1,000]. However, the Amount of Life Insurance that may be continued will not exceed:		2
	1) [\$250,000 for You;		3
	2) \$50,000 for Your Spouse; or		4
	3) \$10,000 for Your Dependent Child(ren).]		5
	If You elect to continue [50% or 75%] now, You may not continue any portion of the remaining amount under this Portability provision at a later date. In no event will You [or Your Spouse] be able to continue an Amount of Life Insurance which is less than [\$5,000].		6
	Portability is not available for any Amount of Life Insurance for which You [or Your Dependents] were not eligible and covered.		7
	[In addition Portability is not available if You [or Your Dependents] are entering active military service.]		7
<b>Effect of Portability on other provisions:</b>			1
<i>How does Portability affect other Provisions?</i>	Portability is not available for any Amount of Life Insurance which [was, or is being,] continued in accordance with the:		1
	1) [Conversion Right;		2
	2) Waiver of Premium provision; or		
	3) Continuation provisions;]		
	under The Policy. However, if:		3
	1) [You elect to continue only a portion of terminated coverage under this Portability provision;		
	or		
	2) the Amount of Life Insurance exceeds the maximum Portability amount;]		
	then the Conversion Right may be available for the remaining amount.		4
	[The Waiver of Premium provision will not be available if You elect to continue coverage under this Portability provision.]		4

## Benefits

**Accidental  
Death Benefit:**  
*When is the  
Accidental  
Death Benefit  
payable?*

If You [or Your Dependents] sustain an Injury which results in Loss of life within [90 days] of the date of accident, We will pay [the deceased person's amount of] Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision. 1

This Benefit will be paid according to the General Provisions of The Policy.

[Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

**Benefits**

<b>Accidental Death Benefit with Double Indemnity While On a Common Carrier:</b>	If You [or Your Dependents] sustain an Injury which results in Loss of life within [90 days] of the date of accident, We will pay [the deceased person's amount of] Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.	1
<i>When is the Accidental Death Benefit with Double Indemnity while on a Common Carrier payable?</i>	This Benefit will be paid according to the General Provisions of The Policy. If the Injury occurs while On a Common Carrier, We will double the Principal Sum payable for Accidental Death Benefit. [However, in no event will the Principal Sum be increased by more than the Common Carrier Limit.]	2
	[Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]	

**Benefits**

**Accidental  
Death and  
Dismemberment  
Benefit:**

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90 days] of the date of accident, We will pay [the injured person’s amount of] Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss after We receive Proof of Loss in accordance with the Proof of Loss provision.

1

*When is the  
Accidental Death  
and  
Dismemberment  
Benefit payable?*

This Benefit will be paid according to the General Provisions of The Policy.

We will not pay more than the Principal Sum, [to any one person,] for all Losses due to the same accident. [Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents’ Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

2

3

For Loss of:

[Life.....	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	Principal Sum
One Hand and One Foot.....	Principal Sum
Speech and Hearing in Both Ears.....	Principal Sum
Either Hand or Foot and Sight of One Eye.....	Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....	Principal Sum
Movement of Both Lower Limbs (Paraplegia).....	Three-Quarters of Principal Sum
Movement of Three Limbs (Triplegia).....	Three-Quarters of Principal Sum
Movement of the Upper And Lower Limbs of One Side of the Body (Hemiplegia).....	One-Half of Principal Sum
Either Hand or Foot.....	One-Half of Principal Sum
Sight of One Eye.....	One-Half of Principal Sum
Speech or Hearing in Both Ears. ....	One-Half of Principal Sum
Movement of One Limb (Uniplegia).....	One-Quarter of Principal Sum
Thumb and Index Finger of Either Hand .....	One-Quarter of Principal Sum]

**Loss** means with regard to:

- 1) [hands and feet, actual severance through or above wrist or ankle joints;
- 2) sight, speech and hearing, entire and irrecoverable loss thereof;
- 3) thumb and index finger, actual severance through or above the metacarpophalangeal joints;
- 4) movement, complete and irreversible paralysis of such limbs.]

**Benefits**

**[Double  
Indemnity while  
On a Common  
Carrier Benefit:**

If the Injury occurs while [the injured person ] is On a Common Carrier, We will double the Principal Sum payable. [However, in no event will the Principal Sum be increased by more than the Common Carrier Limit.]

1  
2

*When is the  
Double Indemnity  
while On a  
Common Carrier  
Benefit payable?]*

## Benefits

**[Exposure and Disappearance:**  
*What if Loss is due to exposure or disappearance?]*

Exposure to the elements will be presumed to be Injury if:

- 1) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which You [or Your Dependents] were an occupant at the time of the accident; and
- 2) The Policy would have covered an Injury resulting from the accident.

We will presume that You [or Your Dependents] suffered Loss of life if:

- 1) the person's body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- 2) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- 3) The Policy would have covered Injury resulting from the accident.

1

## Benefits

<b>Seat Belt [and Air Bag] Benefit:</b> <i>When is the Seat Belt [and Air Bag] Benefit payable?</i>	If You [or Your Dependents] sustain an Injury that results in [a Loss] payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Seat Belt [and Air Bag] Benefit if the Injury occurred while the injured person was: <ol style="list-style-type: none"><li>1) a passenger riding in; or</li><li>2) the licensed operator of;</li></ol> a properly registered Motor Vehicle and was wearing a Seat Belt at the time of the Accident as verified on the police accident report.  This Benefit will be paid: <ol style="list-style-type: none"><li>1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and</li><li>2) according to the General Provisions of The Policy.</li></ol>	1
	[If a Seat Belt Benefit is payable, We will also pay an Air Bag Benefit if the injured person was: <ol style="list-style-type: none"><li>1) positioned in a seat equipped with a factory-installed Air Bag; and</li><li>2) properly strapped in the Seat Belt when the Air Bag inflated.]</li></ol>	2
	The Seat Belt Benefit is [the lesser of: <ol style="list-style-type: none"><li>1) an amount resulting from multiplying [the injured person's amount of] Principal Sum by the Seat Belt Benefit Percentage; or</li><li>2) the Maximum Amount for this Benefit].</li></ol>	3
	[The Air Bag Benefit is [the lesser of; <ol style="list-style-type: none"><li>1) an amount resulting from multiplying [the injured person's amount of] Principal Sum by the Air Bag Benefit Percentage; or</li><li>2) the Maximum Amount for this Benefit].]</li></ol>	4
	[If it cannot be determined that [the injured person was] wearing a Seat Belt at the time of Accident, [a Minimum Benefit] will be payable under the Seat Belt Benefit.]	5
	<b>Accident</b> , for the purpose of this Benefit only, means the unintentional collision of a Motor Vehicle during which [the injured person was] wearing a Seat Belt.	
	<b>[Air Bag]</b> means an inflatable supplemental passive restraint system installed by the manufacturer of the Motor Vehicle or its proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.]	6
	<b>Seat Belt</b> means: <ol style="list-style-type: none"><li>1) an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Motor Vehicle, or proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications[; or</li><li>2) a child restraint device that meets the standards of the National Safety Council and is properly secured and used in accordance with applicable state law and installed according to the recommendations of its manufacturer for children of like age and weight.]</li></ol>	7
	[The Seat Belt [and Air Bag] Benefit will not be payable if [the injured person is] operating the Motor Vehicle at the time of Injury while: <ol style="list-style-type: none"><li>1) Intoxicated; or</li><li>2) taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician.</li></ol>	8
	<b>Intoxicated</b> means: <ol style="list-style-type: none"><li>1) the blood alcohol content;</li><li>2) the results of other means of testing blood alcohol level; or</li><li>3) the results of other means of testing other substances;</li></ol> that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.]	
	[The specific amounts for this Benefit are shown in the Schedule of Insurance.]	

## Benefits

### **Repatriation Benefit:**

*When is the Repatriation Benefit payable?*

If You [or Your Dependents] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Repatriation Benefit, if the death occurs outside the territorial limits of the state or country of the deceased person's place of permanent residence. We will only pay a benefit if the deceased person's body is transported across state lines or country borders.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

1

The Repatriation Benefit will pay the [least of:

- 1) the actual expenses incurred for:
  - a) preparation of the body for burial or cremation; and
  - b) transportation of the body to the place of burial or cremation;
- 2) the amount resulting from multiplying [the deceased person's amount of] Principal Sum by the Repatriation Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.]

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

**Felonious  
Assault Benefit:**  
*When is the  
Felonious  
Assault Benefit  
payable?*

If You [or Your Dependents] sustain an Injury that results in a Loss payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Felonious Assault Benefit, if Injury is the result of a Felonious Assault.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Felonious Assault Benefit will pay the lesser of:

- 1) [the amount resulting from multiplying [the injured person's amount of] Principal Sum by the Felonious Assault Percentage; or
- 2) the Maximum Amount for this Benefit].

1

**Felonious Assault** means [a violent or criminal act directed at You [or Your Dependents] during the course of:

2

- 1) a robbery, kidnapping or criminal assault; or
  - 2) an attempt at any of the above;
- which constitutes a felony under the law.]

The Felonious Assault Benefit will not pay for a Loss that results from a Felonious Assault committed by:

3

- 1) a member of [the injured person's family;]
- 2) a member of the household in which [the injured person lives]; [or
- 3) [the injured person's] fellow employee.]

4

5

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

<b>Child Education Benefit:</b> <i>When is the Child Education Benefit payable?</i>	If You [or Your Spouse] sustain[s] an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Child Education Benefit to Your [Dependent Child(ren)].	1
	This Benefit will be paid: <ol style="list-style-type: none"> <li>1) after We receive proof that your [Dependent] Child(ren) qualify as a Student, as defined in this Benefit; and</li> <li>2) according to the General Provisions of The Policy.</li> </ol>	
	If You die, the Child Education Benefit provides an annual amount equal to [the lesser of: <ol style="list-style-type: none"> <li>1) the amount resulting from multiplying Your Principal Sum by the Child Education Percentage; or</li> <li>2) the Maximum Amount for this Benefit.]</li></ol>	2 3, 4
	[If Your Spouse dies, the Child Education Benefit pays an amount equal to the lesser of: <ol style="list-style-type: none"> <li>1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by the Child Education Percentage; or</li> <li>2) the Maximum Amount for this Benefit.]</li></ol>	
	The Child Education Benefit is payable to each of Your [Dependent] Child(ren): <ol style="list-style-type: none"> <li>1) on the date; and</li> <li>2) for whom;</li></ol> We have received proof satisfactory to Us that he or she is a Student.  If he or she is a minor, We will pay the benefit to the Student's legal guardian.	
	We will pay the Child Education Benefit to a qualifying Student until the first to occur of: <ol style="list-style-type: none"> <li>1) Our payment of the [fourth] Child Education Benefit to or on behalf of that person; or</li> <li>2) the end of the 12<sup>th</sup> consecutive month during which We have not received proof satisfactory to Us that he or she is a Student.</li></ol>	5
	We will not pay more than one Child Education Benefit to any one Student during any one school year.	
	We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision of The Policy if: <ol style="list-style-type: none"> <li>1) a Principal Sum is payable because of Your death [or Your Spouse's death]; and</li> <li>2) no person qualifies as a Student.</li></ol>	6 7,8
	<b>Student</b> means Your [Dependent] Child [who is covered ] on the date of Your [or Your Spouse's] death and: <ol style="list-style-type: none"> <li>1) is a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning on the date of Your [or Your Spouse's] death; or</li> <li>2) became a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning within [365 days] after Your [or Your Spouse's] death and was a student in the 12th grade on the date of Your [or Your Spouse's] death.</li> </ol>	9 10 11,12 13
	If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student qualifies as a Student.	14, 15 16
	<b>[Child(ren)]</b> means Your [or Your Spouse's] unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is less than age [21] who: <ol style="list-style-type: none"> <li>1) regularly attends an accredited institution of learning; and</li> <li>2) is primarily dependent on You for financial support and maintenance.]</li></ol>	
	[The specific amounts for this Benefit are shown in the Schedule of Insurance.]	

