

SERFF Tracking Number: INCS-125638176 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 38960
Company Tracking Number: UHCLD-POL 2/2008
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: UHC Life DIP 08
Project Name/Number: /UNCLD-POL 2/2008

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: UHC Life DIP 08

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: INCS-125638176

SERFF Status: Closed

Co Tr Num: UHCLD-POL 2/2008

Co Status:

Author: Renee Weaver

Date Submitted: 05/08/2008

State: ArkansasLH

State Tr Num: 38960

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/22/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number: UNCLD-POL 2/2008

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/22/2008

State Status Changed: 05/22/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Pending as of
March 12, 2008

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Other

Deemer Date:

ARKANSAS DEPARTMENT OF INSURANCE

Submission for: United HealthCare Insurance Company

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FEIN No. 36-2739571

NAIC No. 79413

RE: Group Term Life Insurance Form UHCLD-POL 2/2008 et al

(See Form Description List attached)

Submitted for Approval on a General Use Basis

Dear Sir or Madam:

Purpose: On behalf of United HealthCare Insurance Company, we are submitting the enclosed forms for your approval on a general use basis. The submitted forms are new and do not replace any forms previously filed with your Department.

Form Contents and Related Filings: The forms provide Group Term Life Insurance and Accidental Death and Dismemberment insurance to employees and members of eligible groups. The Group Policy is made up of a policy shell, which contains provisions pertaining only to the group policyholder, and the Certificate, which contains provisions and benefits applicable to covered persons.

Short and Long Term Disability Income insurance may also be provided under these policy forms. These provisions are being simultaneously submitted separately under SERFF filing No. INCS-125638190. Each of the products available under these forms may be sold in combination or as stand-alone coverage.

The group applications and employee enrollment/applications to be used with these forms are LASD-APP (05/03), EOI-UHIC-S (7/04) and EOI-UHIC-L (7/04), approved on August 10, 2004 for use with our LASD-POL (05/03) form series.

Home State Approval: The forms are pending with our home state of Connecticut. They were filed for approval on March 12, 2008.

Marketing: The forms will be marketed primarily to Employer groups. However, we would also like approval to issue to labor unions and other groups listed as eligible under state law.

Variability of Forms: The forms in this submission are the basic versions to be used for the coverage variations

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requested by each policyholder. Material in hard brackets [] is intended to be variable so that it may be added to, deleted, or changed to meet the specifications of a particular policyholder. Material in soft brackets { } will be as shown or omitted in entirety.

Submitted Materials: The form numbers, as shown in the attached list, identify each form cited in this submission by its respective number and title/description. The pages may run in continuous text when printed.

In accordance with the requirements of your state, we include the following documents with this submission:

Fee Transmittal Form
Filing Fee
Readability Certification
Authorization Letter

Thank you for your assistance with this submission. Please feel free to call me if you have any questions or concerns.

Sincerely,

Renee Weaver
Compliance Consultant

Company and Contact

Filing Contact Information

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

Renee Weaver, Consultant rweaver@innovative-compliance.com
PO Box 773 (763) 323-8643 [Phone]
Anoka, MN 55303 (763) 712-8001[FAX]

Filing Company Information

United HealthCare Insurance Company CoCode: 7 State of Domicile: Connecticut
450 Columbus Blvd Group Code: Company Type:
Hartford , CT 06115 Group Name: State ID Number:
(800) 357-1371 ext. [Phone] FEIN Number: 36-2739571

SERFF Tracking Number: INCS-125638176 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$0.00	05/08/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/22/2008	05/22/2008

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Disposition

Disposition Date: 05/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	Forms List		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Forms Filing Fee		Yes
Form	Group Policy/Certificate		Yes

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Form Schedule

Lead Form Number: UHCLD-POL 2/2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UHCLD-POL 2/2008	Policy/Cont ract/Fraternal Certificate	Group Policy/Certificate	Initial		52	AR Policy General Provisions Definitions and Life and ADD.pdf

United HealthCare Insurance Company
[450 Columbus Boulevard
Hartford, Connecticut
(Home Office)]

Policyholder: [ABC Company]

Policy Number: [1234]

Effective Date: [January 1, 2008]

Premium Due Date: [January 1 and the first day of each month thereafter]

Policy Anniversaries will be each [January 1]

We, United HealthCare Insurance Company, agree to provide, for eligible persons becoming insured under the Policy, the benefits according to the terms, provisions and limitations of it. The following pages, including any riders, endorsements or amendments, are part of the Policy.

The Policy is issued in consideration of the Policyholder's application, a copy of which is attached.

The Policy becomes effective at 12:01 A.M. Eastern Standard time on the Effective Date shown above. The Policy will continue in force by the payment of premiums when due. The Policy is subject to termination according to its terms.

Read the Policy Carefully

This is a legal contract between the Policyholder and Us. If the Policyholder has any questions or problems with the Policy, We will be ready to help the Policyholder. The Policyholder may call upon his agent or Our Home Office for assistance at any time.

The Policy is issued in and governed by the laws of the [State] in which it is delivered.

We have, by its President and Secretary, executed the Policy at Hartford, Connecticut. If the Policyholder or the Covered Person have questions, need information about their insurance, or need assistance in resolving complaints, call [1-800-554-5413].

[



Secretary



President]

**Group {Life}, {Accidental Death {and
Dismemberment}}, {{Working Returns}
Short Term Disability}, {{Working Returns}
Long Term Disability}, Insurance Policy}
Non-Participating**

[Administrative Office:
9900 Bren Road East
Minnetonka, MN 55343]

POLICY GENERAL PROVISIONS

Certificates: The Policyholder will be furnished with a Certificate for delivery to each Covered Person. The Certificate(s) describe the benefits, terms, conditions, limitations and exclusions provided by the Policy. If there is a conflict between the Policy and the Certificate, the Policy will control.

Conformity With State or Federal Statutes: If any provision of the Policy conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

Entire Group Contract: The entire Group Contract between the Policyholder and Us consists of the Policy, Certificate(s), amendment(s) { and the Policyholder's application (a copy of which is attached)}. All Certificate(s), riders, endorsements and any amendments are listed on the Policy Contents page.

All statements made by the Policyholder and by any Covered Person are representations and not warranties. No statement made by the Covered Person will be used to contest the insurance provided by the Policy, unless:

1. it is contained in a written statement signed by the Covered Person; and
2. a copy of the statement is furnished to the Covered Person or beneficiary.

Only We may change the Policy or extend the time for payment of any premium. No change will be valid unless made in writing and signed by Us. Any change so made will be binding on all persons referred to in the Policy. No agent has the authority to change the Policy or waive any of the provisions. For purposes of the Policy, the Policyholder acts on its own behalf, or as the Covered Person's agent. The Policyholder is not an agent of Ours.

Nonparticipation: The Policy will not be entitled to share in Our surplus earnings.

Information To Be Furnished: The Policyholder may be required to furnish any information needed to administer the Policy. Clerical error by the Policyholder will not:

1. affect the amount of insurance which would otherwise be in effect; or
2. continue insurance which otherwise would be terminated; or
3. result in the payment of benefits not otherwise payable.

Once an error is discovered, an equitable adjustment in premium will be made. If the premium adjustment involves the return of unearned premium, the amount of the return will be limited to the 12-month period, which precedes the date We receive proof such an adjustment should be made. We may inspect any of the Policyholder's records which relate to the Policy.

Payment of Premiums: No insurance provided by the Policy will be in effect until the first premium for such insurance is paid. For insurance to remain in effect, each subsequent premium must be paid on or before its due date. The [Policyholder] is responsible for paying all premiums as they become due. Premiums are payable on or before their due dates at Our Home Office. A Grace Period of [31] days from the Premium Due Date will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will remain in effect provided the premium is paid before the end of the Grace Period. Payment of Premium for a period before it is due will not guarantee that the insurance will remain in effect for that period.

Premium Rate Change: We have the right to change premium rates as of any Premium Due Date {but not more than once in any [6-month] period.}. We will notify the [Policyholder] in writing at least [31 days] prior to the change in rates.

The premium rate may change prior to this time however, for reasons that affect the insured risk, which include:

1. a change occurs in benefits;
2. a division, subsidiary, or affiliated company is added or deleted;

POLICY GENERAL PROVISIONS (continued)

3. [the number of [Employees] insured changes by [10%] or more;]
4. a new Law or a change in any existing Law is enacted which applies to the Policy.

A change may take effect on an earlier date if both the [Policyholder] and We agree to it. Except in the case of fraud, premium adjustments, refunds or charges will be made for only the current Policy year.

Records: The Policyholder must furnish all information required by Us to:

1. compute premiums; and
2. maintain necessary administrative records.

Records of the Policyholder, which have a bearing on insurance, will be available for inspection by Us at any reasonable time.

Termination of the [Policy]: The [Policy] may be canceled by either the Policyholder or Us.

1. The [Policy] will be cancelled if any of the following occurs:
 - a. the Policyholder does not provide Us with information that We need to administer the Policy;
 - b. the Policyholder fails to perform any of its obligations that relate to the Policy;
 - c. the date the number of Covered Persons decreases to less than [2];
 - d. the Policyholder fails to pay premium within the Grace Period.]
2. We may cancel or offer to modify the [Policy] if any of the following occurs:
 - a. less than 75% of all eligible Employees are participating, if the Employer contributes partially towards the cost of insurance;
 - b. less than 100% of all eligible Employees are participating, if the Employer contributes in whole towards the cost of insurance;]

[The termination of an Insurance Option under the Policy: We may cancel or modify any Insurance Option if the number of Employees insured falls below the greater of:

1. [10] Covered Persons; or
2. [10%] of all eligible Employees.]

[The Policyholder must pay Us all premium due for the full period the Policy is in effect. We reserve the right to review and terminate all classes insured under the Policy, if any class(es) cease(s) to be insured.]

POLICY CONTENTS

[All of the provisions in the Certificate(s) of Coverage, [riders, endorsements and any amendments] issued for the Policyholder shown below are included and made part of this Policy.]

DOCUMENTS	DESCRIPTION	EFFECTIVE DATE
Group Life, Accidental Death {and Dismemberment}, Short Term Disability and Long Term Disability Certificate Of Coverage	All full-time Managers	January 1, 2008
Group Life, Accidental Death {and Dismemberment}, Short Term Disability and Long Term Disability Certificate Of Coverage	All full-time Employees other than Managers	January 1, 2008]

United HealthCare Insurance Company
[450 Columbus Boulevard
Hartford, Connecticut]
(Home Office)

Policyholder: [ABC Company]

[Enrolling Group: ABC Company]

[Effective Date: January 1, 2008]

Policy Number: [1234]

{Covered Person: [As on file with the Administrator]

Certificate Number: [As on file with the Administrator]}

{Certificate Effective Date: [As on file with the Administrator]}

{Beneficiary: [As on file with the Administrator]}

We, United HealthCare Insurance Company, issue this Certificate to the Covered Person as evidence of insurance under the Policy We issued to the Policyholder shown above. This Certificate describes the benefits and other important provisions of the Policy. Please read it carefully.

The Policy may be amended, changed, cancelled or discontinued without the consent of the Covered Person or the Covered Person's beneficiary.

The benefits described in this Certificate insure the Covered Person {and, if applicable, any Dependents eligible for insurance.} This Certificate becomes effective at 12:01 A.M. Eastern Standard time on the Effective Date shown above.