## Benefits

### **Day Care Benefit:**

*When is the Day Care Benefit payable?*

If You [or Your Spouse] sustain[s] an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Day Care Benefit for each of your [Dependent] Children [who are covered] if such [Dependent] Child is under age [7] at the time of Your [Your Spouse's] death. 1  
2, 3

This Benefit will be paid:

- 1) after We receive proof of enrollment in a Day Care Program as described in this Benefit; and
- 2) according to the General Provisions of The Policy.

We will make one Day Care Benefit payment each year, for a maximum of [2] Day Care Benefit payments, for each [Dependent] Child. The Benefit will be paid to the person who has primary responsibility for the [Dependent] Child's Day Care expenses. 4

Proof of enrollment satisfactory to Us for each [Dependent] Child in a Day Care Program includes, but will not be limited to, the following:

- 1) a copy of the [Dependent]Child's approved enrollment application in a Day Care Program;
- 2) cancelled check(s) evidencing payment to a Day Care facility or Day Care provider;
- 3) a letter from the Day Care facility or Day Care provider stating that the [Dependent] Child:
  - a) is attending a Day Care Program; or
  - b) has been enrolled in a Day Care Program and will be attending within [365 days] of the date of the death. 5

Proof of enrollment must be sent to Us prior to the last day of the [12th month following the date of death.] 6

If You die, the Day Care Benefit provides an annual amount equal to [the lesser of: 7

- 1) the amount resulting from multiplying Your Principal Sum by the Day Care Benefit; or
- 2) the Maximum Amount for this Benefit.] 8,9

[If Your Spouse dies, the Day Care Benefit pays an amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by the Day Care Benefit; or
- 2) the Maximum Amount for this Benefit.] 10

[We will pay [the Minimum Amount for this Benefit] in accordance with the Claims to be Paid provision for payment of benefits for Loss of life if:

- 1) a Principal Sum is payable because of the deceased person's death; and
- 2) no person qualifies as a Child eligible for the Day Care Benefit. ]

**Day Care or Day Care Program** means a program of child care which:

- 1) is operated in a private home, school or other facility;
- 2) provides, and makes a charge for, the care of children; and
- 3) is licensed as a day care center or is operated by a licensed day care provider, if such licensing is required by the state or jurisdiction in which it is located; or
- 4) if licensing is not required, provides childcare on a daily basis for 12 months a year. 11, 12

[**Child** means Your [or Your Spouse's] unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is less than age [7] and primarily dependent on You [or Your Spouse] for financial support and maintenance.] 13

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

**Rehabilitation Benefit:** *When is the Rehabilitation Benefit payable?*

If You [or Your Dependents] sustain an Injury which results in a Loss other than Loss of life, payable under the [Non-Contributory] Accidental Death and Dismemberment Benefit, We will pay, an additional Rehabilitation Benefit for Rehabilitative Program Expenses Incurred within [one (1) year] of the date of accident. 1

This Benefit will be paid:

- 1) after We receive proof of Expenses Incurred for a Rehabilitative Program, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Rehabilitation Benefit provides an amount equal to [the least of:

- 1) the actual Expense Incurred for a Rehabilitative Program; 2
- 2) the amount resulting from multiplying [injured person's amount of]Principal Sum by the Rehabilitation Benefit Percentage; or
- 3) the Maximum Amount for this Benefit].

**Rehabilitative Program** means any training which:

- 1) is required due to [the injured person's] Injury; and
- 2) prepares [the injured person] for an occupation for which [he or she] was not previously trained.

**Expense Incurred** means the actual cost of:

- 1) training; and
- 2) materials needed for the training.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

**Spouse  
Education  
Benefit:**

*When is the  
Spouse  
Education  
Benefit payable?*

If You sustain an Injury that results in a Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Spouse Education Benefit to Your surviving Spouse.

[Your Spouse must be covered under The Policy in order to receive this Benefit.]

1

This Benefit will be paid:

- 1) after We receive proof satisfactory to Us that the Spouse has enrolled in an Occupational Training program; and
- 2) according to the General Provisions of The Policy.

2

The Spouse Education Benefit is [the least of;

- 1) the Expense Incurred for Occupational Training;
- 2) the amount resulting from multiplying Your Principal Sum by the Spouse Education Benefit Percentage; or
- 3) the Maximum Amount for this Benefit].

3

[If a Principal Sum is payable because of Your death and there is no surviving Spouse, We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision.]

**Your surviving Spouse must enroll in Occupational Training:**

- 1) for the purpose of obtaining an independent source of income; and
- 2) within [one (1) year] of Your death.

4

**Occupational Training** means any:

- 1) education;
- 2) professional; or
- 3) trade training;

program which prepares the Spouse for an occupation for which he or she was not previously qualified.

**Expense Incurred** means:

- 1) the actual tuition charged, exclusive of room and board; and
- 2) the actual cost of the materials needed;

for the Occupational Training.

5

The expense must be incurred within [two (2) years] of the date of Your death.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

### **Adaptive Home and Vehicle Benefit:**

*When is the Adaptive Home and Vehicle Benefit payable?*

If You [or Your Dependents] sustain an Injury that results in a Loss, other than Loss of life, payable under the [Non-Contributory] Accidental Death and Dismemberment Benefit, We will pay an additional Adaptive Home and Vehicle Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Adaptive Home and Vehicle Benefit pays a benefit for the one-time cost of alterations to [the injured person's]:

- 1) principal residence; and/or
- 2) private automobile;

to make the residence accessible and/or the private automobile drivable or rideable for [him or her.]

The costs must be incurred within [two] years from the date of accident.

We will pay the Adaptive Home and Vehicle Benefit if:

- 1) such home alterations are:
  - a) made by a person or persons with experience in such alterations; and
  - b) recommended by a recognized organization associated with the Injury; and
- 2) such vehicle modifications are:
  - a) carried out by a person or persons with experience in such matters; and
  - b) approved by the Motor Vehicle Department.

The Adaptive Home and Vehicle Benefit will provide an amount equal to the [the least of:

1

- 1) the actual cost of the alterations;
- 2) the amount resulting from multiplying [the injured person's amount of] Principal Sum by the Adaptive Home and Vehicle Benefit Percentage; or
- 3) the Maximum Amount for this Benefit

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

**Coma Benefit:**  
*When is the  
Coma Benefit  
payable?*

If, as a result of an Injury, You [or Your Dependents]:

- 1) are in a Coma within [31 days] from the date of accident; and
  - 2) remain continuously in a Coma for at least [the number of days shown as the Waiting Period];
- We will pay [1%] of the Coma Maximum Benefit Amount for each month after the Waiting Period that [the injured person] remains in a Coma.

1  
2

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 3) according to the General Provisions of The Policy.

We will pay the benefit until the earliest to occur of:

- 1) [the end of the month in which [the injured person] dies;
- 2) the end of the month in which [the injured person] recovers from the Coma; or
- 3) when the total payment equals [the Coma Maximum Benefit Amount.]

The Coma Maximum Benefit equals [the injured person's amount of] Principal Sum less all other payments under The Policy for the Injury.]

**Coma** means complete and continuous:

- 1) unconsciousness; and
- 2) inability to respond to external or internal stimuli, as verified by a Physician.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

### **Critical Burn Benefit:**

*When is the Critical Burn Benefit payable?*

If You [or Your Dependents] are Critically Burned and require reconstructive surgery as determined by a Physician, We will pay a Critical Burn Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Critical Burn Benefit is an amount equal to [the least of:

1

- 1) the actual cost for the expense of the reconstructive surgery;
- 2) the amount resulting from multiplying [the injured person's amount of] Principal Sum by the Critical Burn Percentage; or
- 3) the Maximum Amount for this Benefit.]

**Critically Burned** means [the injured person] suffered burns which:

- 1) are certified by a Physician as more severe than second degree burns; and
- 2) result in scarring over at least 25% of the body which will last indefinitely and can only be corrected through reconstructive surgery.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

### **Therapeutic Counseling Benefit:**

*When is the Therapeutic Counseling Benefit payable?*

If You [or Your Dependents] sustain an Injury that results in a Loss, other than Loss of life, that is payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Therapeutic Counseling Benefit if [the injured person] requires Therapeutic Counseling due to the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

Therapeutic Counseling must:

- 1) begin within [90 days] of the date of the Loss; and
- 2) be incurred no later than [one year] of the date of the Loss.

1  
2  
3

The Therapeutic Counseling Benefit is an amount equal to the [the least of:

- 1) the Reasonable Expenses incurred for Therapeutic Counseling;
- 2) the amount resulting from multiplying [the injured person's amount of] Principal Sum by the Therapeutic Counseling Percentage; or
- 3) the Maximum Amount for this Benefit.]

**Therapeutic Counseling** means treatment or counseling provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling.

**Reasonable Expenses** means fees and prices which do not exceed those generally charged for similar Therapeutic Counseling in the local area where such Therapeutic Counseling was received. For purposes of this benefit, We reserve the right to determine Reasonable Expenses. A Reasonable Expense is considered to be incurred on the date the Therapeutic Counseling is rendered.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

<b>Extended Dependents Coverage Benefit:</b>	If You die while Your Dependents are covered under [The Policy], We will waive the payment of premiums; and continue coverage for Your Dependents.	1
<i>When is the Extended Dependents Coverage Benefit payable?</i>	<p>This Benefit will be paid:</p> <ol style="list-style-type: none"><li>1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and</li><li>2) according to the General Provisions of The Policy.</li></ol> <p>We will waive the premium and continue coverage for each of Your [Dependents] until the first to occur of:</p> <ol style="list-style-type: none"><li>1) [the date Your Spouse remarries;]</li><li>2) the date he or she ceases to qualify as [Your Dependent];</li><li>3) the date which is one year from the date of Your death; or</li><li>4) the date The Policy terminates.</li></ol> <p>[The specific amounts for this Benefit are shown in the Schedule of Insurance.]</p>	2

## Benefits

**Common  
Disaster  
Benefit:**

*When is the  
Common  
Disaster Benefit  
payable?*

If You and Your Spouse die as the result of Injury:

1) received in the same accident; [or  
2) in separate accidents which occur within 24 hours of each other;]  
and a Principal Sum is payable under the Accidental Death [and Dismemberment] Benefit for each death, the Principal Sum applicable to Your Spouse will be increased to equal the lesser of:

1) Your Principal Sum; [or  
2) an amount which, when added to Your Principal Sum, equals [the Common Disaster Limit]].