Read the Group Certificate Carefully

This is a legal contract between the Policyholder and Us. If the Policyholder has any questions or problems with the Policy, We will be ready to help the Policyholder. The Policyholder may call upon his agent or Our Home Office for assistance at any time.

If the Policyholder{, the Enrolling Group} or the Covered Person have questions, need information about their insurance, or need assistance in resolving complaints, call [1-800-554-5413].

It is signed at the Home Office of United HealthCare Insurance Company as of the Effective Date shown above.

[



Secretary



President]

**Group {Life}, {Accidental Death {and
Dismemberment}}, {{Working Returns}
Short Term Disability}, {{Working Returns}
Long Term Disability}, Insurance Policy}
Non-Participating**

[Administrative Office:
9900 Bren Road East
Minnetonka, MN 55343]

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{MINIMUM INDEMNITY BENEFIT UNDER THE {WORKING RETURNS} LONG
TERM DISABILITY INSURANCE} [#]

SCHEDULE OF BENEFITS

[Class of Employees

This schedule covers the following class(es) of Employees

All full-time Employees, excluding temporary and seasonal employees

Description of Class:

[Employees] are considered full-time if they customarily work:

40 hours per week

[Employee] Waiting Period:

24 calendar months

Cost of Insurance: The Covered Person is required to contribute to the cost of his insurance.

Covered Person Insurance:

Basic Life Insurance Benefit:

\$1,000

Basic Life Insurance Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Covered Persons Basic Life Insurance Benefit will reduce by 8% of the previous years benefit amount.

Annual Earnings Definition: The Annual Earnings received from the Covered Person's Employer for the year ending immediately prior to the Policy Anniversary period. Annual Earnings includes commissions for the year ending prior to the Policy Anniversary period. It does not include bonuses, overtime pay and other extra compensation. Annual Earnings will be rounded to the next lowest thousand.

Supplemental Life Insurance Benefit:

\$1,000

Supplemental Life Insurance Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Covered Persons Supplemental Life Insurance Benefit will reduce by 8% of the previous years benefit amount.

Basic Accidental Death {and Dismemberment} Benefit:

\$1,000

Basic Accidental Death {and Dismemberment} Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Covered Persons Basic Accidental Death {and Dismemberment} Benefit will reduce by 8% of the previous years benefit amount.

Basic Accidental Death {and Dismemberment} Benefits are issued on a:

24 hour basis non-occupational basis

Supplemental Accidental Death {and Dismemberment} Benefit:

\$1,000

Supplemental Accidental Death {and Dismemberment} Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Covered Persons Supplemental Accidental Death {and Dismemberment} Benefit will reduce by 8% of the previous years benefit amount.

Supplemental Accidental Death {and Dismemberment} Benefits are issued on a:

24 hour basis non-occupational basis

Accelerated Death Benefit: Up to 50% of the Basic and Supplemental Life Insurance in force to a maximum \$5,000. [Employee] must have at least \$10,000 in Basic Life Insurance in-force to qualify for this benefit.

SCHEDULE OF BENEFITS (CONTINUED)

Evidence of Insurability Requirements

Evidence of insurability will be required:

1. for any amount of Employee Life Insurance in excess of \$10,000.
2. for any elected increase in the amount of Employee Life Insurance.
3. for any amount of Dependent Life Insurance in excess of \$5,000.
4. for any elected increase in the amount of Dependent Life Insurance.

Short Term Disability Benefit:

Benefit Percent: 40% of the Covered Person's Pre-Disability Weekly Earnings. The Covered Person's benefit may be reduced by Other Income Benefits and Disability Earnings.

Pre-Disability Weekly Earnings Definition:

The average weekly earnings received from the Covered Person's Employer for the three-month period ending just prior to the date of Disability. Pre-Disability Weekly Earnings includes commissions, averaged over the lesser of the most recent 24-month period or the Covered Person's period of employment. It does not include bonuses, overtime pay, and other extra compensation.

Maximum Weekly Benefit: \$100

Minimum Weekly Benefit: None

Elimination Period: For Disability due to Injury: 365 days
For Disability due to Sickness: 365 days

Maximum Benefit Period: For Disability due to Injury: 12 Weeks of benefits
For Disability due to Sickness: 12 Weeks of benefits

Premium contributions must continue while the Covered Person is receiving Short Term Disability payments.

STD Benefits are issued on a:

- 24 hour basis non-occupational basis

Long Term Disability Benefit:

Benefit Percent: 40% of the Covered Person's Pre-Disability Monthly Earnings. The Covered Person's benefit may be reduced by Other Income Benefits and Disability Earnings. Some Disabilities may not be insured under the Policy.

Pre-Disability Monthly Earnings Definition:

The average monthly earnings received from the Covered Person's Employer for the 12-month period ending just prior to the date of Disability. Pre-Disability Monthly Earnings includes commissions, averaged over the lesser of the most recent 24-month period or the Covered Person's period of employment. It does not include bonuses, overtime pay, and other extra compensation.

Maximum Monthly Benefit: \$100

Minimum Monthly Benefit: None

Elimination Period: 365 days. Benefits begin the day after completion of the Elimination Period.

Accumulation of Elimination Period: 14 days

SCHEDULE OF BENEFITS (CONTINUED)

Maximum Benefit Period:

For Disability due to Injury: 2 Year w/Reducing Benefit

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than Age 66	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and over	12 Months

For Disability due to Sickness: 2 Year w/Reducing Benefit

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than Age 66	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and over	12 Months

Premium contributions are waived while the Covered Person is receiving Long Term Disability payments.

The Dependent's Insurance included in this Certificate applies only to [Employees] who have elected, paid premiums and are insured for Dependent Insurance.

Dependent Life Insurance:

Basic Life Insurance Benefit:

Spouse	\$1,000
Children: Age 14 days but less than 6 months	\$100
Children: Age 6 months but less than 19 years	\$500
Children: Age 19 years but less than 21 years, if student	\$500

The Spouse Basic Life Insurance Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Spouse Basic Life Insurance Benefit will reduce by 8% of the previous years benefit amount.

Supplemental Life Insurance Benefit:

Spouse	\$1,000
Children: Age 14 days but less than 6 months	\$100
Children: Age 6 months but less than 19 years	\$500
Children: Age 19 years but less than 21 years, if student	\$500

The Spouse Supplemental Life Insurance Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Spouse Supplemental Life Insurance Benefit will reduce by 8% of the previous years benefit amount.

Accidental Death {and Dismemberment} Benefits for insured Dependents will be the same as Life Insurance.

The Spouse Accidental Death {and Dismemberment} Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Spouse Accidental Death {and Dismemberment} Benefit will reduce by 8% of the previous years benefit amount.

Evidence of insurability will be required for all Dependent Supplemental Life Insurance.]

GENERAL DEFINITIONS

The male pronoun, whenever used in the Policy, includes the female.

{Active Work or Actively at Work: The Covered Person reports for work at his usual place of employment or any other business location where he is required to travel and is able to perform the material and substantial duties of his regular occupation for the entire normal workday. The Covered Person must be working at least the minimum number of hours per week in an Eligible Class, as shown in the Schedule of Benefits.

Unless Disabled on the prior workday or on the day of absence, a Covered Person will be considered Actively at Work on the following days:

1. a Saturday, Sunday or holiday which is not a scheduled workday;
2. a paid vacation day, or other scheduled or unscheduled non-workday; or
3. an excused or emergency leave of absence (except medical leave.)}

{Contributory or Non-Contributory Insurance: Contributory Insurance is insurance for which the Covered Person must apply and agree to make the required premium contributions. Non-Contributory Insurance is insurance for which the Covered Person does not have to make any premium contributions.}

{Covered Person: The [Employee] insured under the Policy. References to “Covered Person,” “Covered Persons” and “Covered Person’s” throughout this Certificate are references to a Covered Person.}

{Dependent: Includes

1. a legal Spouse [including a Domestic Partner]; and
2. any unmarried Child.

[A Child is:

1. less than [19] years of age; or
2. an Eligible Student;
 - a. who is not married;
 - b. who is not in the armed forces of any country;
 - c. who is not insured under the Policy as a Covered Person;
 - d. less than [21] years of age;
 - e. who attends an accredited post-secondary school (other than a correspondence school) on a full-time basis as defined by the post-secondary school; and
 - f. is enrolled in the next scheduled term; or
3. unmarried and physically or mentally Disabled.

The term “Child” includes a natural child, legally adopted child, stepchild{, or} foster child, or any child who lives with the Covered Person in a regular parent-child relationship, provided the Covered Person claims such Child as a Dependent on the Covered Person’s most recent federal income tax return.]

[Domestic Partner: a person of the [opposite or same sex] with whom the Covered Person has established a Domestic Partnership.

Domestic Partnership: a relationship between a Covered Person and one other person of the [opposite or same sex]. All of the following requirements apply to both persons:

1. they must not be related by blood or a degree of closeness that would prohibit marriage in the law of the state in which they reside.
2. they must not be currently married to, or a Domestic Partner of another person under either statutory or common law.

GENERAL DEFINITIONS (continued)

3. they must share the same permanent residence and the common necessities of life.
4. they must be at least 18 years of age.
5. they must be mentally competent to consent to contract.
6. they must be financially interdependent and have furnished documents to support the following conditions of such financial interdependence:
 - a. they have a single dedicated relationship of at least [24 months] duration.
 - b. they have at least two of the following:
 - a joint ownership of an automobile;
 - a joint checking, bank or investment account;
 - a joint credit account;
 - a joint ownership or a lease for a residence identifying both partners as tenants; or
 - a will and/or life insurance policies which designates the other as primary beneficiary.
7. the Covered Person and the Domestic Partner must jointly sign the required Affidavit of Domestic Partnership.}]

{[Employee]: A person who is:

1. directly employed in the normal business of the [Policyholder]; and
2. paid for services by the [Policyholder]; and
3. Actively at Work for the [Policyholder], or any subsidiary or affiliate insured under the Policy.

{No director or officer of an [Policyholder] will be considered an [Employee] unless he meets the above conditions.} }

[Employer: The Policyholder and includes any division, subsidiary, or affiliated company named in the Policy. Employer does not include Employers of other related areas of practice for which the Covered Person may also work.]

{[Enrolling Group: The participating Employer of the Policyholder insured under the Policy. References to “Enrolling Group,” “Enrolling Groups” and “Enrolling Group’s” throughout this Certificate are references to an Enrolling Group.}]

{Enrollment:

1. **Enrollment Period** - the Initial Enrollment Period, {Re-Enrollment Period} {and any Annual Enrollment Period.}
2. **Initial Enrollment Period** - the period during which the [Employee] may first apply in writing for insurance.
3. **{Annual Enrollment Period:** the period of time determined by the Employer and Us before each Insurance Year during which the Covered Person may apply in writing for insurance under the Policy or change his insurance under the Policy.}
4. **{Re-Enrollment Period:** the period of time following the Initial Enrollment Period determined by the Employer and Us during which the Covered Person may apply in writing for insurance under the Policy or change his insurance under the Policy.}}

GENERAL DEFINITIONS (continued)

{Hospital or Medical Facility: A legally operated, accredited facility licensed to provide full-time care and Treatment for the condition for which benefits are payable under the Policy. It is operated by a full-time staff of licensed physicians and registered nurses. It does not include facilities that primarily provide custodial, education or rehabilitative care, or long-term institutional care on a residential basis. }

{Injury: A bodily Injury resulting directly from an accident and independently of all other causes.}

{Insurance Option: a level of insurance.}

{Insurance Year: the period of time from the beginning of the Initial Enrollment Period to the beginning of the next Annual Enrollment Period, or from the beginning of an Annual Enrollment Period to the beginning of the next Annual Enrollment Period.}

{Physician: A practitioner of the healing arts who is:

1. duly licensed in the state in which the Treatment is received; and
2. practicing within the scope of that license.