This Benefit will be paid:

1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and  
2) according to the General Provisions of The Policy.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

1

2

## Benefits

**Survivor  
Income Benefit:**  
*When is the  
Survivor Income  
Benefit payable?*

If You [or Your Spouse] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Survivor Benefit if Your Dependents are covered.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Survivor Income Benefit provides a monthly Benefit equal to [a Percentage of the deceased person's Principal Sum] for [the Payment Period].

The Survivor Income Benefit will be paid:

1

- 1) [to the beneficiary You designated; or
- 2) if no beneficiary has been designated:
  - a) to Your surviving Spouse;
  - b) if no surviving Spouse, in equal shares to Your surviving [Dependent Children];
  - c) if no surviving Dependents, to Your estate.]

If a minor child is entitled to this Benefit, We may, at Our option, make Benefit payments according to the Claims to be Paid provision of The Policy. We will begin payments on the first day of the month next following the date the death claim is paid.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

**HIV  
Occupational  
Accident  
Benefit:**

*When is the HIV  
Occupational  
Accident Benefit  
payable?*

If, as a direct result of an Injury as defined in this Benefit You test HIV Positive, We will pay an HIV Occupational Accidental Benefit.

In order to receive this Benefit, You must:

- 1) file with [Your Employer], within [48 hours] of the accident, an incident report (notice of exposure), on a form satisfactory to Us, which describes the nature of the exposure to HIV; 1
  - 2) submit such incident report to Us as soon as reasonably possible after the accident; 2
  - 3) not have previously tested positive for HIV, or if You had previously tested positive for HIV, You must have subsequently tested negative for HIV prior to the date of the accident; 3
  - 4) submit to Us, as soon as reasonably possible, proof that You tested negative for HIV in a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test (other than saliva or urine testing) within [48 hours] of the Injury at an authorized laboratory other than the laboratory of [Your Employer]; and
  - 5) thereafter, test HIV Positive within [26 weeks] of the date of the Injury reported in item 1) above.
- We must receive notification of HIV Positive test results as soon as reasonably possible.

This Benefit will be paid:

- 1) after We receive proof of HIV test results as indicated in this Benefit; and
- 2) according to the General Provisions of The Policy.

We will not pay for any cost incurred for HIV tests or any related testing.

In no event will We provide benefits for HIV, acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or any complications arising therefrom, except as specifically provided in this Benefit.

**Injury**, for the purpose of this Benefit, means an accidental:

- 1) cutaneous exposure through abraded skin;
- 2) percutaneous exposure; or
- 3) mucocutaneous exposure;

that occurs while You are covered by this Benefit and Actively at Work.

**HIV** means human immunodeficiency virus.

**HIV Positive** means [the presence of HIV antibodies in Your blood as substantiated through both a positive screening test enzyme-linked immunosorbent assay (ELISA), and a positive supplement test such as Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positive results as specified by the manufacturer(s).]

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

## Benefits

<b>Dependent Child Dismemberment Benefit:</b> <i>When is the Dependent Child Dismemberment Benefit payable?</i>	If Your Dependent Child sustains a Loss, other than Loss of Life under the [Non-Contributory] Accidental Death and Dismemberment Benefit, We will [double] the Principal Sum amount payable for the Loss.	1
	This Benefit will be paid: 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and 2) according to the General Provisions of The Policy.	2
	We will not pay more than an amount equal to [two times] the Principal Sum under this Benefit and the Accidental Death and Dismemberment Benefit combined for all Losses which are due to the same Injury.  [The specific amounts for this Benefit are shown in the Schedule of Insurance.]	

## Benefits

**Funeral  
Expense Benefit:**  
*When is the  
Funeral Expense  
Benefit payable?*

If You [or Your Dependents] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Funeral Expense Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Funeral Expense Benefit will provide an amount equal to the [least of:

- 1) the expense incurred for Customary Funeral Expenses;
- 2) the amount resulting from multiplying [the deceased person's amount of] Principal Sum by the Funeral Expense Percentage; or
- 3) the Maximum Amount for this Benefit].

1

**Customary Funeral Expenses** mean services and materials provided by an undertaker, crematorium or funeral home relative to the burial of the deceased and the costs incurred for the purchase of a cemetery plot, tomb or mausoleum for the burial or interment of the deceased, including plaque, tombstone or monument.

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**Benefits**

**Loss of Use Benefit:**  
*When is the Loss of Use Benefit payable?*

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90 days] of the date of accident, We will pay [the injured person's amount of Principal Sum], or a portion of such Principal Sum, as shown opposite the Loss. 1

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

We will not pay more than the Principal Sum, to any one person, under this Benefit and the Accidental Death and Dismemberment Benefit combined for all Losses due to the same accident.

Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

For Loss of Use of:	<u>Benefit Amount</u>	2
[Four Entire Limbs.....	Principal Sum	
Three Entire Limbs.....	Three-Quarters of Principal Sum	
Two Entire Limbs.....	Two-Thirds of Principal Sum	
One Entire Limb.....	One Half of Principal Sum]	

**Entire Limb** means with regard to: 3

- 1) [the arm, the total area from shoulder joint to finger tips; 4
- 2) the leg, the total area from hip joint to toes.] 5

**Loss of Use** means [total paralysis of an Entire Limb or Limbs which:

- 1) has continued without interruption for a period of not less than [12] consecutive months; and
- 2) is determined by a Physician to be permanent, complete and irreversible.]

## Benefits

<b>Traumatic Brain Injury Benefit:</b>	If You [or Your Dependents] sustain an Injury that results in a Traumatic Brain Injury within [90] days of the date of accident which:	1
<i>When is the Traumatic Brain Injury Benefit payable?</i>	1) requires that [the injured person] be Hospitalized for at least [7 days during the first 60 days] following the accident; and	2
	2) continues for [12] consecutive months;	3
	We will pay a Traumatic Brain Injury Benefit.	
	This Benefit will be paid:	
	1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and	
	2) according to the General Provisions of The Policy.	
	The Traumatic Brain Injury Benefit is equal to [the injured person's amount of] Principal Sum.	
	[We will not pay this Benefit if a benefit is payable [to the injured person] for Loss of Life under the Accidental Death [and Dismemberment] Benefit.]	
	<b>Traumatic Brain Injury</b> means physical damage to the brain which is certified by a Physician at the end of [12] consecutive months to:	4
	1) be permanent, complete and irreversible; and	
	2) prevent [the injured person] from performing all the substantial and material functions and activities of a person of like age and gender in good health.	
	[The specific amounts for this Benefit are shown in the Schedule of Insurance.]	

## Benefits

### **Bereavement Counseling**

**Benefit:** *When is  
the Bereavement  
Counseling  
Benefit payable?*

If You [or Your Dependents] die and a Benefit is payable for Loss of life under the Accidental Death [and Dismemberment] Benefit, We will pay the expenses [You or] Your dependents incur for Bereavement Counseling.

This Benefit will be paid:

- 1) after We receive proof of Bereavement Counseling expenses, satisfactory to Us, within [one year] of the date of Your [or Your Dependent's] death; and
- 2) according to the General Provisions of The Policy.

We will pay up to [\$50.00] per visit up to [the Maximum Amount for this Benefit per person.]

The expenses for Bereavement Counseling must first be incurred within [90 days] of the date of the death.

**Bereavement Counseling** means [treatment or counseling for the grief reaction resulting from Your [or Your Dependent's] Loss of life. Counseling must be provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.]

[The specific amounts for this Benefit are shown in the Schedule of Insurance.]

1

2

3

4

## Benefits

**Occupational  
Death Benefit:**  
*When is the  
Occupational  
Death Benefit  
payable?*

If You suffer a Loss of life as the result of a Covered Occupational Death, We will pay an Occupational Death Benefit if Your Death:

- 1) occurred within [365 days] after the date You were last Actively at Work; and 1
- 2) occurred while You were covered under The Policy. 1

**Covered Occupational Death** means a death caused by or resulting from:

- 1) [an Injury sustained during working hours as an employee of the employer, or in the case of a required period of work not coinciding with regular work hours, while in transit to or from work;] 2
- 2) [any disease or infection which arises out of the scope of active employment as an employee and to which you are not ordinarily exposed;] 3
- 3) [cardiovascular, hypertension disease or Silicosis and You were treated by a Physician within [365 days] after You were last Actively at Work;] 4  
5
- 4) [cardiovascular or hypertension disease if You were Actively at Work for [1 day] or more and:  
a. death occurs within [365 days] after You were last Actively at Work; 6,7  
b. were treated by a Physician after You were last Actively at Work and within [365 days] of 8  
Your initial treatment.] 9
- 5) [any disease of the lungs or respiratory tract or renal disease.] 10

**[Injury** means bodily injury resulting:

- 1) directly from an accident; and
- 2) independently of all other causes;

which [occurs while You are covered under The Policy.] 11

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- 2) medical or surgical treatment of a sickness or disease;

is not considered as resulting from Injury.

**Silicosis** means a disease of the lungs caused by breathing silica dust producing fibrous nodules, distributed through the lungs and demonstrated by x-ray or autopsy.]

No benefit will be payable for any death for which benefits are payable under any individual insurance policy obtained by exercising Your Conversion Right or under the Portability provision.

The Occupational Death Benefit will not be payable if Your death is caused or contributed by:

- 1) [war or act of war, whether declared or not;] 12
- 2) [suicide or attempted suicide, whether sane or insane;] 13
- 3) [Injury sustained while committing or attempting to commit a felony; or] 14
- 4) [Voluntary use or consumption of any poison, chemical compound or drug, including but not limited to prescribed medications, unless as prescribed by or administered by a Physician.] 15

The specific amounts for this Benefit are shown in the Schedule of Insurance.

## Benefits

**Accelerated Benefit:** *When is the Accelerated Benefit payable? [This benefit is not available for Retirees.]*

In the event that You [or Your Dependent] are Terminally Injured, You may be eligible to receive an Accelerated Benefit. We will pay the applicable Accelerated Benefit amount as shown below, provided the [Terminally Injured person]:

- 1) is covered under The Policy [for an amount of at least [\$10,000]];
- 2) [is under age 60]; and
- 3) gives Proof of Loss to Us of such Terminal Injury.

You must request in writing that a portion of [the Terminally Injured person's] Amount of Accidental Death [and Dismemberment] Insurance be paid as an Accelerated Benefit.

However, if You [or Your Dependents] are incompetent or unable to provide a request for the Accelerated Benefit, Your [or Your Dependents'] legal guardian may submit the request.

The Amount of Accidental Death [and Dismemberment] Insurance payable upon [the Terminally Injured person's] death will be reduced by any Accelerated Benefit Amount paid under this benefit.

You may request a minimum Accelerated Benefit amount of [\$3,000, and a maximum of \$100,000]. However, in no event will the Accelerated Benefit Amount exceed [30%] of [the Terminally Injured person's] Amount of Accidental Death [and Dismemberment] Insurance. [This option may be exercised only once for You and only once for each of Your Dependents].

[For example, if You are covered for an Accidental Death [and Dismemberment] Insurance Benefit Amount under The Policy of \$100,000 and are Terminally Injured, You can request any portion of the Amount of Accidental Death [and Dismemberment] Insurance Benefits from \$3,000 to \$30,000 to be paid now instead of to Your Beneficiary upon death. However, if You decide to request only \$3,000 now, You cannot request the additional \$27,000 in the future.]