The term Physician does not include the Covered Person, the Covered Person's Spouse, children, parents, parents-in-law, or siblings. }

{Regular Care: The Covered Person personally visits a Physician as often as is medically required to effectively manage and treat his disabling condition(s), according to generally accepted medical standards. The Covered Person is receiving appropriate Treatment and care, according to generally accepted medical standards, by a Physician whose specialty or experience is appropriate for the disabling condition(s). }

{Sickness: An illness, disease, pregnancy or complication of pregnancy. }

{Treatment: consultation, advice, tests, attendance or observation, supplies or equipment, including the prescription or use of prescription drugs or medicines.}

{We, Our and Us: United HealthCare Insurance Company.}

CERTIFICATE GENERAL PROVISIONS

Conformity With State or Federal Statutes: If any provision of the Certificate conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

{Discretionary Authority: When making a benefit determination under the Policy, We have the sole discretionary authority to determine the Covered Person's or Dependent's eligibility, if applicable, for benefits and to interpret the terms, conditions, limitations, and exclusions, and all other provisions of the Policy including the Certificate of Coverage and any riders or amendments. We may delegate this discretionary authority to other entities or persons who provide services in regard to the administration of the Policy. {This provision applies, however, only where the interpretation of the Policy is governed by the [Employee] Retirement Income Security Act (ERISA).} This provision does not prevent the bringing of a legal action under the time limit for Legal Action provision, nor does it serve to deprive any insurance department of its statutory rights and obligations.}

Fraud: We will focus on all means necessary to support fraud detection, investigation, and prosecution. It may be a crime if the Covered Person or the Employer knowingly, and with intent to injure, defraud or deceive Us, files a claim containing any false, incomplete, or misleading information. These actions, as well as submission of false information, will result in denial of the Covered Person's claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

Incontestability: We may not contest the validity of the Policy, except for the non-payment of premiums or fraudulent misrepresentations, after it has been in force for two years from its date of issue. No statement made by any Covered Person relating to his insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of two years during such person's lifetime, nor unless it is contained in a written instrument signed by him. [This clause will not affect Our right to contest claims made for accidental death or accidental dismemberment benefits.]

{Information To Be Furnished: The Policyholder may be required to furnish any information needed to administer the Policy. Clerical error by the Policyholder will not:

1. affect the amount of insurance which would otherwise be in effect; or
2. continue insurance which otherwise would be terminated; or
3. result in the payment of benefits not otherwise payable.

Once an error is discovered, an equitable adjustment in premium will be made. If the premium adjustment involves the return of unearned premium, the amount of the return will be limited to the 12-month period, which precedes the date We receive proof such an adjustment should be made. We may inspect any of the Policyholder's records which relate to the Policy.}

Misstatement of Age: If a Covered Person's age has been misstated, premiums will be subject to an equitable adjustment. If the amount of the benefit depends upon age, then the benefit will be that which would have been payable, based upon the person's correct age.

{Payment of Premiums: No insurance provided by the Policy will be in effect until the first premium for such insurance is paid. For insurance to remain in effect, each subsequent premium must be paid on or before its due date. The [Policyholder] is responsible for paying all premiums as they become due. Premiums are payable on or before their due dates at Our Home Office. A Grace Period of [31] days from the Premium Due Date will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will remain in effect provided the premium is paid before the end of the Grace Period. Payment of Premium for a period before it is due will not guarantee that the insurance will remain in effect for that period. }

{Premium Rate Change: We have the right to change premium rates as of any Premium Due Date [but not more than once in any 6-month period.]. We will notify the [Policyholder] in writing at least [31 days] prior to the change in rates.

CERTIFICATE GENERAL PROVISIONS (continued)

The premium rate may change prior to this time however, for reasons that affect the insured risk, which include:

1. a change occurs in benefits;
2. a division, subsidiary, or affiliated company is added or deleted;
3. [the number of [Employees] insured changes by [10%] or more;]
4. a new Law or a change in any existing Law is enacted which applies to the Policy.

A change may take effect on an earlier date if both the [Policyholder] and We agree to it. Except in the case of fraud, premium adjustments, refunds or charges will be made for only the current Policy year. }

{Termination of an Enrolling Group's Insurance: Insurance under the Policy will terminate on the earliest of the following dates:

1. on the Premium Due Date of any premium which remains unpaid at the end of the Grace Period.
2. the date the [Enrolling Group] terminates its participation under the Policy. The [Enrolling Group] must give [31] days advance written notice to Us.
3. the date on which the [Enrolling Group] fails to comply with or intentionally makes material misrepresentation relating to the Policy.

We reserve the right to terminate insurance under the Policy on the date that the number of Covered Persons insured under the [Enrolling Group] decreases to less than:

1. [[75%] of all eligible [Employees] of an [Enrolling Group], if the [Enrolling Group] contributes partially towards the cost of insurance];
2. [100%] of all eligible [Employees] of an [Enrolling Group], if the [Enrolling Group] contributes in whole towards the cost of insurance; or
3. [2] Covered Persons.}

{Records: The Policyholder must furnish all information required by Us to:

1. compute premiums; and
2. maintain necessary administrative records.

Records of the Policyholder, which have a bearing on insurance, will be available for inspection by Us at any reasonable time.}

Workers' Compensation: The Policy is not to be construed to provide benefits required by Workers' Compensation laws.

COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Covered Person's Eligibility: [[Employees] who work on a full-time basis for a Policyholder are eligible for insurance after completion of the required [Employee] Waiting Period, provided they are in a class of [Employees] who are included. [Employees] will be considered to work on a full-time basis if they customarily work at least the number of hours per week shown in the Schedule of Benefits.

An [Employee] will become eligible for insurance on the latest of the following dates:

1. the Effective Date of the Policy;
2. {the Effective Date of the Enrolling Group;}
3. the end of the [Employee] Waiting Period shown in the Schedule of Benefits;
4. the date the Policy is changed to include the [Employee's] class; or
5. the date the [Employee] enters a class eligible for insurance.]

{Enrolling in or Changing Insurance Under the Policy: The [Employee] may enroll in or change his insurance only under the following situations:

1. During the Initial Enrollment Period:
 - a. If the [Employee] is eligible for insurance on the Effective Date of the Policy, he may enroll for insurance during the Initial Enrollment Period. {If an [Employee] fails to enroll, then he will not be insured under the Policy.} {He will automatically be enrolled for the basic Insurance Option, but may choose to enroll for another Insurance Option.}
 - b. If the [Employee] becomes eligible for insurance after the Effective Date of the Policy, he may enroll for insurance during his Initial Enrollment Period.
2. During an {Annual Enrollment} {Re-Enrollment} Period: The [Employee] may choose:
 - a. to keep his same insurance;
 - b. {to increase his insurance { by one Insurance Option;}}
 - c. {to decrease his insurance;}
 - d. no insurance under the Policy;
 - e. to enroll for insurance if not currently insured under the Policy.
3. {After the Initial Enrollment Period or {Annual Enrollment} {Re-Enrollment} Period, the [Employee] may make certain benefit changes only if he has a change in family status:
 - a. {a change in marital status (marriage, divorce, legal separation, annulment);}
 - b. {a change in the number of dependents for tax purposes (birth, legal adoption of a child, placement of a child with the [Employee] for adoption, or death of a dependent);}
 - c. {certain changes in employment status that affect benefits eligibility for the Employee, the [Employee's] Dependent Spouse or Dependent Children, such as termination of employment, a strike or lockout, the start of or return from an unpaid leave of absence, a change in worksite, a change in work schedule (between full-time and part-time work, decrease or increase in hours);}
 - d. {a change of residence for the Employee, spouse or child;}
 - e. {a significant increase in the cost of coverage or a significant reduction in the benefit coverage under the [Employee's] insurance or his spouse's insurance;}
 - f. {the addition, elimination, or significant curtailment of, a coverage option;}
 - g. {a change in the [Employee's] spouse's or child's coverage during another employer's {Annual Enrollment} {Re-Enrollment} period when the other plan has a different period of coverage.}}

During an {Annual Enrollment} {Re-Enrollment} Period if the Covered Person does not re-enroll for

**COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)**

insurance, he will continue to be insured for the same insurance.}

[Rehired Employees: If a Covered Person ends employment and is rehired within a year, he may be insured on his eligibility date for the insurance that he had under the Policy on the date his employment ended.]

Effective Date of Covered Person Insurance: [If an [Employee] is not Actively at Work on the date his insurance is scheduled to take effect, it will take effect on the day after the date he returns to Active Work. If the [Employee's] insurance is scheduled to take effect on a non-working day, his Active Work status will be based on the last working day before the scheduled Effective Date of his insurance.]

An [Employee] must use forms provided by Us when applying for insurance.

The [Employee's] insurance will be effective at 12:01 A.M. Eastern Standard time as follows:

1. if it is Non-contributory, on the date the [Employee] becomes eligible for insurance, regardless of when he applies, or
2. if it is Contributory, and the [Employee] makes application within [31 days] after the date he first became eligible, on the later of:
 - a. [the date] the [Employee] is eligible for insurance, regardless of when he applies; or
 - b. [the date] the [Employee's] application is approved by Us if evidence of insurability is required.

[Evidence of insurability is required if an [Employee] applying for Contributory Insurance:

1. does not apply for insurance within [31 days] after the date he first became eligible; or
2. he has previously terminated his insurance while in an eligible class.]
3. {a Covered Person applies to increase Supplemental Life Insurance by more than [1 level(s) of coverage][$\$10,000$].}
4. {a Covered Person under the Waiver of Premium Benefit returns to Active Work for less than [10 days] and applies to increase his Supplemental Life Insurance.}
5. {a Covered Person applies for any amount of insurance for which evidence of insurability is required.}
6. {for each Employee of any Employer with less than [2] Employees.}
7. {a Covered Person applies to increase his insurance by more than [one] Insurance Option.}
8. {a Covered Person applies for any amount of insurance other than during an Enrollment Period. }

{Effective Date of Change in Amount of Insurance: If there is an increase in the amount of the Covered Person's insurance, the increase will take effect on:

1. [the first day of the month on or next following] the date of the increase, if the Covered Person is Actively at Work on the date of increase;
2. the date the Covered Person returns to Active Work if the Covered Person is not Actively at Work on [the first day of the month on or next following] the date of the increase;
3. {[the first day of the month on or next following] the date of the increase, if [the first day of the month is a non-working day and] the Covered Person was Actively at Work on his last scheduled working day before the non-working day;}
4. {the date of the increase if the Covered Person is on an approved layoff or leave of absence, for reasons other than a Sickness or Injury.}

If evidence of insurability is required, the increase will take effect on {the later of the dates indicated above or }the date We approve his application.