[Any benefits received under this benefit may be taxable. You should consult a personal tax advisor for further information.]

[In the event:

- 3) You are required by law to accelerate benefits to meet the claims of creditors; or
- 4) if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement;

You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.]

If You have executed an assignment of rights and interest with respect to Your [or Your Dependent's] Amount of Accidental Death [and Dismemberment] Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.

**Terminal Injury or Terminally Injured** means Your [or Your Dependents'] bodily Injury which:

- 1) resulted directly and independently of all other causes from an accident which occurred while [the injured person was] covered under The Policy; and
- 2) resulted in [the injured person] having a life expectancy of [6] months or less.

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- 2) medical or surgical treatment of a sickness or disease;

is not considered as resulting from Injury.

**Proof of Terminal Injury and Examinations:** *Must proof of Terminal Injury be submitted?*

We reserve the right to require satisfactory proof of Terminal Injury on an ongoing basis. Any diagnosis submitted must be provided by a physician licensed to practice in the United States.

If You [or Your Dependents] do not submit Proof of Loss of Terminal Injury, or if You [or Your Dependents] refuse to be examined by a Physician licensed to practice in the United States, as We may require, then We will not pay an Accelerated Benefit.

## Benefits

**No Longer  
Terminally  
Injured:** *What  
happens to my  
coverage if I am  
no longer  
terminally  
Injured [or my  
Dependent is no  
longer  
Terminally  
Injured?]*

- If [the injured person is] diagnosed by a Physician as no longer Terminally Injured and:
- 2) [are in an Eligible Class,] coverage will remain in force, provided premium is paid;
  - 4) [are not in an Eligible Class, but You continue to meet the definition of Disabled, coverage will remain in force, subject to the Waiver of Premium provision; or
  - 5) are not in an Eligible Class, but You do not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision. ]
- In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.

1  
2

## Exclusions & Limitations

**Exclusions (Not applicable to the Life Insurance benefits):** *What is not covered under The Policy?*

- The Policy does not cover any loss caused or contributed by:
1. [intentionally self-inflicted Injury;
  2. suicide or attempted suicide, whether sane or insane;
  3. war or act of war, whether declared or not;
  4. Injury sustained while on [full-time] active duty as a member of the armed forces (land, water, air) of any country or international authority [except Reserve National Guard Service];  
    [(We will refund the pro rata portion of any premium paid for You [or Your Dependents] while You [or Your Dependents] are in the armed forces on full-time active duty, for a period of [two] months or more. [Written] notice must be given to Us within 12 months of the date You [or Your Dependents] enter the armed forces.);]
  5. Injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
  6. Injury sustained while On any aircraft:
    - a) as a pilot, crewmember or student pilot;
    - b) as a flight instructor or examiner;
    - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any [Employer] or organization whose eligible persons are covered under The Policy;
    - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests; or
  7. Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
  8. Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
  9. Injury sustained while committing or attempting to commit a felony;
  10. Injury sustained while Intoxicated; or
  11. Injury sustained while driving while Intoxicated.]

**Intoxicated** means:

- 1) the blood alcohol content;
- 2) the results of other means of testing blood alcohol level; or
- 3) the results of other means of testing other substances;

that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

[Reserve National Guard Service means: You [or Your Dependents] are:

- 1) attending or en route to or from any active duty training of less than sixty (60) days;
- 2) attending or en route to or from a service school of any duration;
- 3) taking part in any authorized inactive duty training; or
- 4) taking part as a unit member in a parade or exhibition authorized by official orders.]

**Cafeteria Plan Election Restriction**

The Policy is a part of a Cafeteria Plan sponsored by Your Employer and governed by the requirements of Section 125 of the Internal Revenue Code. The rules of the Cafeteria Plan will supersede any provisions of The Policy which are in conflict with them.

Cafeteria Plans are subject to the following restriction:

The benefits You elect during the Enrollment Period will remain in effect until the next Enrollment Period.

Section 125 allows exception to this rule only in specified situations, including Change in Family Status and commencement or Termination of employment.

## General Provisions

<b>Notice of Claim:</b> <i>When should I notify the Company of a claim?</i>	You, or the person who has the right to claim benefits, must give Us, [or Our representative,] [written] notice of a claim within [30 days] after: <ol style="list-style-type: none"> <li>1) the date of death; or</li> <li>2) [the date of loss.]</li> </ol> If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant's name, address and the Policy Number. [If You become eligible for the Ability Plus Benefit, You must file a separate Notice of Claim within [30 days] of becoming eligible.]	1,2 3 4 5 6
<b>Claim Forms:</b> <i>Are special forms required to file a claim?</i>	Within [15 days] of receiving a Notice of Claim, We [or Our representative] will send forms to the claimant to provide Proof of Loss. If We do not send the forms within [15 days,] any other [written] proof which fully describes the nature and extent of the claim may be submitted.	1,2 3,4
<b>Proof of Loss:</b> <i>What is Proof of Loss?</i>	Proof of Loss may include, but is not limited to, the following: <ol style="list-style-type: none"> <li>1) [a completed claim form;</li> <li>2) a certified copy of the death certificate (if applicable);</li> <li>3) Your Enrollment form;</li> <li>4) Your Beneficiary Designation (if applicable);</li> <li>5) documentation of:                             <ol style="list-style-type: none"> <li>a) the date Your Disability began;</li> <li>b) the cause of Your Disability;</li> <li>c) the prognosis of Your Disability;</li> </ol> </li> <li>6) any and all medical information, including x-ray films and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes;</li> <li>7) the names and addresses of all:                             <ol style="list-style-type: none"> <li>a) Physicians or other qualified medical professionals You have consulted;</li> <li>b) hospitals or other medical facilities in which You have been treated; and</li> <li>c) pharmacies which have filled Your prescriptions within the past three years;</li> </ol> </li> <li>8) Your signed authorization for Us to obtain and release medical, employment and financial information; or</li> <li>9) Any additional information required by Us to adjudicate the claim.]</li> </ol> All proof submitted must be satisfactory to Us.	1
<b>Sending Proof of Loss:</b> <i>When must Proof of Loss be given?</i>	[Written] Proof of Loss should be sent to Us [or Our representative;] <ol style="list-style-type: none"> <li>1) [with respect to the Life Insurance Benefits,] within [365 days]; and</li> <li>2) [with respect to the Accidental Death and Dismemberment Benefits,] within [90 days];</li> </ol> after the loss. However, all claims should be submitted to Us within [90 days] of the date coverage ends.  If proof is not given by the time it is due, it will not affect the claim if: <ol style="list-style-type: none"> <li>1) it was not possible to give proof within the required time; and</li> <li>2) proof is given as soon as possible; but</li> <li>3) not later than [1 year] after it is due unless You, or the person who has the right to claim benefits, are not legally competent.</li> </ol>	1,2 3,4 5,6 7 8
<b>Physical Examination and Autopsy:</b> <i>Can We have a claimant examined or request an autopsy?</i>	While a claim is pending We have the right at Our expense: <ol style="list-style-type: none"> <li>1) to have the person who has a loss examined by a Physician when and as often as We reasonably require; and</li> <li>2) to have an autopsy performed in case of death where it is not forbidden by law.</li> </ol>	
<b>Claim Payment:</b> <i>When are benefit payments issued?</i>	When We determine that benefits are payable, We will pay the benefits due in accordance with the Claims to be Paid provision, [but not more than [30 days] after such Proof of Loss is received.]	1,2

**General Provisions**

<b>Claims to be Paid:</b> <i>To whom will benefits for my claim be paid?</i>	Life Insurance Benefits [and benefits for loss of life under the Accidental Death and Dismemberment Benefits] will be paid in accordance with the life insurance Beneficiary Designation.	1
	If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:	
	1) [the executors or administrators of Your estate; or	2
	2) all to Your surviving Spouse; or	
	3) if Your Spouse does not survive You, in equal shares to Your surviving Children; or	
	4) if no Child survives You, in equal shares to Your surviving parents.]	
	In addition, We may, at Our option, pay a portion of Your Life Insurance Benefit up to \$10,000 to any person equitably entitled to payment because of expenses from Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid.	
	[If any beneficiary is a minor, We may pay his or her share, until a legal guardian of the minor's estate is appointed, to a person who at Our option and in Our opinion is providing financial support and maintenance for the minor. We will pay:	3
	1) [\$200.00] at Your death; and	4
	2) monthly installments of not more than [\$200.00.]	5
	Payment to any person as shown above will release Us from all further liability for the amount paid.]	
	[We will pay the Life Insurance Benefit at Your Dependents' death to You, if living. Otherwise, it will be paid, at Our option, to Your surviving Spouse or the executor or administrator of Your estate.]	6
	[If benefits are payable and meet Our guidelines, then We may pay benefits into a draft book account (checking account) which will be owned by:	7
	1) You, if living; or	
	2) Your beneficiary, in the event of Your death.]	
	The account owner may elect a lump sum payment by writing a check for the full amount in the account. However, an account will not be established for:	
	1) a benefit payable to Your estate;	
	2) [an Accidental Death and Dismemberment Principal Sum that is less than \$10,000; or	8
	3) benefits due at Your Dependent's death.]	
	We will make any payments, other than for loss of life, to You. We may make any such payments owed at Your death to Your estate. If any payment is owed to:	
	1) [Your estate;	9
	2) a person who is a minor; or	
	3) a person who is not legally competent,	
	then We may pay up to [\$1,000] to a person who is related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid.]	10
<b>Beneficiary Designation:</b> <i>How do I designate or change my beneficiary?</i>	You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us [and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.]	1
	Beneficiary designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change [from the Employer].	2
	[In no event may a beneficiary be changed by a Power of Attorney.]	3

**General Provisions**

**[Optional] Modes of Settlement:**  
*Do I have any payment options?*

You may elect by written request that Your Life Insurance Benefit or part of it be paid in equal installments for a specified number of years as shown below. Your Beneficiary may also choose this option.

We will make the first payment when We receive Proof of Loss. No installment will be less than [\$20.00] under any option chosen. 1

The following table is illustrative only. 2

[Number of years during which payments will be made	Amount of each installment for each \$1,000.00 of the Amount of Life Insurance	
	Annual	Monthly
1.....	\$1,000.00.....	\$84.28
2.....	506.18.....	42.66
3.....	341.60.....	28.79
4.....	259.34.....	21.86
5.....	210.00.....	17.70
10.....	111.47.....	9.39
15.....	78.80.....	6.64
20.....	62.58.....	5.27]

In addition to each installment after the first, the payee will receive interest. The rate of interest per year will be:

- 1) at least Our corporate interest rate; and
- 2) any amount over Our corporate interest rate which We declare for that year on funds remaining with Us.

If any installments are left unpaid when the payee last entitled to receive them dies, We will:

- 1) calculate the sum of the remaining installments; then
- 2) commute the sum at Our corporate interest rate per year; then
- 3) pay the resulting amount to the executors or the administrators of the payee's estate. 3

[If You or Your Beneficiary request this option, We will make the periodic payments and no checking account will be established.]