{Neither an increase nor a decrease in insurance will affect a Payable Claim that occurs prior to the increase or

**COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)**

decrease.}

A decrease in the amount of the Covered Person's insurance will take effect on [the first day of the month on or next following] the date of the decrease.}

{Effective Date of Change in Amount of Insurance: If there is a decrease in the amount of the Covered Person's insurance, the decrease will take effect on [the first day of the month on or next following] the date of the decrease.}

{Effective Date of Change in Insurance: A change in insurance that is made during an {Annual Enrollment}; {Re-Enrollment} Period will be effective at 12:01 a.m. Eastern Standard time on the later of:

1. the date of application; or
2. {the first day of the next Insurance Year; or }
3. the date We approve the Covered Person's evidence of insurability form, if evidence of insurability is required.;
4. the first day of the pay period for which contributions for his insurance are deducted.}

{A change in insurance due to a Change in Status will be effective at 12:01 a.m. Eastern Standard time on the later of:

1. the date of the Change in Status, if the Covered Person applies within 31 days after the date of the Change in Status; or
2. the date We approve the Covered Person's evidence of insurability form, if evidence of insurability is required.}

{A change in insurance that is made other than during [an Annual Enrollment Period] will be effective at 12:01a.m. Eastern Standard time [on the first day of the month following] the date We approve the Covered Person's evidence of insurability form.}

{Once a Covered Person's insurance begins, any increase in or addition to insurance will be effective immediately or on the date We approve the Covered Person's evidence of insurability form, if evidence of insurability is required.}

{If the Covered Person is not Actively at Work due to Injury or Sickness, or is on a Layoff or Leave of Absence, any increase in or addition to insurance will be effective on the date the Covered Person returns to Active Work.}

Family and Medical Leave of Absence: If the Covered Person is on a Family or Medical Leave of Absence, his insurance will be governed by his Employer's policy on Family and Medical Leaves of Absence.

We will continue the Covered Person's insurance if the cost of his insurance continues to be paid and his Leave of Absence is approved in advance and in writing by his Employer.

[The Covered Person's insurance will continue for up to the greater of:

1. the leave period required by the Federal Family and Medical Leave Act of 1993; or
2. the leave period required by applicable state law.]

While the Covered Person is on a Family or Medical Leave of Absence, We will use earnings from his Employer just prior to the date his Leave of Absence started to determine Our payments to him.

If the Covered Person's insurance does not continue during a Family or Medical Leave of Absence, then when he returns to Active Work:

1. [he will not have to meet a new [Employee] Waiting Period including a Waiting Period for insurance of a Pre-Existing Condition, if applicable; and]

**COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)**

2. he will not have to give Us evidence of insurability to reinstate the insurance he had in effect before his Leave of Absence began.

{However, time spent on a Leave of Absence, without insurance, does not count toward satisfying his [Employee] Waiting Period.}

Termination of Covered Person Insurance: The Covered Person's insurance will terminate at 12:00 midnight Eastern Standard time on the earliest of the following dates:

1. the [last day of the period] for which a premium payment is made, if the next payment is not made;
2. the [date] he ceases to be a member of a class eligible for insurance;
3. {the [date] the Enrolling Group's insurance under the Policy terminates;}
4. the date the Policy terminates, or a specific benefit terminates; or
5. {[the [date] he ceases to be Actively at Work. The Policyholder may deem the Covered Person's employment continued during an approved layoff or leave of absence. In such cases, insurance will not continue more than one month from the date the layoff or leave begin.]}
6. {the date he is no longer Actively at Work due to a labor dispute, including but limited to strike, work slow down or lock out. }

{DEPENDENTS ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS}

Dependent's Eligibility: Dependents are eligible for insurance on the latest of the following dates:

1. [the date the Covered Person becomes eligible for Dependent Insurance;
2. the date a person becomes a Dependent; or
3. the date the Policy is amended to include the Covered Person's class as being eligible for Dependent Insurance.

The Covered Person's {Spouse or} Child will not be eligible for Dependent Insurance if the {Spouse or }Child is:

1. eligible for insurance under the Policy as a Covered Person; or
2. [a member of the armed forces on active duty, except for duty of [30 days] or less for training in the Reserves or National Guard.]]

{Enrolling in or Changing Dependent Insurance Under the Policy: The [Employee] may elect or change Dependent Insurance only under the following situations:

1. During the Initial Enrollment Period:
 - a. If the Dependents are eligible for insurance on the Effective Date of the Policy, the [Employee] may enroll for a Dependent Insurance Option during the Initial Enrollment Period. [If an [Employee] fails to enroll, then the Dependents will not be insured under the Policy.]
 - b. If the Dependents become eligible for insurance after the Effective Date of the Policy, the [Employee] may enroll for Dependent insurance during the Dependent's Initial Enrollment Period.

{The [Employee's] choice of Dependent insurance will apply until the next {Annual Enrollment} {Re-Enrollment} Period, or until the next Change in Status.}

{The [Employee] may enroll for:

- a. Dependent insurance for spouse only
 - b. Dependent insurance for Children only
 - c. Dependent insurance for both spouse and Children}
2. During an {Annual Enrollment} {Re-Enrollment} Period: The [Employee] may choose:
 - a. to increase Dependent insurance {by [one] Insurance Option;}
 - b. to decrease Dependent insurance;
 - c. to keep the same Dependent Insurance Option;
 - d. {no Dependent insurance under the Policy;}
 - e. {to enroll for the lowest Dependent Insurance Option if Dependents are not currently insured under the Policy} {;}
 - f. {Dependent insurance for spouse only;}
 - g. {Dependent insurance for Children only;}
 - h. {Dependent insurance for both spouse and Children;}
 - i. {to enroll for Dependent Insurance if Dependents are not currently insured under the Policy.}}

{During an {Annual Enrollment} {Re-Enrollment} Period, if the Covered Person does not re-enroll for Dependent insurance, his Dependents will continue to be insured for the same Insurance Option until the next {Annual Enrollment} {Re-Enrollment} Period, or until the next Change in Status.}

3. {During an Insurance Year: A Covered Person may change the Dependent Insurance Option at any time subject to evidence of insurability.}

DEPENDENTS ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)

Effective Date of Dependent Insurance: [No insurance will take effect on any day the Dependent (other than a newborn child) is confined in a Hospital or Medical Facility. Instead, insurance will take effect on the day following discharge from the Hospital or Medical Facility.

A Covered Person must use forms provided by Us when applying for Dependent Insurance.

Dependents will not be insured until the [Employee] is insured.

The Dependent Insurance will be effective at 12:01 A.M. Eastern Standard time:

1. if it is Non-contributory, on the date the Dependent becomes eligible for insurance regardless of when application was made; or
2. if it is Contributory and the Covered Person makes application within 31 days after the date the Dependent first became eligible, on the later of:
 - a. the date the Dependent becomes eligible for insurance, regardless of when application is made; or
 - b. the date the Dependent's application is approved by Us, if evidence of insurability is required.

Evidence of insurability is required{, at the Covered Person's expense,} if a Covered Person applying for Contributory insurance:

1. does not apply for Dependent insurance within [31 days] after the date the Dependent first became eligible; or
2. has previously terminated Dependent insurance while in an eligible class.]

Effective Date of Change in Amount of Insurance: [If there is an increase in the amount the Dependent's insurance the increase will take effect on the same date that:

1. the Covered Person's class changes; or
2. the Dependent's status or class changes.

If the Dependent is confined in a Hospital or Medical Facility on that date, any change will take effect on the day following discharge from the Hospital or Medical Facility.

If evidence of insurability is required, the increase will take effect on the later of the dates indicated above or the date We approve the application.

A decrease in the amount the Dependent's insurance will take effect on the date of the decrease.]

{Effective Date of Change in Insurance: A change in Dependent insurance that is made during an {Annual Enrollment} {Re-Enrollment} Period will be effective at 12:01 a.m. Eastern Standard time on the later of:

1. the date of application; or
2. the date We approve the Dependent's evidence of insurability form, if evidence of insurability is required; or
3. the first day of the pay period for which contributions for the Dependent' insurance are deducted.}

Termination of Dependent Insurance: Insurance on a Dependent will terminate at 12:00 midnight Eastern Standard time on the earliest of the following dates:

1. the [date] he ceases to be a Dependent as defined in the Policy;
2. the [date] the Covered Person ceases to be a member of a class eligible for Dependent insurance;
3. the [date] the Covered Person's insurance under the Policy terminates;
4. {the [date] the [Enrolling Group's] insurance under the Policy terminates;}

DEPENDENTS ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)

5. [the [date] the Dependent becomes a member of the armed forces on active duty, except for duty of [30 days] or less for training in the Reserves or National Guard;]
6. the [last day of the period] for which a Dependent's required premium payment is made, if the next payment is not made; {or}
7. {the date the Covered Person's Life Insurance premiums are waived under the Waiver of Premium – Total Disability for Covered Person provision; or}
8. the date the Policy terminates, or a specific benefit terminates. }

{LIFE INSURANCE BENEFIT FOR COVERED PERSON

Death Benefits: We will pay the Covered Person's beneficiary the amount of insurance in force on the date of death when We receive satisfactory proof of a Covered Person's death. The benefit will be paid in accordance with the beneficiary section.

{Continuity of Insurance: If the [Employee] is not Actively at Work on the Effective Date of the Policy, We will waive the Active Work requirement under the following conditions:

1. On the Effective Date of the Policy, the [Employee] is eligible for insurance except for meeting the Actively at Work definition; and
2. The [Employee] was insured under the Employer's prior group life insurance plan on the day before the Effective Date of the Policy.

The benefit amounts and limits prior to the [Employee] returning to Active Work will be the same as the benefits under the prior group policy. We will reduce the amount We pay by any benefits still payable under the prior group policy. The insurance will end on the date it would have ended under the prior plan had it remained in force.

When the [Employee] returns to Active Work, He will be eligible for the insurance amounts and provisions of this Policy.}

Assignment: Life insurance as provided by the Policy may be assigned as an absolute assignment only. In making an assignment, the Covered Person must transfer all his present and future ownership rights to the person to whom he assigned the insurance. This includes the right to change the beneficiary and to convert the insurance. The Covered Person may not make a collateral or partial assignment of his insurance.

Beneficiary: The Covered Person's beneficiary will be the person(s) he names in writing to receive any amount of insurance payable due to his death.

The Covered Person may name or change a beneficiary by giving Us written notice at Our Home Office on a form acceptable to Us. When We receive the notice, it will be effective on the date made, subject to any payment We may have made before We receive it.

If the Covered Person names more than one beneficiary, those who survive will share equally unless the Covered Person specifies otherwise. If there is no named beneficiary living at the time of the Covered Person's death, We will pay any amount due in the following order:

1. [to his legal Spouse; or
2. to his natural or legally adopted children in equal shares; or
3. to his estate.]

Notice of Claim: Written notice of a claim for death must be given to Us at Our Home Office by the Covered Person's beneficiary within [30 days] of the date of death. If it is not possible, written notice must be given as soon as it is reasonably possible to do so.

The claim form is available from the Covered Person's Employer, or can be requested from Us. If the form is not received from Us within [15] days of a request, written proof of claim should be sent to Us without waiting for the form. Written proof must show the cause of death. Also, a certified copy of the death certificate must be given to Us.

Proof of Claim: Written proof of claim must be filed within [90 days] of the loss. However, if it is not possible to give proof within [90 days], it must be given no later than [one year] after the time proof is otherwise required, except in the absence of legal capacity.

Payment of Claim: Payment of Claim for loss of life will be paid in accordance with the beneficiary section. All other benefits under the Policy are paid to the Covered Person.

LIFE INSURANCE BENEFIT FOR COVERED PERSON (continued)

If the Covered Person has chosen an option, no one may change it unless the Covered Person consents in writing. The Covered Person's beneficiary may choose an option within [60 days] after death if one has not been chosen.