If the payee is a corporation, partnership, association, assignee or trustee, this option will be available only with Our consent. 4

[Provision may be made for payment of Your Life Insurance Benefit under any reasonable arrangement mutually agreed upon.]

**Claim Denial:**  
*What notification will my Beneficiary or I receive if a claim is denied?*

If a claim for benefits is wholly or partly denied, You or Your beneficiary will be furnished with written notification of the decision. This written notification will:

- 1) give the specific reason(s) for the denial;
- 2) make specific reference to the provisions upon which the denial is based;
- 3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
- 4) provide an explanation of the review procedure.

## General Provisions

<b>Claim Appeal:</b> <i>What recourse do my Beneficiary or I have if a claim is denied?</i>	On any claim, the claimant or his or her representative may appeal to Us for a full and fair review. To do so, he or she: <ol style="list-style-type: none"><li>1) must request a review upon written application within:<ol style="list-style-type: none"><li>a) [180 days] of receipt of claim denial if the claim requires Us to make a determination of disability; or</li><li>b) [60 days] of receipt of claim denial if the claim does not require Us to make a determination of disability; and</li></ol></li><li>2) may request copies of all documents, records, and other information relevant to the claim; and</li><li>3) may submit written comments, documents, records and other information relating to the claim.</li></ol>	1 2
	We will respond in writing with Our final decision on the claim.	
<b>Policy Interpretation:</b> <i>Who interprets policy terms and conditions?</i>	We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of The Policy. [This provision applies where the interpretation of The Policy is governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA).]	1
<b>Incontestability:</b> <i>When can The Policy be contested?</i>	Except for non-payment of premiums, the Life Insurance Benefit of The Policy cannot be contested after two years from the Policy Effective Date. [This provision does not apply to the Accidental Death and Dismemberment, the Critical Illness or Activities of Daily Living benefits.]  In the absence of Fraud, no statement made by You relating to Your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during Your lifetime. In order to be used, the statement must be in writing and signed by You.  [No statement made relating to Your Dependents being insurable will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Dependent's lifetime. In order to be used, the statement must be in writing and signed by You or Your representative.]	1 2
<b>Assignment:</b> <i>Are there any rights of assignment?</i>	[[Except for the dismemberment benefits under the Accidental Death and Dismemberment Benefit,] You have the right to absolutely assign all of Your rights and interest under The Policy including, but not limited to the following: <ol style="list-style-type: none"><li>1) the right to make any contributions required to keep the insurance in force;</li><li>2) the right to convert; and</li><li>3) the right to name and change a beneficiary.</li></ol> We will recognize any absolute assignment made by You under The Policy, provided: <ol style="list-style-type: none"><li>1) it is duly executed; and</li><li>2) a copy is acknowledged and on file with Us.</li></ol> We and the Policyholder assume no responsibility: <ol style="list-style-type: none"><li>1) for the validity or effect of any assignment; or</li><li>2) to provide any assignee with notices which We may be obligated to provide to You.</li></ol> You do not have the right to collaterally assign Your rights and interest under The Policy.]  [You have no assignment rights under The Policy.]	1,2 3
<b>Legal Actions:</b> <i>When can legal action be taken?</i>	Legal action cannot be taken against Us: <ol style="list-style-type: none"><li>1) sooner than [60 days] after the date [written] Proof of Loss is furnished; or</li><li>2) [3] years after the date Proof of Loss is required to be furnished according to the terms of The Policy.</li></ol>	1,2 3

## General Provisions

<b>Workers' Compensation:</b> <i>How does The Policy affect Workers' Compensation coverage?</i>	The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.	
<b>Insurance Fraud:</b> <i>How does the Company deal with fraud?</i>	Insurance fraud occurs when You, [Your Dependents and/or Your Employer] provide Us with false information or file a claim for benefits that contains any false, incomplete or misleading information with the intent to injure, defraud or deceive Us. It is a crime if You, [Your Dependents and/or Your Employer] commit insurance fraud. We will use all means available to Us to detect, investigate, deter and prosecute those who commit insurance fraud. We will pursue all available legal remedies if You, [Your Dependents and/or Your Employer] perpetrate insurance fraud.	1 2 3
<b>Misstatements:</b> <i>What happens if facts are misstated?</i>	If material facts about You [or Your Dependents] were not stated accurately: 1) the premium may be adjusted; and 2) the true facts will be used to determine if, and for what amount, coverage should have been in force.	

**[Rider Language** This rider forms a part of [The Policy to which it is attached] and [all] certificates given in connection with 1, 2, 3  
The Policy.

This rider becomes effective [on the later to occur of: 4

- a) the effective date of the Policy or certificate to which this rider is attached; or
- b) the first day of the month on or next following the date e accept Your application and required premium.]

[In consideration of the required additional premium and submission of satisfactory evidence of insurability, the following 5  
benefit is added to The Policy and certificates:]

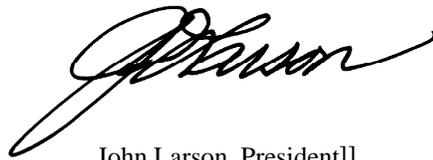
In all other respects, The Policy and certificates remain the same.

Signed for **National Guardian Life Insurance Company**

[



Sherri Kliczak, Secretary



John Larson, President]]

6

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**ARKANSAS Statement of Variable Language**

**Group Life Insurance**

**NHCRTGTL 4/08 et al**

Introduction: This statement of variable material (SOVL) shows the language we intend to substitute, delete or change. Variable language is identified by brackets ([ ]) in each module on

**Constant Variables**

1	Wherever the term "the Employer" appears, it may be changed to "Your employer" or some other term to accommodate non-Employer groups
2	Wherever the term "Employee" appears, it may be changed to "Member" or "Associate" or some other term, to reflect the case specifics
3	Wherever the term "Policyholder" appears, it may be changed to "Employer" or "Organization" or some other term to reflect the case specifics
4	Wherever a reference to "Your Dependent(s)" appears, it may be deleted if Dependent coverage is not offered; if that is the case, all other references will agree with no dependent coverage offered (eg. he or she deleted)
5	Wherever the word "Policy" appears, it may be replaced by "Plan" or some other term to accommodate the structure of the Policyholder
6	National Guardian Life Insurance Company may be National Guardian
7	module questions are variable and may be deleted or revised
8	Wherever the term "deceased person" or "injured person" or "terminally ill person" or "critically ill person" appears, it may be deleted if no dependent coverage provided. In that case, You or Your may be substituted or not, as appropriate
9	References to "Accidental Death and Dismemberment Benefit" may be entitled "Accidental Death Benefit" depending on the benefits under a specific Policy.
10	Wherever the words "Non-Contributory" or "Contributory" are used one or both may be deleted depending on the coverage under The Policy.
11	Specific percentages, maximum benefit amounts, etc. referenced in a Benefit, may actually be stated, i.e. 20%, \$10,000. May also be stated in the Schedule of Insurance. The last sentence in each benefit, "The specific amounts for this Benefit are shown in the Schedule of Insurance" may be deleted if not appropriate.

Page #	Module #	Variable #	Description of Variable	Use
NHCRTGTL 4/08	Face page	1	Fill-in information will vary by Policyholder; fill-in items may be deleted in whole or in part and may be located on Schedule of Insurance	Always included
		2	Included when administrator involved; fill-in information will vary dependent on the specific administrator	
		3	signatures will change if officers change	
		4	may be some other description of coverage, or may be deleted	
		5	may be in or out; 30 days may be 45, 60, 90 or 180	
		6	Table of Contents may be expanded and detailed and may appear on next page or a separate page	
NHCRTGTL-SCH1 4/08	Schedule of Insurance	1	language on page is illustrative	
NHCRTGTL-SCH2 4/08	Schedule of Insurance	1	language on page is illustrative	
NHCRTGTL-DEF 4/08	Definitions		Defintions may be deleted in their entirety if not applicable and/or placement in certificate may change; variability indicated within each module	
	Active Employee	1	description may be revised to meet the case specifics;	
		2	Employee may be Member or Associates or some other term to reflect the case specifics	
	Actively at Work	1	paragraph may be deleted; specific items may be deleted or amended to meet the case specifics.	
		2	actual number of hours may be stated here	

Page #	Module #	Variable #	Description of Variable	Use
		3	entire sentence may be deleted	
		4	may be either vacation day, paid time off day or personal day or a combination of; or may be deleted.	
		5	phrase may be in or out.	
	Actively at Work	1	may be part-time; may be deleted	
		2	number of hours will be adjusted to meet the case specifics	
		3	may be deleted or may describe employment circumstances	
	Airworthiness Certificate		No Variables	Included when AD/AD&D included
	Civil or Public Aircraft		No Variables	Included when AD/AD&D included
	Commissions	1	clause may be deleted or "monetary" may be deleted	
		2	may be "Your Employer"	
		3	clause and items 1 and 2 may be deleted	
		4	may be actual date, may be "immediately prior to date of loss" or some other event trigger	
		5	number will be 12 to 60 months or may be expressed in Calendar Years (1-5) or weeks (1-52)	
		6	may be specific period noted above	
	Common Carrier	1	sentence may be in or out	Included when AD/AD&D included
	Contributory Coverage	1	may be deleted or coverages may be described here	
	Dependent Child(ren)	1	may be deleted	
		2	may be deleted or revised to meet case specifics	
		3	may be deleted or revised to meet case specifics	
		4	either item 1 or 2 will be used; age 19 may be 19-26	
		5	item may be deleted	
		6	age 19 may be 19-26	
		7	age may be 21-30	
		8	may be deleted or 12 may be 10-25	
		9	may be deleted	
		10	age 19 may be 19-26	
		11	age 19 may be 19-26	
	Dependents	1	may be deleted	
		2	may be deleted	
		3	may be deleted	
		3	may be deleted.	
		4	may be deleted.	
		5	may be deleted.	
	Earnings	1	Note: the definitions of Earning are examples of what we intend to use as a determination of earnings. However, we reserve the right to amend, alter or revise this definition to reflect a Policyholder's actual practice and salary structure.	
	Earnings	1		
	Earnings	1		
	Employer	1	may be Participating Employer or some other description, or Employer will be named	

Page #	Module #		Variable #	Description of Variable	Use
		FAA		No Variables	Included when AD/AD&D included
		Guaranteed Issue Amount	1	may be deleted or actual amount may be stated	
		Hospital		No Variables	
		Injury	1	may be revised to meet the specifics of the case	
		Military Transport Aircraft		No Variables	Included when AD/AD&D included
		Motor Vehicle	1	items may be deleted or revised to reflect case specifics	Included when AD/AD&D included
			2	sentence may be in or out	
		Non-Contributory Coverage	1	may be deleted or coverages may be described here	
		Normal Retirement Age	1	chart may be revised in accordance with Social Security Administration changes or chart may be deleted and normal retirement age defined by Policyholder	
		On		No Variables	Included when AD/AD&D included
		Participating [Employer]	1	description may be revised to meet the case specifics and to describe the participating entity.	
		Physician	1	the following may be added: or who is the proprietor or an employee of a Nursing Home.	
		Prior Policy	1	actual policy and insurance carrier may be stated here; the following language may be added: "and will only include the coverage which is transferred to Us"; in any case, this will be an accurate description of the Prior Policy	
			2	name of Employer/Policyholder may be stated here	
			3	actual date may be shown here	
		Related	1	actual relationship may be stated	
		Retiree	1	may be defined by Policyholder, any item may be deleted or revised to meet case specifics; number will be set by Policyholder	
		Scheduled Aircraft		No Variables	Included when AD/AD&D included
		Spouse	1	age may be 60-90; list may be amended to reflect nature of the group; may be deleted	
			2	may be deleted	
			3	may be deleted	
			4	may be deleted	
			5	may be deleted	
			6	may be deleted	
			7	domestic partner language is optional and may be deleted	
			8	may be some other document	
			9	domestic partner language is optional and may be deleted	
			10	domestic partner language is optional and may be deleted	
			11	may be deleted	
			12	may be deleted	
			13	domestic partner language is optional and may be deleted	
			14	may be deleted	
		The Policy	1	Policyholder may be named	