Legal Action: The Covered Person may not bring suit to recover under this section until [60 days] after he has given Us written proof of loss. No suit may be brought more than three years after the date the proof of loss is required to be filed.

{Physical Examination and Autopsy: We have the right to have a Physician of Our choice examine the Covered Person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy. }

Settlement Options: Instead of a single payment, the Covered Person may choose to have all or part of the insurance paid under one of the settlement options We have available. [We will give the Covered Person full information about the options upon request.]

LIFE INSURANCE BENEFIT FOR COVERED PERSON (continued)

Conversion Privilege: The Covered Person may convert:

1. all or part of his Life Insurance to an individual policy of life insurance, other than term insurance, if his insurance terminated because he ceases to be a member of a class eligible for insurance;
2. the amount of insurance to an individual policy of life insurance, other than term insurance, that is lost due to a reduction of insurance because of age;
3. a limited amount of insurance to an individual policy of life insurance, other than term insurance, if he has been continuously insured under the Policy (or the policy it replaced) for five years and the insurance terminated due to termination or amendment of the Policy. The amount the Covered Person may convert in this case is the smaller of the following:
 - a. the amount of Life Insurance which terminates, less the amount he became eligible for under any Policy within [31 days] after this insurance terminated; or
 - b. [\$10,000].

The Covered Person may convert to any policy, other than term insurance, We are issuing for the purpose of conversions. The conversion policy will not have disability or other supplementary benefits. No evidence of insurability will be required. The Covered Person must submit a written application and the first premium payment for the conversion policy to Our Home Office within [31 days] after his insurance terminates. It is the Covered Person's responsibility to pay the premiums for the conversion policy. The premium will be based on the amount and the form of the conversion policy, and on his class of risk and age on the date the conversion takes effect.

If the Covered Person dies within the [31 days] allowed for making application to convert, We will pay the amount he was entitled to convert. We will do this whether or not application was made.

{A conversion policy is in lieu of benefits under this section of the Policy. However, if the Covered Person is qualified for the Waiver of Premium-Total Disability provision, the converted policy will be cancelled. Premiums paid for the converted policy will be returned. }

{Amounts of insurance that the Covered Person has ported will not be eligible for the Conversion Privilege unless the Certificate of Portability is returned. }

The conversion policy will take effect on the later of:

1. its date of issue; or
2. [31 days] after the date this insurance terminates.

{The insurance under the Policy may be reinstated within one year after termination of employment, if the Covered Person has converted and he:

1. gives Us proof that he was Totally Disabled when his insurance terminated and that his insurance would have continued in force under the Waiver of Premium-Totally Disabled provision if he had not converted; and
2. surrenders the conversion policy to Us without claim in return for premiums paid less any unpaid policy loans. }

{[Employees] rehired after converting insurance must either lapse that insurance or provide evidence of insurability to keep that individual policy. }

{{Supplemental}Life Limitations: No benefit will be paid for any loss caused directly or indirectly from:

1. suicide occurring within [24 months] after the Covered Person's initial Effective Date of insurance; or
2. suicide occurring within [24 months] after the Effective Date of any increase or additional insurance. This limitation applies only to the increased or additional amount of insurance. }

{WAIVER OF PREMIUM – TOTAL DISABILITY FOR COVERED PERSON}

We will continue the Covered Person's {Basic} {and} {Supplemental} Life Insurance {and any Dependent's Life Insurance} in force without premium payment while he remains Totally Disabled if he:

1. becomes Totally Disabled {before [age 60]};
2. remains Totally Disabled { continuously for at least [twelve consecutive months]};
3. gives Us proof of Total Disability, as required.

We will waive the Covered Person's premium payment on a monthly basis, beginning the first day of the month after the month he became Totally Disabled. We will refund any premium paid for the {Basic} {and} {Supplemental} Life Insurance after that day. We will not refund premiums for any period more than [12 months] before the date proof of disability was furnished. This Waiver of Premium will continue to be effective even if the Policy terminates after the Covered Person becomes Totally Disabled.

Amount of Life Insurance Under the Total Disability Benefit: The amount of insurance continued would be the amount in force on the date the Covered Person became Totally Disabled. This amount will be reduced or terminated, based on the Schedule of Benefits in effect on the date of Total Disability. This amount will not be increased while the Covered Person remains Totally Disabled. All other Benefits will be terminated.

Death While Totally Disabled: If the Covered Person dies while his {Basic} {and} {Supplemental} Life Insurance is being continued under Waiver of Premium, We will pay the amount of insurance if We receive proof:

1. of the Covered Person's death; and
2. that Total Disability was continuous from the date it began to the date of death.

Proof of Total Disability: We will provide forms which the Covered Person must use when giving Us proof of Total Disability. The Covered Person must give Us proof no later than [12 months] after the date he became Totally Disabled. We may at any time require proof that Total Disability continues. The Covered Person must give Us proof within [60 days] after Our request. After the Covered Person has been Totally Disabled for more than two years from the date of Total Disability, We will not request proof any more than once a year. We may require the Covered Person to be examined, at Our expense, by a Physician of Our choice.

Total Disability or Totally Disabled: [For purposes of this section, the Covered Person will be considered Totally Disabled if he is unable to perform each and every duty of his occupation at his usual place of employment and he is unable to do the material and substantial duties of any job suited to his education, training or experience.];

We may require the Covered Person to be examined by a Physician, other medical practitioner or vocational expert of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so.

Termination of the Total Disability Benefit: The Covered Person will no longer be eligible for the Total Disability Benefit and his {Basic} {and} {Supplemental} Life Insurance will terminate on the earlier of the following dates:

1. the date the Covered Person ceases to be Totally Disabled. However, if he is still eligible for [Basic and Supplemental] Life Insurance when he returns to Active Work, his {Basic} {and} {Supplemental} Life Insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of {Basic} {and} {Supplemental} Life Insurance he may then be eligible for will take effect as described in the Effective Date of insurance provision; or
2. the last day of the 60-day period following Our request for proof of Total Disability, if he does not give Us proof or refuses to take a medical exam[;]
3. [the date the Covered Person reaches [age 65];]
4. [the date premium has been waived for [12 months] and the Covered Person is considered to reside outside the United States. The Covered Person is considered to reside outside the United States when

WAIVER OF PREMIUM – TOTAL DISABILITY FOR COVERED PERSON (continued)

he has been outside the United States for a total period of 6 months or more during any 12 consecutive months for which premium has been waived.]

If the Covered Person's Total Disability ends and he does not return to Active Work, then the Covered Person [and his Dependents] may exercise the Conversion Privilege. }

{DISABILITY EXTENSION FOR COVERED PERSON

A Disability Extension is a provision that allows life insurance to continue for a Covered Person while he is Totally Disabled. The Covered Person must pay premium on a monthly basis for life insurance during the Disability Extension.

If the Covered Person meets the conditions below, then We will pay a death benefit when We receive proof of his death. The amount of Life Insurance payable will be the amount of Life Insurance in force on the date he ceased to be Actively at Work, subject to any reductions provided by any other part of the Policy.

Amount of Life Insurance Under the Disability Extension Benefit: If the Covered Person meets the conditions below, We will pay a death benefit when We receive proof of his death. The amount of Life Insurance payable will be the amount of Life Insurance in force on the date he ceased to be Actively at Work, subject to any reductions provided by any other part of the Policy.

Conditions that must be met to qualify for Disability Extension: The Covered Person must be:

1. less than [age 65], insured under the Policy and be Totally Disabled; and
2. We must continue to receive premium for his Life Insurance.

Proof of Total Disability: We will provide forms that the Covered Person must use when giving Us proof of Total Disability. The Covered Person must give us proof no later than [12 months] after the date he became Totally Disabled. We may at any time require proof that Total Disability continues. The Covered Person must give Us proof within [60 days] after Our request. After the Covered Person has been Totally Disabled for more than two years from the date of Total Disability, We will not request proof any more than once a year. We may require the Covered Person to be examined, at Our expense, by a Physician of Our choice.

{**Total Disability or Totally Disabled:** For the purposes of the Disability Extension section, the Covered Person has a condition that prevents him from doing any work for which he is or could become qualified by education, training or experience. }

{**Total Disability or Totally Disabled:** For the purposes of the Disability Extension section, the Covered Person qualifies as disabled in accordance with the definitions of the Employer sponsored long term disability plan. }

We may require the Covered Person to be examined by a Physician, other medical practitioner or vocational expert of Our choice. We will pay for the examination. We can require an examination as often as it is reasonable to do so.

If, for any reason, the Covered Person is no longer Totally Disabled, and:

1. he returns to Active Work in an Eligible Class, then all of his insurance will be reinstated subject to the terms of the Policy in effect on the reinstatement date;
2. if he does not return to Active Work within the Eligible Class, and he is not eligible for any other group life insurance, then he is entitled to the Conversion Privilege. He may convert the amount of Life Insurance that is in force for him on the date he is no longer Totally Disabled.

Termination of the Disability Extension: Under the Disability Extension, the Covered Person's insurance will continue until the first to occur of:

1. the date the Policy terminates;
2. the date the required premium for his insurance is not paid to Us;
3. the date he reaches [age 65]; or
4. the date he is no longer Totally Disabled. }

{EXTENDED DEATH BENEFIT FOR COVERED PERSON'S LIFE INSURANCE

We will pay a life insurance benefit if the Covered Person dies after his Life insurance under the Policy ends and [if, within [12 months] after the Covered Person's death], We receive proof:

1. insurance ceased because the Covered Person was Totally Disabled;
2. Total Disability began while the Covered Person was insured under the Policy's Life insurance benefit;
3. {[the Covered Person died not more than [12] months after ceasing Active Work;]} and
4. {the Covered Person died before age [65] and before retirement.}

{Total Disability or Totally Disabled: For the purposes of the this Extended Death Benefit section, the Covered Person has a condition that prevents him from doing any work for which he is or could become qualified by education, training or experience.}

{Total Disability or Totally Disabled: For the purposes of this Extended Death Benefit section, the Covered Person qualifies as disabled in accordance with the definitions of the Employer sponsored long term disability plan.}

For this provision, Life Insurance means: {Basic Life Insurance}{Basic Life Insurance and Supplemental Life Insurance}.

{ACCELERATED DEATH BENEFIT FOR COVERED PERSON

The Accelerated Death Benefit payment may be taxable to the Covered Person. The Covered Person should seek assistance from his personal tax advisor regarding taxes the Covered Person may have to pay as the result of claiming Accelerated Death Benefits.

If while insured under the Policy, the Covered Person becomes terminally ill (called the “qualifying event”) with a life expectancy of less than [12 months] and the Covered Person has met all of the conditions set forth below, We will pay the Covered Person the amount of insurance shown in the Schedule of Benefits.

The Covered Person may elect to receive an Accelerated Death Benefit amount that is stated on the Schedule of Benefits. However, an Accelerated Death Benefit payment against the Covered Person’s Life Insurance Benefit can only be made once in the Covered Person’s lifetime.

The Life Insurance Benefit amount will be reduced by the amount paid under this provision.

The Covered Person must submit written medical evidence signed by the treating Physician and acceptable to Us that he is:

1. under a Physician’s care for that condition, and
2. has a life expectancy of less than [12 months].

The Accelerated Death Benefit amount will be paid to the Covered Person after the Covered Person meets all of the conditions listed above.

We reserve the right to ask for a medical exam in connection with a claim.