Page #	Module #		Variable #	Description of Variable	Use
			2	Policy number may be shown	
			3	reference may be deleted	
		Tips and Tokens	1	clause may be deleted or "monetary" may be deleted	
			2	may be "Your Employer"	
			3	clause and items 1 and 2 may be deleted	
			4	may be actual date, may be "immediately prior to date of loss" or some other event trigger	
			5	number will be 12 to 60 months or may be expressed in Calendar Years (1-5) or weeks (1-52)	
			6	may be specific period noted above	
		Trust	1	trust may be named or described here	
		We, Us or Our	1	National Guardian Life Insurance Company or National Guardian	
		You or Your		no variables	
NHCRTGTL-E&E 4/08		Eligibility and Enrollment			
		Eligible Persons		no variables	Optional module if language is not in Policy of Incorporation
		Eligibility for Coverage	1	items may be deleted or revised to reflect case specifics	Optional module if language is not in Policy of Incorporation
			2	may be deleted or amended to reflect case specifics	
		Eligibility for Dependent Coverage	1	either item may be deleted or "the date" may be "first day of the month on or next following" or some other date description	Optional module if language is not in Policy of Incorporation
			2	may be "eligible"	
			3	may be deleted	
			4	may be deleted.	
			5	may be deleted.	
		Enrollment	1	Entire paragraph may be deleted	Optional module if language is not in Policy of Incorporation
			2	may be deleted or some other plan description used	
			3	may be deleted or reference to basic may change to meet case specifics	
			4	may be deleted or may be: may be required to complete an enrollment form or beneficiary designation form	
			5	may be deleted or some other plan description used	
			6	may be deleted or either item may be deleted	
			7	may be deleted	
			8	may be deleted	
			9	entire section may be deleted or revised to meet case specifics	
			10	may be deleted	
			11	31 may be 31-90 days	
			12	may be deleted	
			13	either item, or both, may be deleted	

Page #	Module #		Variable #	Description of Variable	Use
			14	Annual Enrollment period may be referred to by another title	
			15	31 may be 31-90 days	
		Evidence of Insurability Requirements	1	Note: the Evidence of Insurability requirements outlined in the document, for both the Employee and Dependents, are illustrative and show the basic items of the provisions. However, we reserve the right to amend, alter or revise these requirements to reflect the Policyholder's plan structure. In addition, the modules for Evidence requirements may be stated in chart form	Optional module if language is not in Policy of Incorporation
		Dependent Evidence of Insurability Requirements	1		Optional module if language is not in Policy of Incorporation
		Evidence of Insurability	1	list may be expanded	Optional module if language is not in Policy of Incorporation
			2	may be "our" expense	
			3	reference to initial or increase may be deleted or other plan description used	
			4	may be changed to reflect some other method of notification	
		Change in Family Status	1	list may be expanded or events may be deleted	Optional module if language is not in Policy of Incorporation
NHCRTGTL-PoC 4/08		Period of Coverage			
		Effective Date	1	may be deleted or reference to non-contributory revised to meet case specifics	Optional module
			2	"the date" may be "1st day of the month on or next following" or may be "the January 1st (or some other month) next following..." or some other description to meet case specifics	
			3	may be deleted or reference to contributory revised to meet case specifics	
			4	any of the items may be deleted or Annual Enrollment Period reference revised or references to "the date" or "the X day of the month on or next following" may be reversed or coordinated or may be "the January 1st (or some other month) next following..." or timing may be revised to meet case specifics	
			5	may be deleted	
			6	may be deleted or either item may be deleted; the date may be "1st day of the month on or next following the date" or some other description of timing to meet case specifics	
			7	may be deleted	
		Deferred Effective Date	1	Entire paragraph may be deleted	Optional module
			2	may be Employee or some other description of persons insured	
			3	may be deleted	
			4	actual date may be stated or time period may be described	
			5	Entire paragraph may be deleted	
			6	actual date may be stated or time period may be described; 15 may be 15-60	
			7	may be defined with specific locations mentioned or definition may be revised	

Page #	Module #		Variable #	Description of Variable	Use
		Continuity from a Prior Policy	1	section may be deleted	Optional module
			2	actual date may be shown	
			3	may be deleted or revised to reflect continuations from prior policy	
			4	actual date may be shown	
			5	may be deleted or reference to accidental death and dismemberment deleted	
			6	dollar amount may be shown	
			7	may be deleted or either item may be deleted or modified	
			8	may be "is not subject to any reductions in The Policy and will increase."	
			9	any item may be deleted or the date may be the last day of the month on or next following the date or some other time description or modified	
			10	12 may be 12-36	
		Continuity from a Prior Plan for Disability Extension	1	section may be deleted.	Optional module
			2	actual date may be shown.	
			3	65 may be 65 - 85 or normal retirement age.	
			4	may be deleted.	
			5	dollar amount may be shown.	
			6	may be deleted or either item may be deleted or modified.	
			7	may be "is not subject to any reductions in The Policy and will increase."	
			8	any item may be deleted.	
			9	"the date" may be the last day of the month on or next following the date or some other time description or modified.	
			10	date may be last day of the month on or next following the date or some other time description or modified.	
			11	65 may be 65 - 85 or normal retirement age.	
		Dependent Effective Date	1	may be deleted or reference to non-contributory revised to meet case specifics	Optional module
			2	may be deleted	
			3	may be deleted or "the date" may be "1st day of the month on or next following" or some other timing description may be used	
			4	section may be deleted or reference to contributory revised to meet case specifics	
			5	may be deleted	
			6	may be deleted; Annual Enrollment Period reference revised to meet case specifics; any item may be deleted; "the date" may be "the first day of the month on or next following" or some other time description; or 31 may be 31-90	

Page #	Module #		Variable #	Description of Variable	Use
			7	may be deleted	
			8	may be deleted or either item may be deleted; "the date" may be "the first day of the month on or next following" or some other time description;	
			9	may be deleted	
			10	"insured" may be "eligible" or may be tied to Employee insured or eligible for specific plan or portion of plan or benefit	
		Dependent Deferred Effective Date	1	may be deleted	Optional module
			2	either may be deleted	
			3	any item may be deleted; or 15 may be 15-90	
			4	may be deleted	
			5	may be defined with specific locations mentioned or definition may be expanded	
		Dependent Continuity from a Prior Policy	1	may be deleted	Optional module
			2	actual date may be shown	
			3	dollar amount may be shown; either item may be deleted	
			4	may be deleted	
		Effective Date of Retiree Coverage	1	may be deleted or reference to non-contributory may be revised to meet case specifics	Optional module
			2	"the date" may be "1st day of the month on or next following" or may be "the January 1st (or some other month) next following" or some other description to meet case specifics.	
			3	reference to contributory may be revised to meet case specifics; "the date" may be "1st day of the month on or next following" or may be "the January 1st (or some other month) next following" or some other description to meet case specifics.	
		Change in Coverage	1	may be deleted or reference to initial coverage may be revised to meet case specifics	Optional module
			2	may be deleted	
			3	either item may be deleted or replaced by "at any time"	
			4	31 may be 31-90 days	
		Effective Date for Changes in Coverage	1	the date may be "the first day of the month on or next following the date the change is requested" or some other time description	Optional module
			2	references to Deferred Effective Date or Evidence of Insurability may be deleted or "the date" may be "the first day of the month on or next following the date the change is requested" or some other time description; another item may be added: the January 1st (or some other month) next following the last day of the Annual Enrollment Period, except for an increase as a result of a Change in Family Status.	

Page #	Module #		Variable #	Description of Variable	Use
		Increase in Amount of Insurance	1	either item may be deleted	Optional module
			2	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted	
			3	may be: "for an increase of more than one level"	
			4	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted	
			5	may be deleted	
			6	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted	
			7	may be deleted	
			8	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted	
			9	Combined may be deleted or another term substituted for "Guaranteed Issue" or actual amount may be used	
			10	may be deleted	
			11	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted	
			12	may be deleted	
			13	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted	
		Increase in Amount of Insurance:	1	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted	Optional module
			2	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted	
			3	Combined may be deleted or another term substituted for "Guaranteed Issue" or actual amount may be used	
			4	section may be deleted	
			5	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted	
			6	actual dollar amount may be shown or Combined deleted or another term substituted for "Guaranteed Issue"	
			7	may be deleted or \$25,000 may be \$25,000 to \$125,000	
			8	12 may be 12-36	
			9	both or either item may be deleted	
			10	actual dollar amount may be shown	
		Termination	1	any item in list may be deleted or revised to meet case specifics; "the date" may be revised to be "the first day of the month on or next following the date" or some other time description	Optional module
			2	70 may be 70-95	
			3	may be deleted or specific continuation provisions listed	
		Reinstatement	1	other reasons for coverage termination may be specified.	Optional module

Page #	Module #		Variable #	Description of Variable	Use
			2	statement will coordinate with items in 1 above.	
			3	12 may be 12 - 36.	
			4	may be deleted.	
			5	31 may be 31 - 90 days.	
			6	statement will coordinate with items in 1 above.	
			7	items will coordinate with plan structure.	
		<b>Dependents Termination</b>	1	any item in list may be deleted or revised to meet case specifics; "the date" may be revised to be "the first day of the month on or next following the date" or some other time description	Optional module
			2	70 may be 60-95	
			3	may be deleted or specific continuation provisions listed	
		<b>Retiree Coverage Termination</b>	1	any item in list may be deleted or revised to meet case specifics; "the date" may be revised to be "the first day of the month on or net following the date" or some other time description.	Optional module
			2	may be deleted.	
			3	70 may be 70 - 95.	
		<b>Continuation Provisions</b>		NOTE: the specific types of continuation listed in this provision may be added to or deleted based on the Employer's plan of continuation specific to his or her particular business needs and requirements	Optional module
			1	may be deleted	
			2	may be deleted	
			3	may be deleted or 70 may be 60-95	
			4	may be deleted	
			5	may be deleted	
			6	medical may be deleted or replaced by non-medical or some other type of leave	
			7	may be deleted	
			8	may be deleted	
			9	may be deleted	
			10	provision may be deleted	
			11	may be 12-52 or some other duration	
			12	may be deleted	
			13	provision may be deleted	
			14	may be 12-52 or some other duration	
			15	may be deleted	
			16	provision may be deleted	
			17	may be delteed; may be "permanently" or some other duration	
			18	may be "for [30] days after the date" where 30 may be 30-365 or may be expressed in months or some other duration	
			19	may be deleted	

Page #	Module #	Variable #	Description of Variable	Use
		20	provision may be deleted	
		21	may be third to twenty-fourth month or some other duration	
		22	provision may be deleted	
		23	may be another insurer (referenced or named)	
		24	may be the Policyholder	
		25	may be 12-36 months or some other duration	
		26	provision may be deleted	
		27	either item may be deleted; twelve may be twelve to thirty-six	
		28	provision may be deleted	
		29	12 may be 12-36 or some other duration	
		30	may be deleted	
		31	provision may be deleted	
		32	may be "for [30] days after the date" where 30 may be 30-365 or may be expressed in months or some other duration	
		33	may be deleted	
		34	provision may be deleted	
		35	may be unpaid; medical or non-medical	
		36	may be "for [30] days after the date" where 30 may be 30-365 or may be expressed in months or some other duration	
		37	may be deleted	
		38	provision may be deleted	
		39	any item may be deleted	
		40	12 may be 12-36 or some other duration	
		41	entire section may be deleted	
		42	any item may be deleted	
			<b>Dependent Continuation</b>	
		1	may be "eligible"	Optional module
		2	may be "all coverage"	
		3	any items may be deleted; "the date" may be "the first/last day of the month on or next following the date" or some other time description; ages will correspond with definition of child(ren); 5 years may be 1-15 years	
		4	may be deleted	
			<b>Continuation for Dependent Child(ren) with Disabilities</b>	
		1	ages will correspond with definition of child(ren)	Optional module
		2	31 may be 31-90 days	
		3	ages will correspond with definition of child(ren) or may be deleted	
		4	may be "eligible"	
		5	may be deleted	
		6	may be deleted	
		7	may be 2-5 years	
		8	may be "once every 2-5 years"	

Page #	Module #		Variable #	Description of Variable	Use
		Waiver of Premium	1	other benefits may be listed	Optional module
			2	may be "became Disabled"	
			3	either item may be deleted; may be changed to: 1) will increase; and 2) will not be subject to any age reductions provided by any part of The Policy	
		Waiver of Premium and Disability Extension			Optional module
			1	age 60 may be 60-85	
			2	age 60-65 may be 65-85 or any age combination in between	
			3	may be "became Disabled"	
			4	either item may be deleted; may be changed to: 1) will increase; and 2) will not be subject to any age reductions provided by any part of The Policy	
		Disability Extension	1	may be deleted or age 65 may be 65-85 or may be Normal retirement age	Optional module
			2	may be "became Disabled"	
			3	either item may be deleted; may be changed to: 1) will increase; and 2) will not be subject to any age reductions provided by any part of The Policy	
		Extended Benefit Provision	1	may be Normal Retirement Age; age 70 may be 70-90; or item b may be deleted or specific time limit described	Optional module
			2	may be "became Disabled"	
			3	either item may be deleted; may be changed to: 1) will increase; and 2) will not be subject to any age reductions provided by any part of The Policy	
			4	items 1 or 2 may be deleted; 1 year may be 1-5 years	
		Eligible Coverages	1	items in list may be added or deleted to reflect case specifics	Optional module
			2	items in list may be added or deleted to reflect case specifics	
			3	may be deleted or reference to either provision may be deleted	
		Disabled	1	entire definition may be deleted or revised to meet case specifics	Optional module
			2	may be deleted	
			3	6 months may be 3-48	
		Conditions for Qualification	1	entire section may be deleted	Optional module

Page #	Module #		Variable #	Description of Variable	Use
			2	age 60 may be 60-90 or Normal retirement age or Policy Age Limit or may be deleted	
			3	9 months may be 9-18 months	
			4	may be "after the date You first became Disabled"	
			5	one year may be 1-5 years	
			6	may be deleted or specific date may be stated or may be replaced by "the date You became Disabled"	
			7	entire section may be deleted or any item may be deleted or age 65 may be 65-90 or Normal retirement age or Policy Age Limit or may be deleted	
			8	may be deleted	
			9	either Waiver of Premium or Disability Extension may be deleted	
		<b>When Premiums are Waived</b>	1	may be deleted	Optional module
			2	9 months may be 3-18 months	
			3	either item may be deleted; "2 years" may be 2-5 years; "once every year" may be once every 2-5 years	
			4	may be deleted	
			5	may be changed to "premiums will no longer be waived and You must resume contributions/payment of permium in order to continue coverage." or	
			6	may be deleted	
			7	either item may be deleted or replaced by "You will be required to resume/continue contributions/premium payments in order to continue coverage."	
			8	may be deleted; references to 5 days may be 5-30; refernces to 9 months may be 3-18 months	
		<b>Benefit Payable before Approval of Waiver of Premium</b>	1	one year may be 1-5 years	Optional module
			2	may be: "the date You became Disabled"	
			3	9 months may be 3-18 months	
			4	may be deleted	
		<b>Waiver Ceases</b>	1	may be deleted	Optional module
			2	may be deleted or either item may be deleted	
			3	age 65 may be 65-85	
			4	age 60 may be 60-85	
			5	item may be deleted; 5 years may be 5-15 years; age 60 may be 60-80 or phrase may be deleted and date may be some other time description	
			6	any item may be deleted	
			7	may be deleted	
			8	may be deleted	

Page #	Module #		Variable #	Description of Variable	Use
			9	age 65 may be 65-95 or may be Policy Age Limit or Normal Retirement Age	
			10	may be deleted	
			11	may be deleted	
			12	may be deleted	
		Disability Extension Ceases	1	any item in list may be deleted or revised to meet case specifics; "the date" may be revised to be "the first day of the month on or next following the date" or some other time description	Optional module
			2	age may be 65-85 or may be Normal retirement age	
			3	section may be deleted or specific items deleted; "the date" may be revised to be "the first day of the month on or next following the date" or some other time description	
			4	may be deleted	
			5	may be age 60-75	
			6	may be replaced by: "if You are eligible for coverage under The Policy, You may continue coverage under The Policy by paying the premiums"	
			7	may be deleted	
			8	may be replaced by "if You are not eligible for coverage under The Policy, and coverage would be terminated, You [or Your Dependents] may exercise the Conversion Right"	
			9	may be deleted	
		Effect of Policy Termination	1	may be deleted or references to Employer may be "Association" other entity	Optional module
			2	may be deleted or references to Employer may be "Association" other entity	
			3	either item may be deleted	
NHCRTGTL-BEN 4/08		Benefits			
		Life Insurance Benefit		no variables	Benefits - one of two Life Insurance benefit modules will be used, all other benefit modules are optional
		Suicide	1	may be deleted	
			2	may be Basic Life; Supplemental Life; Basic and Supplemental Life or some description of plan	
			3	may be deleted or may refer to Basic Life; Supplemental Life; Basic and Supplemental Life or some description of plan	
			4	may be "became effective"	
			5	2 years may be 1-5 years	
			6	may be deleted	
			7	may be deleted	
			8	2 years may be 1-5 years	

Page #	Module #		Variable #	Description of Variable	Use			
NHCRTGTL-BEN-AB (AR) 4/08		Accelerated Benefit	1	may be deleted or reference to Terminally Ill person may be Your				
			2	\$10,000 may be \$5,000 - \$250,000				
			3	60 may be age 60-85 or Normal Retirement Age or The Policy Age Limit				
			4	may be deleted				
			5	may be deleted				
			6	may be \$3,000-\$25,000; may be \$100,000 - \$1,000,000				
			7	may be 30% - 100%				
			8	if no Dependent coverage, will be changed to Your				
			9	example is illustrative				
			10	may be deleted				
			11	may be deleted				
			12	may be deleted				
			13	may be Basic, Supplemental or Basic and Supplemental				
			14	6 months may be 3-48 months				
		Proof of Terminal Illness and Examinations		no variables				
		No Longer Terminally Ill	1	may be deleted or may be "become eligible under The Policy"				
			2	may be deleted or may be "become eligible under The Policy"; either item may be deleted				
NHCRTGTL-BEN-Conv (AR) 4/08		Conversion Right	1	may be deleted				
			2	may be deleted; other reasons may be included				
			3	may be deleted or amended to reflect case specifics				
			4	may be deleted				
			5	may be deleted				
			6	5 years may be 3-10 years				
			7	31 may be 31-90 days				
			8	may be deleted				
					Conversion	1	may be "The Insurer"	
						2	31 may be 31-90 days	
						3	item 2 may be deleted; last sentence may be deleted; 91 may be 91-181	
						4	15 may be 15-90	
						5	some other process may be described	
						6	32nd day may be 32nd-91st	
		Policy Provisions	1	some additional benefits may be provided				
			2	may be deleted				
			3	1 may be 1-5 years				
			4	may be deleted or individual items may be deleted				

Page #	Module #		Variable #	Description of Variable	Use
		Death within the Conversion Period	1	31 may be 31-90 days	
			2	may be deleted	
		Effect of Waiver of Premium on Conversion	1	may be deleted	
NHCRTGTL-BEN-Port 4/08		Portability Benefits	1	may be Supplemental or Basic and Supplemental	
			2	may be deleted	
		Qualifying Events	1	may be age 60-85	
			2	may be age 60-85	
			3	Section may be deleted or items may be deleted; Normal Retirement Age may be age 60-85	
			4	May be deleted	
		Electing Portability	1	may be deleted	
			2	may be deleted	
			3	may be deleted	
			4	may be "Your Employer"	
			5	may be deleted	
			6	31 may be 31-90 days	
			7	item 2 may be deleted; last sentence may be deleted or 91 may be 91-181	
			8	15 may be 15-90	
			9	may be some other entity or insurer with whom we have contracted to provide portability	
			10	may be deleted	
		Limitations	1	may be 10%-100%	
			2	may be \$500	
			3	may be \$500	
			4	may be \$250,000-\$1 million; may be deleted or \$50,000 may be \$50,000-\$250,000; \$10,000 may be \$10,000-\$100,000	
			5	may be 10-95%	
			6	may be \$5,000-\$100,000	
			7	may be deleted	
		Effect of Portability on other provisions	1	may be both or either or; may also include future tense	
			2	items may be deleted	
			3	either item may be deleted	
			4	may be deleted	
NHCRTGTL-BEN-ADB 4/08		Accidental Death Benefit:	1	may be 90, 120, 180 or 365 days.	Optional Module

Page #	Module #		Variable #	Description of Variable	Use
NHCRTGTL-BEN-ADBCC 4/08		Accidental Death Benefit with Double Indemnity while On a Common Carrier	1	may be 90, 120, 180 or 365 days.	Optional Module
			2	sentence may be in or out	
NHCRTGTL-BEN-AD&D 4/08		Accidental Death and Dismemberment:	1	may be 90, 120, 180 or 365 days.	Optional Module
			2	Loss Table will be inserted	
			3	Definition of Loss that corresponds to the Losses in the Loss Table will be	
		Loss Table Module	1	All or some of the listed Losses will be included. Other Losses may be added if applicable to the specific case.	Optional Module
		Definition of Loss Module	1	Definition of Loss will define the items listed in the Loss Table.	Optional Module
NHCRTGTL-BEN-CC 4/08		Double Indemnity while On A Common Carrier	1	may be in or out.	Optional Module
			2	sentence may be in or out or may state a specific amount or reference the location of the Benefit Amount.	
NHCRTGTL-BEN-Exp 4/08		Exposure and Disappearance	1	references to "Your Dependents" may be in or out. Provision will be deleted if not applicable to the specifics of the case.	Optional Module
NHCRTGTL-BEN-Seatbelt 4/08		Seat Belt [and Air Bag] Benefit	1	may be in or out	Optional Module
			2	in or out	
			3	items may be in or out or described specifically for a case	
			4	items may be in or out or described specifically for a case	
			5	in or out	
			6	in or out	
			7	in or out	
			8	Exclusions and definition of Intoxication may be in or out	
NHCRTGTL-BEN-Rep 4/08		Repatriation Benefit	1	all or some of the items may be included, modified or deleted depending on the specifics of the case.	Optional Module
NHCRTGTL-BEN-Asslt 4/08		Felonious Assault Benefit	1	all or some of the items may be included, modified or deleted depending on the specifics of the case.	Optional Module
			2	may be modified to suit the specifics of the case.	
			3	may be modified to suit the specifics of the case.	
			4	may be modified to suit the specifics of the case.	
			5	may be modified to suit the specifics of the case.	
NHCRTGTL-BEN-ChildEd 4/08		Child Education Benefit	1	may be child not Dependent Child	Optional Module
			2	all or some of items may be included	
			3	in or out	
			4	all or some of items may be included	
			5	may be more or less than 4	

Page #	Module #		Variable #	Description of Variable	Use
			6	in or out	
			7	in or out	
			8	in or out	
			9	more or less than 12 or another description	
			10	more or less than 12 or another description	
			11	more or less than 365 days	
			12	in or out	
			13	in or out	
			14	in or out	
			15	in or out	
			16	may be more or less than 21	
NHCRTGTL-BEN-DayCare 4/08		Day Care Benefit	1	in or out	Optional Module
			2	may be older than 7 years	
			3	in or out	
			4	may be more than 2 years	
			5	may be more than 365 days	
			6	may be more than 12 months	
			7	1 or 2 may be in or out or revised	
			8	paragraph may be in or out	
			9	1 or 2 may be in or out or revised	
			10	paragraph may be in or out	
			11	definition may be in or out	
			12	in or out	
			13	may be older than 7 years	
NHCRTGTL-BEN-Rehab 4/08		Rehabilitation Benefit	1	may be more than 1 year	Optional Module
			2	all or some items may be included or revised to need the specifics of the case	
NHCRTGTL-BEN-SpseEd 4/08		Spouse Education Benefit	1	may be in or out	Optional Module
			2	all or some items may be included or revised to need the specifics of the case	
			3	in or out	
			4	may be more than 1 years	
			5	may be more than 2 years	
NHCRTGTL-BEN-H&Veh 4/08		Adaptive Home and Vehicle Benefit	1	all or some items may be included or revised to need the specifics of the case	Optional Module
NHCRTGTL-BEN-Coma 4/08		Coma Benefit	1	may be more than 31 days	Optional Module
			2	may be another percentage	

Page #	Module #		Variable #	Description of Variable	Use
NHCRTGTL-BEN-Burn 4/08		Critical Burn Benefit	1	all or some items may be included or revised to need the specifics of the case	Optional Module
NHCRTGTL-BEN-Thrpy 4/08		Therapeutic Counseling Benefit	1	May be more than 90 days	Optional Module
			2	may be more than one year	
			3	all or some items may be included or revised to need the specifics of the case	
NHCRTGTL-BEN-ExtDpndt 4/08		Extended Dependents Coverage	1	may be another descriptive term	Optional Module
			2	may be in or out	
NHCRTGTL-BEN-ComDis 4/08		Common Disaster Benefit	1	in or out	Optional Module
			2	in or out	
NHCRTGTL-BEN-SurvInc 4/08		Survivor Income Benefit	1	items may be in or out	Optional Module
NHCRTGTL-BEN-OccAD 4/08		HIV Occupational Accident Benefit	1	May be other than 48 hours	Optional Module
			2	May be other than 48 hours	
			3	May be other than 26 weeks	
NHCRTGTL-BEN-ChildDismb 4/08		Dependent Child Dismemberment Benefit	1	may be more than double	Optional Module
			2	may be more than 2	
NHCRTGTL-BEN-FunExp 4/08		Funeral Expense Benefit	1	items number 1 through 3 may be deleted or revised to meet the specifics of the case	Optional Module
NHCRTGTL-BEN-Port 4/08		Loss of Use Benefit	1	May be more than 90 days	Optional Module
			2	all or some of the losses of use may be listed	
			3	will agree with type of loss	
			4	will be modified if necessary or describe the loss of use	
			5	may be more or less than 12 months	
NHCRTGTL-BEN-TrmBrain 4/08		Traumatic Brain Injury Benefit	1	may more or less than 90 days	Optional Module
			2	may be another period of time	
			3	may be more or less than 12 months	
			4	may be more or less than 12 months	
NHCRTGTL-BEN-BrvCncl 4/08		Bereavement Counseling Benefit	1	may be less than one year	Optional Module
			2	may be \$50 or more	
			3	may be more than 90 days	
			4	may be revised to suit specifics of the case	

Page #	Module #		Variable #	Description of Variable	Use
NHCRTGTL-BEN-OccDeath 4/08		Occupational Death Benefit	1	may be 90, 120, 180 or 365 days.	Optional module
			2	may be deleted.	
			3	may be deleted.	
			4	may be deleted.	
			5	may be 90, 120, 180 or 365 days.	
			6	may be deleted.	
			7	may be 1 - 31 days.	
			8	may be 90, 120, 180 or 365 days.	
			9	may be 90, 120, 180 or 365 days.	
			10	may be deleted.	
			11	may be revised to meet the specifics of the case.	
			12	may be deleted.	
			13	may be deleted.	
			14	may be deleted.	
			15	may be deleted.	
NHCRTGTL-BEN-Accel 4/08		Accelerated Benefit	1	\$10,000 may be \$5,000 - \$250,000	Optional Module
			2	60 may be age 65-85 or Normal Retirement Age or The Policy Age Limit	
			3	may be \$3,000-\$25,000; may be \$100,000 - \$500,000	
			4	may be 30% - 100%	
			5	if no Dependent coverage, will be changed to Your	
			6	example is illustrative	
			7	may be deleted	
			8	may be deleted	
			9	6 months may be 6-24 months	
		Proof of Terminal Illness and Examinations		no variables	Optional Module
		No Longer Terminally Ill	1	may be deleted or may be "become eligible under The Policy"	
			2	may be deleted or may be "become eligible under The Policy"; either item may be deleted	Optional Module
NHCRTGTL-EXCL 4/08		Exclusions	1	Any of the listed exclusions may be included or deleted depending on the specific coverage.	Optional Module
			2	may be "part-time"	
			3	in or out	
			4	paragraph in or out	
			5	may be more or less than 2 months	
			6	definition may be in or out	
			7	in or out	
		Cafeteria Plan Election Restriction		no variables	

Page #	Module #		Variable #	Description of Variable	Use
NHCRTGTL-Prov (AR) 4/08		General Provisions			
		Notice of Claim	1	may be deleted	Always included
			2	"written" may be deleted or may be "written, electronic or telephonic" or any variation thereof	
			3	may be 15-90	
			4	may be deleted	
			5	may be deleted or another description of benefit may be used	
			6	30 may be 30-90	
		Claim Forms	1	may be 15-45	Always included
			2	may be deleted	
			3	may be 15-45	
			4	"written" may be deleted or may be "written, electronic or telephonic" or any variation thereof	
		Proof of Loss	1	items in list may be deleted or added to	Always included
		Sending Proof of Loss	1	"written" may be deleted or may be "written, electronic or telephonic" or any variation thereof	Always included
			2	may be deleted	
			3	may be deleted	
			4	may be 365-1825 or expressed in months or years	
			5	may be deleted	
			6	may be 90-180	
			7	may be 90-365	
			8	may be 1-2 years	
		Physical Examination and Autopsy		no variables	Always included
		Claim Payment	1	may be deleted	Always included
			2	may be 30-90	
		Claims to be Paid	1	may be deleted	Always included
			2	item in list may be added to, deleted or rearranged	
			3	may be deleted	
			4	may be \$200-\$2,500	
			5	may be \$200-\$2,500	
			6	may be deleted	
			7	may be deleted	
			8	may be deleted or \$10,000 may be \$10,000-100,000; and/or the following added: In addition, if You or Your beneficiary reject this option, We will make the full payments and no account will be established.	

Page #	Module #		Variable #	Description of Variable	Use
			9	items in list may be reordered; if Ability Plus benefit included, the following language will be added: Periodic benefit payments will be made on a monthly basis after We recief the Proof of Loss and will continue while the loss and Our liability continue. Monthly will reflect case specifics	
			10	may be \$1,000 to \$7,000	
		Beneficiary Designation	1	may be deleted; may be some other entity	Always included
			2	may be deleted; may be some other entity	
			3	may be deleted	
		Optional Modes of Settlement	1	may be \$20-\$100	Optional module
			2	table is illustrative	
			3	may be deleted	
			4	may be deleted	
		Claim Denial		no variables	Always included
		Claim Appeal	1	may be 180-365	Always included
			2	may be 60-180	
		Policy Interpretation	1	may be deleted	Optional module
		Incontestability	1	may be deleted	Always included
			2	may be deleted	
		Assignment	1	may be deleted	Optional module
			2	may be deleted	
			3	may be deleted	
		Legal Actions	1	may be 60-180	Always included
			2	may be deleted	
			3	maybe 3-6 years	
		Workers' Compensation		no variables	Always included
		Fraud	1	may be "Your Third Party Administrator" / "Policyholder" / "Association" / "Organization" or the like	Always included
			2	may be "Your Third Party Administrator" / "Policyholder" / "Association" / "Organization" or the like	
			3	may be "Your Third Party Administrator" / "Policyholder" / "Association" / "Organization" or the like	
		Misstatements		no variables	Always included
NHCRTGTL-RID 4/08		Rider Language	1	rider language may be attached to any benefit or provision herein in order to provide additional or optional benefits or provisions after the certificate is issued; may also be used to amend variable language in certificate after issue.	Optional Module
			2	Policyholder name and Policy number may be stated	
			3	may be "certain" certificates	

Page #	Module #		Variable #	Description of Variable	Use
			4	actual effective date may be stated here or some other determinate of rider effective date, including but not limited to "effective from X to X"	
			5	may be deleted	
			6	signatures will change if officers change	














































**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND DISABILITY INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

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**DISCLAIMER**

The Arkansas Life and Disability Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for the Policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for Your policy or contract or any portion of it that is not guaranteed by the insurer or for which You have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide You with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce You to purchase any kind of insurance policy.

The Arkansas Life and Disability Insurance  
Guaranty Association  
c/o The Liquidation Division  
1200 West Third Street (Third & Cross)  
Little Rock, Arkansas 72201-1904

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

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The state law that provides for this safety-net is called the Arkansas Life and Disability Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

**COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons holding such policies are NOT protected by the Guaranty Association if:

- They are 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);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a non-profit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Guaranty Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.