The Covered Person must continue to pay any applicable premium for the amount of Life Insurance Benefits remaining after the reduction.

Upon the Covered Person’s death, the amount of Life Insurance Benefits paid to the Covered Person’s beneficiary will be reduced by the amount already paid under this provision.

Limitations: Accelerated Death Benefits will not be payable if:

1. {the Covered Person has assigned his Life Insurance Benefits; or}
2. {We have been notified that all or a portion of the Life Insurance Benefits are to be paid to the Covered Person’s former Spouse as part of a divorce agreement; or }
3. {the Covered Person is required by law to accelerate benefits in order to meet the claims of creditor(s); or}
4. {the Covered Person is required by a government agency to accelerate benefits in order to qualify for a government benefit or entitlement.}

{The Accelerated Death Benefit is not available to Retired Covered Persons.} }

{ACCELERATED DEATH BENEFIT FOR [DEPENDENT SPOUSE]}

The Accelerated Death Benefit payment may be taxable. The [Dependent Spouse] should seek assistance from his personal tax advisor regarding taxes the [Dependent Spouse] may have to pay as the result of claiming Accelerated Death Benefits.

If while insured under the Policy, the [Dependent Spouse] becomes terminally ill (called the “qualifying event”) with a life expectancy of less than [12 months] and the [Dependent Spouse] has met all of the conditions set forth below, We will pay the [Dependent Spouse] the amount of insurance shown in the Schedule of Benefits.

The [Dependent Spouse] may elect to receive an Accelerated Death Benefit amount that is stated on the Schedule of Benefits. However, an Accelerated Death Benefit payment against the [Dependent Spouse’s] Life Insurance Benefit can only be made once in the [Dependent Spouse’s] lifetime.

The [Dependent Spouse’s] Life Insurance Benefit amount will be reduced by the amount paid under this provision.

The [Dependent Spouse] must submit written medical evidence signed by the treating Physician and acceptable to Us that he is:

1. under a Physician’s care for that condition, and
2. has a life expectancy of less than [12 months].

The Accelerated Death Benefit amount will be paid to the [Dependent Spouse] after the [Dependent Spouse] meets all of the conditions listed above.

We reserve the reasonable right to ask for a medical exam in connection with a claim.

The [Dependent Spouse] must continue to pay any applicable premium for the amount of Life Insurance Benefits remaining after the reduction.

Upon the [Dependent Spouse’s] death, the amount of Life Insurance Benefits paid to the Covered Person will be reduced by the amount already paid under this provision. }

{PORTABILITY PRIVILEGE FOR [SUPPLEMENTAL LIFE INSURANCE] FOR COVERED PERSON

[This provision applies only to the Covered Person's Supplemental Life Insurance Benefit. It does not apply to [Basic Life Insurance Benefit or Accidental Death {and Dismemberment} Benefit], as contained in the Policy.]

{The Covered Person may not elect to port his insurance unless the Covered Person has been insured by the Policy, or the one it replaced, for at least [twelve] consecutive months prior to the date the Covered Person's insurance under the Policy ends.} {A Covered Person may not "port" his insurance if he has an Injury or Sickness which has a material effect on life expectancy.}

The Covered Person may elect to continue all or part of his [Supplemental Life Insurance Benefit], by electing [a portable Certificate of Insurance], subject to the following terms and restrictions.

The Covered Person may "port" his insurance if the insurance under the Policy ends for any reason other than:

1. {termination of employment due to Sickness or Injury; }
2. failure to pay any required premium;
3. the termination of the Policy; {or}
4. attainment of age [70]{}; or
5. termination of the Enrolling Group}.

The Covered Person may not port his insurance, if the Covered Person has reached his [70th] birthday on the day his insurance under the Policy terminates.

{The Covered Person may port the full amount of his [Supplemental Life Insurance] amount as of the day insurance under the Policy terminates.}

{Evidence of insurability is required of the Covered Person for all amounts ported that exceed the lesser of the Covered Person's insurance under the Policy or [\$250,000].} {The Maximum amount that a Covered Person is eligible to port for all insurances combined is [the lesser of the Covered Person's insurance under the Policy, or [\$500,000].]}

[The Covered Person can port to a portable Certificate of Insurance. The certificate provides term [Group Life Insurance]. This does not provide for Waiver of Premium benefit. The benefits provided by the portable Certificate of Insurance may not be identical to the benefits provided by the Policy.]

[To get a portable Certificate of Insurance, the Covered Person must apply to Us in writing and pay the required premium. The Covered Person has 31 days from the date insurance under the Policy ends to do this. We won't ask for proof that the Covered Person is insurable.]

No Covered Person is allowed to convert his insurance, and elect [a portable Certificate of Insurance] at the same time. If a situation arises in which a Covered Person would be eligible to both convert and port, he may only exercise one of these privileges. The Covered Person may never be insured under both a converted policy and a portable [Certificate of Insurance] at the same time.

{[Employees] rehired after porting insurance must either lapse that insurance or provide evidence of insurability to keep the porting insurance. }

{PORTABILITY PRIVILEGE FOR [SUPPLEMENTAL LIFE INSURANCE] FOR COVERED PERSON AND DEPENDENTS

[This provision applies only to the Covered Person's and Dependent's Supplemental Life Insurance Benefit. It does not apply to [Basic Life Insurance Benefit or the Accidental Death {and Dismemberment} Benefit], as contained in the Policy.]

{The Covered Person may not elect to port his insurance unless the Covered Person has been insured by the Policy, or the one it replaced, for at least [twelve] consecutive months prior to the date the Covered Person's insurance under the Policy ends.} {A Covered Person may not "port" his insurance if he has an Injury or Sickness which has a material effect on life expectancy.}

The Covered Person may elect to continue all or part of the Covered Person and insured Dependent's [Supplemental Life Insurance Benefit] by electing [a portable Certificate of Insurance], subject to the following terms and restrictions.

The Covered Person may "port" his insurance if the insurance under the Policy ends for any reason other than:

1. {termination of employment due to Sickness or Injury};
2. failure to pay any required premium;
3. the termination of the Policy; {or}
4. attainment of age [70]{; or}{
5. termination of the Enrolling Group}.

The Covered Person may not port his insurance, or insurance for any of his insured Dependents, if the Covered Person has reached his [70th] birthday on the day the Covered Person's insurance under the Policy terminates.

{The Covered Person may port the full amount of his [Supplemental Life Insurance Benefit] amount as of the day insurance under the Policy terminates.}

{Evidence of insurability is required of the Covered Person for all amounts ported that exceed the lesser of the Covered Person's insurance under the Policy or [\$250,000]}. {The maximum amount that a Covered Person is eligible to port for all insurances combined is [the lesser of the Covered Person's insurance under the Policy, or [\$500,000]]}.

[The Covered Person may port the full amount of his insured Dependent [Supplemental Life Insurance Benefit] amount(s), if:

1. the Spouse's amount under the Policy is at least [\$5,000]. {However, the Spouse must provide evidence of insurability for all amounts ported that exceed [the lesser of the Spouse's in force insurance under the Policy or [\$100,000].] }

If the Covered Person ports an amount of his [Supplemental Life Insurance Benefit], then any Dependent amount(s) elected must be the same percentage as the Covered Person elected to port.

The maximum Spouse amount that a Covered Person is eligible to port for all Spouse insurances combined is [the lesser of the Spouse's inforce insurance under the Policy, or [\$100,000].]

2. the Child's amount under the Policy is at least [\$2,000]]

**PORTABILITY PRIVILEGE FOR [SUPPLEMENTAL LIFE INSURANCE] FOR COVERED
PERSON AND DEPENDENTS (continued)**

The Covered Person may port:

1. his [Supplemental Life Insurance] amount only;
2. his [Supplemental Life Insurance] amount and his insured Dependent Spouse's [Supplemental Life Insurance] amount;
3. his [Supplemental Life Insurance] amount and the [Supplemental Life Insurance] amounts of all insured Dependents; or
4. if the Covered Person is a single parent, his [Supplemental Life Insurance] amount and the [Supplemental Life Insurance] amounts of all of his insured Dependent children.

No other combinations of ported insurance amounts will be allowed.

If the Covered Person dies and has insurance for his insured Dependents under [Supplemental Life Insurance], each of the Covered Person's then insured Dependents may port their [Supplemental Life Insurance] amounts as limited above. However, the Covered Person's then insured surviving Dependent Spouse must port in order for the Covered Person's then insured surviving Dependent children to port. If there is no surviving Dependent Spouse, no Dependent children will be allowed to port.

[The Covered Person and insured Dependents can port to a portable Certificate of Insurance. The Certificate of Insurance provides term [Group Life Insurance]. This does not provide for Waiver of Premium benefit. The benefits provided by the portable Certificate of Insurance may not be identical to the benefits provided by the Policy.]

[To get a portable Certificate of Insurance, the Covered Person or insured Dependent must apply to us in writing and pay the required premium. The Covered Person or insured Dependent has 31 days from the date insurance under the Policy ends to do this. We won't ask for proof that the Covered Person or insured Dependent is insurable.]

No Covered Person is allowed to convert his insurance, and elect [a portable Certificate of Insurance] at the same time. If a situation arises in which a Covered Person would be eligible to both convert and port, he may only exercise one of these privileges. The Covered Person may never be insured under both a converted policy and [a portable Certificate of Insurance] at the same time.

{[Employees] rehired after porting insurance must either lapse that insurance or provide evidence of insurability to keep the porting insurance.}}

{ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR COVERED PERSON

If the Covered Person suffers a loss described below, We will pay the amount of insurance that applies. The {Covered Person, or the} Covered Person's beneficiary, must give Us proof that:

1. Injury occurred while the insurance was in force under this section;
2. loss occurred within [90 days] after the Injury; and
3. loss was due to Injury independent of all other causes.

Amount of Insurance: The amount of insurance shown in the Schedule of Benefits will be paid according to the following table:

[Loss of life	100%
Loss of both hands or both feet	50%
Loss of sight of both eyes	50%
Loss of one hand and sight of one eye	50%
Loss of one foot and sight of one eye	50%
Quadriplegia	25%
Paraplegia	25%
Triplegia	25%
Loss of one hand	25%
Loss of one foot	25%
Loss of sight of one eye	25%
Coma	25%
Loss of speech	25%
Loss of hearing	25%
Hemiplegia	25%
Uniplegia	25%
Loss of Thumb and Index Finger of the Same Hand	25%]

[Loss of sight means total and irrecoverable loss of sight. Loss of hands or feet means severance at or above the wrist or ankle. Loss of thumb and index finger means the actual, complete and permanent severance through or above the metacarpophalangeal joints. Loss of speech means the total and irrecoverable loss of speech. Loss of hearing means total and irrecoverable loss of hearing. Quadriplegia means total and permanent Paralysis of both upper and lower limbs. Paraplegia means total and permanent Paralysis of both lower limbs. Uniplegia means the total and permanent Paralysis of one limb. Triplegia means the total and permanent Paralysis of three limbs. Hemiplegia means total and permanent Paralysis of upper and lower limbs on one side of the body. Paralysis means permanent impairment and loss of the ability to voluntarily move or to have sensation in any entire extremity. Paralysis must be the result of an Injury to the brain or spinal cord and without the severance of a limb. Coma means the diagnosis of a state of unconsciousness for a continuous period of at least 90 days.]

In paying this benefit, We will consider only losses sustained while insured under this section of the Policy. We will pay no more than the full amount shown in the Schedule of Benefits for losses resulting from any one Injury.

**ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR COVERED PERSON
(continued)**

{Seat Belt Benefit for Covered Person: We will pay {an additional benefit of [\$1,000]} {an amount equal to [2%] of the full amount of Covered Person's Accidental Death {and Dismemberment Benefit}} for the loss of the Covered Person's life that results from injuries sustained while driving or riding in a private Passenger Car if such Covered Person's Seat Belt was properly fastened. {However, the amount payable will not exceed [\$1,000].} A benefit is not payable under this provision, if:

1. the Covered Person is either a driver or passenger, and the driver was legally intoxicated or under the influence of drugs at the time of the accident; or
2. the driver of the private Passenger Car does not hold a current and valid driver's license at the time of the accident.}

{Seat Belt and Air Bag Benefit for Covered Person: We will pay an additional benefit for the loss of the Covered Person's life that results from injuries sustained while driving or riding in a private Passenger Car if such Covered Person's Seat Belt was properly fastened. {A benefit is not payable under this provision, if:

1. {the Covered Person is either a driver or passenger, and the driver was legally intoxicated or under the influence of drugs at the time of the accident; } {or}
2. {the driver of the private Passenger Car does not hold a current and valid driver's license at the time of the accident.}}

An additional Air Bag Benefit will be paid if:

1. Seat Belt Benefit is payable; and
2. the private Passenger Car is equipped with a single Air Bag and the Covered Person is the driver; or
3. the private Passenger Car is equipped with an Air Bag for both the driver and for the front passenger seat and the Covered Person is the driver or front seat passenger; or
4. the private Passenger Car is equipped with an Air Bag for the driver seat, for the front passenger seat and for all rear passenger seats and the Covered Person is the driver, front seat passenger or rear seat passenger; and
5. the police report or other evidence establishes that the Air Bag inflated properly upon impact.

We will pay:

1. A Seat Belt benefit of [\$1,000] {an amount equal to [2%] of the full amount of Accidental Death {and Dismemberment} Benefit}; or
2. A Seat Belt and Air Bag Benefit of [\$2,000] {an amount equal to [4%] of the full amount of Accidental Death {and Dismemberment} Benefit}.

{However, the amount payable will not exceed [\$1,000] for the Seat Belt Benefit or [\$2,000] for the combined Seat Belt and Air Bag Benefit.}}

{The accident causing the Covered Person's death must occur while the Covered Person is insured under the Policy.}

{Passenger Car} means, for the purposes of this Accidental Death {and Dismemberment} Benefit, any validly registered four-wheel private Passenger Car. **Seat Belt** means any restraint device which meets published federal safety standards, has been installed by the car manufacturer or reinstalled according to the manufacturer's specifications and has not been altered after such installation. The investigating officer must certify the correct position of the Seat Belt. A copy of the police report must be submitted with the claim.}

{Air Bag} means, for the purposes of this Accidental Death {and Dismemberment} Benefit, a supplemental restraint system that inflates for added protection to the head and chest areas. The Air Bag must meet published federal safety standards, be installed by the car manufacturer or consist of proper replacement parts as required by the car manufacturer's specifications and not have been altered after such installation.}

Limitations: We will not pay a benefit for a loss caused directly or indirectly by:

**ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR COVERED PERSON
(continued)**

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these;
2. suicide or intentionally self-inflicted Injury, while sane or insane;
3. participation in a riot or insurrection, or commission of an assault or felony;
4. war or any act of war, declared or undeclared;
5. use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a Physician;
6. driving while intoxicated, as defined by the applicable state law where the loss occurred;
7. {[engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping or using off-road vehicles;]}
8. {Injury arising out of or in the course of any occupation or employment for pay or profit, or} any Injury or Sickness for which the Covered Person is entitled to benefits under any Workers Compensation Law, Employers Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule of Benefits;
9. {travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people[;].}
10. {travel or flight in, or descent from any aircraft, except if employment duties require the Covered Person to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people.}

Notice of Claim: Written notice of a claim for death or Injury must be given to Us at Our Home Office by the Covered Person or his beneficiary within [30 days] of the date of death or the date the Injury occurred. If it is not possible, written notice must be given as soon as it is reasonably possible to do so.

The claim form is available from the Covered Person's Employer, or can requested from Us. If the Covered Person does not receive the form from Us within [15 days] of his request, written proof of claim should be sent to Us without waiting for the form. Written proof should establish facts about the claim such as date of occurrence, nature, and extent of the loss involved.

Proof of Claim: Written proof of claim must be filed within [90 days] of the loss. However, if it is not possible to give proof within [90 days], it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Payment of Claim: Payment of Claim for loss of life will be paid in accordance with the beneficiary section. All other benefits under the Policy are paid to the Covered Person.

If the Covered Person has chosen an option, no one may change it unless the Covered Person consents in writing. The Covered Person's beneficiary may choose an option within [60 days] after death if one has not been chosen.

Legal Action: The Covered Person may not bring suit to recover under this section until [60 days] after he has given Us written proof of loss. No suit may be brought more than three years after the date the proof of loss is required to be filed.

{Physical Examination and Autopsy: We have the right to have a Physician of Our choice examine the Covered Person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.}

**ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR COVERED PERSON
(continued)**

Assignment: Accidental Death {and Dismemberment} insurance provided by the Policy cannot be assigned. }

{LIFE INSURANCE BENEFIT FOR DEPENDENTS

Death Benefits: We will pay the Life Insurance Benefit amount in force on a Dependent, if insured under this section of the Policy, when We receive proof of his death. The amount of insurance is shown in the Schedule of Benefits. Eligible Dependents are defined in the “General Definitions” section of the Policy.

Assignment: The Dependent Life Insurance Benefit provided by the Policy cannot be assigned.

Beneficiary: Benefits will be paid to:

1. the Covered Person, if living;
2. the legal Spouse of the Covered Person, if the Covered Person is not living; or
3. the estate of the Dependent, if the legal Spouse of the Covered Person is not living.

Notice of Claim: Written notice of a claim for death must be given to Us at Our Home Office by the Covered Person or his beneficiary within [30 days] of the date of death. If it is not possible, written notice must be given as soon as it is reasonably possible to do so.

The claim form is available from the Covered Person’s Employer, or can requested from Us. If the form is not received from Us within [15 days] of a request, written proof of claim should be sent to Us without waiting for the form. Written proof must show the cause of death. Also, a certified copy of the death certificate must be given to Us.

Proof of Claim: Written proof of claim must be filed within [90 days] of the loss. However, if it is not possible to give proof within [90 days], it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Payment of Claim: Payment of Claim for loss of life will be paid in accordance with the beneficiary section. All other benefits under the Policy are paid to the Covered Person.

If the Covered Person has chosen an option, no one may change it unless the Covered Person consents in writing. The Covered Person’s beneficiary may choose an option within [60 days] after death if one has not been chosen.

Legal Action: The insured Dependent may not bring suit to recover under this section until [60 days] after he has given Us written proof of loss. No suit may be brought more than three years after the date the proof of loss is required to be filed.

{Physical Examination and Autopsy: We have the right to have a Physician of Our choice examine the insured Dependent, as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.}

Conversion: A Dependent may convert all or part of his Life Insurance to an individual life policy, other than term insurance, if his insurance terminates because:

1. the Covered Person ceases to be a member of a class eligible for Life Insurance;
2. the Covered Person’s legal Spouse lost insurance due to a reduction of insurance because of age;
3. the Covered Person is Totally Disabled or dies; or
4. the Dependent is no longer eligible for Dependent Life Insurance. A Dependent may convert a limited amount of insurance to an individual life policy, other than term insurance, if he was continuously insured under the Policy (or the policy it replaced) for five years if his insurance terminated due to the Policy being terminated or amended.

The amount the Dependent may convert in this case is the smaller of the following:

1. the Life Insurance Benefit amount which terminates less the amount he may become eligible for under any group within [31 days] after this insurance terminated; or

LIFE INSURANCE BENEFIT FOR DEPENDENTS (continued)

2. [\$10,000].

The Dependent may convert to any policy We are using for the purpose of conversions. The conversion policy will not have disability or other supplemental benefits. No evidence of insurability is required. The Dependent must submit a written application and the first premium to Our Home Office within [31 days] after this insurance terminated. It is the Covered Person's responsibility to pay the premiums for the conversion policy. The premium will be based on the amount and form of the conversion policy, and on the Dependent's class of risk and age on the date the conversion takes effect.

If the Dependent dies within the [31 days] allowed for making application to convert, We will pay the amount he was entitled to convert. We will do this whether or not application was made.

The conversion policy will take effect on the later of:

1. its date of issue; or
2. [31 days] after the date this insurance terminated.

{Amounts of insurance that the insured Dependent has ported will not be eligible for the Conversion Privilege unless the Certificate of Insurance is returned.}

{{Supplemental}Life Limitations: No benefit will be paid for any loss caused directly or indirectly from:

1. suicide occurring within [24 months] after the Dependent's initial Effective Date of insurance; or
2. suicide occurring within [24 months] after the Effective Date of any increase or additional insurance. This limitation applies only to the increased or additional amount of insurance.}}

{ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR DEPENDENTS

If the Dependent suffers a loss described below, We will pay the amount of insurance that applies. The Covered Person, or the Covered Person's beneficiary, must give Us proof that:

1. Injury occurred while the insurance was in force under this section;
2. loss occurred within [90 days] after the Injury; and
3. loss was due to Injury independent of all other causes.

Amount of Insurance: The amount of insurance shown in the Schedule of Benefits will be paid according to the following table:

[Loss of life	100%
Loss of both hands or both feet	50%
Loss of sight of both eyes	50%
Loss of one hand and sight of one eye	50%
Loss of one foot and sight of one eye	50%
Quadriplegia	25%
Paraplegia	25%
Triplegia	25%
Loss of one hand	25%
Loss of one foot	25%
Loss of sight of one eye	25%
Coma	25%
Loss of speech	25%
Loss of hearing	25%
Hemiplegia	25%
Uniplegia	25%
Loss of Thumb and Index Finger of the Same Hand	25%]

[Loss of sight means total and irrecoverable loss of sight. Loss of hands or feet means severance at or above the wrist or ankle. Loss of thumb and index finger means the actual, complete and permanent severance through or above the metacarpophalangeal joints. Loss of speech means the total and irrecoverable loss of speech. Loss of hearing means total and irrecoverable loss of hearing. Quadriplegia means total and permanent Paralysis of both upper and lower limbs. Paraplegia means total and permanent Paralysis of both lower limbs. Uniplegia means the total and permanent Paralysis of one limb. Triplegia means the total and permanent Paralysis of three limbs. Hemiplegia means total and permanent Paralysis of upper and lower limbs on one side of the body. Paralysis means permanent impairment and loss of the ability to voluntarily move or to have sensation in any entire extremity. Paralysis must be the result of an Injury to the brain or spinal cord and without the severance of a limb. Coma means the diagnosis of a state of unconsciousness for a continuous period of at least 90 days.]

In paying this benefit, We will consider only losses sustained while insured under this section of the Policy. We will pay no more than the full amount shown in the Schedule of Benefits for losses resulting from any one Injury.

ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR DEPENDENTS (continued)

{Seat Belt Benefit for Covered Dependents: We will pay {an additional benefit of [\$500]} {an amount equal to [2%]} of the full amount of the Dependent's Accidental Death {and Dismemberment Benefit}} for the loss of the Dependent's life that results from injuries sustained while driving or riding in a private Passenger Car if such Dependent's Seat Belt was properly fastened. {However, the amount payable will not exceed [\$500].} A benefit is not payable under this provision, if:

1. the Dependent is either a driver or passenger, and the driver was legally intoxicated or under the influence of drugs at the time of the accident; or
2. the driver of the private Passenger Car does not hold a current and valid driver's license at the time of the accident.}

{Seat Belt and Air Bag Benefit for Dependent: We will pay an additional benefit for the loss of the Dependent's life that results from injuries sustained while driving or riding in a private Passenger Car if such Dependent's Seat Belt was properly fastened. {A benefit is not payable under this provision, if:

1. {the Dependent is either a driver or passenger, and the driver was legally intoxicated or under the influence of drugs at the time of the accident; or}
2. {the driver of the private Passenger Car does not hold a current and valid driver's license at the time of the accident.}}

An additional Air Bag Benefit will be paid if:

1. Seat Belt Benefit is payable; and
2. the private Passenger Car is equipped with a single Air Bag and the Dependent is the driver; or
3. the private Passenger Car is equipped with an Air Bag for both the driver and for the front passenger seat and the Dependent is the driver or front seat passenger; or
4. the private Passenger Car is equipped with an Air Bag for the driver seat, for the front passenger seat and for all rear passenger seats and the Dependent is the driver, front seat passenger or rear seat passenger; and
5. the police report or other evidence establishes that the Air Bag inflated properly upon impact.

We will pay:

1. A Seat Belt benefit of [\$500] {an amount equal to [2%]} of the full amount of the Dependent's Accidental Death {and Dismemberment} Benefit}; or
2. A Seat Belt and Air Bag Benefit of [\$1,000] {an amount equal to [4%]} of the full amount of Dependent's Accidental Death {and Dismemberment} Benefit}.

{However, the amount payable will not exceed [\$500] for the Seat Belt Benefit or [\$1,000] for the combined Seat Belt and Air Bag Benefit.} }

{The accident causing the Dependent's death must occur while the Dependent is insured under the Policy.}

{Passenger Car means: for the purposes of this Accidental Death {and Dismemberment} Benefit, any validly registered four-wheel private Passenger Car. Seat Belt means any restraint device which meets published federal safety standards, has been installed by the car manufacturer or reinstalled according to the manufacturer's specifications and has not been altered after such installation. The investigating officer must certify the correct position of the Seat Belt. A copy of the police report must be submitted with the claim. }

{Air Bag means: for the purposes of this Accidental Death {and Dismemberment} Benefit, a supplemental restraint system that inflates for added protection to the head and chest areas. The Air Bag must meet published federal safety standards, be installed by the car manufacturer or consist of proper replacement parts as required by the car manufacturer's specifications and not have been altered after such installation.}

Limitations: We will not pay a benefit for a loss caused directly or indirectly by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these;
2. suicide or intentionally self-inflicted Injury, while sane or insane;

ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR DEPENDENTS (continued)

3. participation in a riot or insurrection, or commission of an assault or felony;
4. war or any act of war, declared or undeclared;
5. use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a Physician;
6. driving while intoxicated, as defined by the applicable state law where the loss occurred;
7. {[engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping or using off-road vehicles;]}
8. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which the insured Dependent is entitled to benefits under any Workers Compensation Law, Employers Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule of Benefits;
9. {travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people[.];}
10. {travel or flight in, or descent from any aircraft, except if employment duties require the Insured to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people.}

Notice of Claim: Written notice of a claim for death or Injury must be given to Us at Our Home Office by the Covered Person or his beneficiary within [30 days] of the date of death or the date the Injury occurred. If it is not possible, written notice must be given as soon as it is reasonably possible to do so. The notice should identify the insured Dependent.

The claim form is available from the Covered Person's Employer, or can requested from Us. If the Covered Person does not receive the form from Us within [15 days] of his request, written proof of claim should be sent to Us without waiting for the form. Written proof should establish facts about the claim such as date of occurrence, nature, and extent of the loss involved.

Proof of Claim: Written proof of claim must be filed within [90 days] of the loss. However, if it is not possible to give proof within [90 days], it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Payment of Claim: Payment of Claim for loss of life will be paid in accordance with the beneficiary section. All other benefits under the Policy are paid to the Covered Person.

If the Covered Person has chosen an option, no one may change it unless the Covered Person consents in writing. The Covered Person's beneficiary may choose an option within [60 days] after death if one has not been chosen.

Legal Action: The insured Dependent may not bring suit to recover under this section until [60 days] after he has given Us written proof of loss. No suit may be brought more than three years after the date the proof of loss is required to be filed.

{Physical Examination and Autopsy: We have the right to have a Physician of Our choice examine the insured Dependent, as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.}

Assignment: Accidental Death {and Dismemberment} insurance provided by the Policy cannot be assigned.}

**{CONTINUATION OF MEDICAL INSURANCE BENEFIT FOR DEPENDENTS UNDER THE
ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT**

This benefit provides payments for the continuation of a Dependent's medical insurance as provided under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

A Dependent will qualify for benefits under this section if:

1. a Loss of Life benefit is payable for the Covered Person under the Accidental Death {and Dismemberment} Benefit;
2. the Covered Person's Dependent elects to continue medical insurance under COBRA subsequent to the Covered Person's death; and
3. We receive the premium bills for the medical insurance continued through COBRA.

As long as the Dependent qualifies for this benefit, We will pay an annual benefit amount {equal to the lesser }of{:

1. [1%] of the Covered Person's Loss of Life benefit under Accidental Death {and Dismemberment}; or
2. }[\$1,000].

This benefit is payable in addition to any other benefits provided under the Policy. Payment will be made upon Our receipt of satisfactory proof that the above conditions have been met.

Benefits are payable to the Covered Person's [Spouse]. If there is no such [Spouse], payment will be made to or on behalf of the Covered Person's Children.

Payment under this provision will end on the earliest of the following dates:

1. the date the Covered Person's Dependent fails to provide Us with a copy of the subsequent premium bill; or
2. the date the Covered Person's Dependent has received [3 annual] payments.}

**{ CHILD CARE EXPENSE BENEFIT UNDER THE ACCIDENTAL DEATH {AND
DISMEMBERMENT} BENEFIT**

We will pay a Child Care Expense Benefit if:

1. a Covered Person {and his Children} [are] insured under the Policy; and
2. the Covered Person dies as a result of an Injury; and
3. a Loss of Life benefit is payable for the Covered Person under the Accidental Death {and Dismemberment} provision.

This benefit will be paid on behalf of any Child under age of [13] or any Child age [13] or older who needs ongoing personal care assistance, who is receiving child care from a licensed child care provider at the time of the Covered Person's death, or within [90] days of the Covered Person's death. Payment will be made to the Child's parent or legal guardian.

The benefit is equal to the lesser of the following amounts:

1. the actual cost charged for the Child Care Expenses per year;
2. {[1%] of the Covered Person's Loss of Life benefit payable under the Accidental Death {and Dismemberment} provision, not to exceed }[\$1,000] per year per Child.

However, We will not pay more than the overall maximum amount of [\$1,000] per year for all Child Care Expenses combined.

This Child Care Expense Benefit is payable each year for each Dependent Child who qualifies for Child Care Benefits. No more than [two] Child Care Benefits will be payable for each Dependent.

To receive this benefit, the Child's parent or legal guardian must provide satisfactory proof that he is incurring expenses that entitle him to the Child Care Expenses Benefit. Expenses must be charged by a child care provider who is licensed to provide such services in the jurisdiction in which the services are provided.

The Child Care Expense Benefit will end on the earlier of the following:

1. the date the Child's parent or legal guardian is no longer incurring child care expenses;
2. the date the maximum number of Child Care Benefits have been paid;
3. the date the Child reaches [13] years of age unless the Child needs ongoing personal care assistance.}

{ COMMON CARRIER HAZARD BENEFIT FOR COVERED PERSONS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

If an Accidental Death {and Dismemberment} Loss of Life benefit is payable under the Policy, We will pay an additional benefit amount for a loss that is the result of a hazard while the Covered Person is [on business for the Employer or on personal travel]. A hazard is a situation or activity that places the Covered Person at risk of loss. We will pay the Common Carrier Hazard Benefit for the following hazards if the Covered Person's loss of life occurs:

1. while riding as a passenger (not as a pilot or crew member) in or getting into or out of:
 - a. any common public passenger carrier, including air, that is licensed for the transportation of passengers for hire, excluding an aircraft owned, operated, chartered or leased by or for the Employer; or
 - b. any transport type aircraft operated by the Military Airlift Command (MAC) of the United States or by a similar air transport service of any duly constituted government authority recognized by the government of the United States; or
2. as a result of a parachute jump from an aircraft as described in item 1 above in order to save self; or
3. as a result of being struck by an aircraft as described in item 1 above.

The amount of the Common Carrier Hazard Benefit payable is [1% of the Accidental Death {and Dismemberment} Loss of Life benefit as shown on the Schedule of Benefits not to exceed \$1,000].

This benefit is subject to the conditions, limitations and exclusions in the Policy.}

{HOME ALTERATIONS AND VEHICLE MODIFICATIONS BENEFIT FOR COVERED PERSON {AND DEPENDENTS} UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

If a Covered Person {or the Covered Person's Spouse} sustains an Injury which requires the individual to use a wheelchair to become ambulatory, and if the individual receives a benefit payment for a loss under the Accidental Death {and Dismemberment} Benefit, We will reimburse the Covered Person, upon presentation of proof of payment, for:

1. the cost of alterations that were made to the Covered Person's home [or to the Covered Person's Spouse's home] to make it wheelchair accessible and habitable; and
2. the cost of modifications that were made to the Covered Person's car [or to the Covered Person's Spouse's car] to make it wheelchair accessible and easier to drive.

The maximum benefit amount combined for all costs of alterations to the home and/or modifications to the car is {the lessor of:

1. [1%] of the full amount of the Accidental Death {and Dismemberment} Benefit;
2. }[\$1,000].

This benefit will not be paid unless:

1. Home Alterations including but not limited to the installation of ramps, and widening of doorways, are made by a person(s) experienced in these types of alterations and the alterations are recommended by a recognized organization providing support and assistance to wheelchair users; and
2. Modifications to a Car including, but not limited to, installation of an automatic lift, modification of steering and braking mechanisms, are made by a person(s) with experience in these types of modifications, and modifications are approved by the federal or state vehicle licensing authorities. }

**{REHABILITATION PHYSICAL THERAPY BENEFIT FOR COVERED PERSON {AND DEPENDENTS}
UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT**

We will pay an additional benefit to a Covered Person for rehabilitative physical therapy that is prescribed by the attending Physician if the Covered Person {or a Dependent} sustains an Injury which causes a dismemberment loss and a benefit is payable under the Accidental Death {and Dismemberment} benefit.

The maximum rehabilitative physical therapy benefit amount is {the lesser of:

1. [1%] of the full amount of the Accidental Death {and Dismemberment} Benefit payable to the Covered Person {or to the Dependent};
2. }[\$1,000].

[This benefit will be prorated and paid on a monthly basis for up to [12] months.]

Benefits will end if the Covered Person's {or Dependent's} Physician determines that Rehabilitation Physical Therapy is no longer necessary.}

{COMMON DISASTER BENEFIT FOR COVERED PERSON AND DEPENDENTS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

When We receive proof that a Covered Person and the Covered Person's Spouse are insured for Accidental Death {and Dismemberment} insurance under the Policy and that both die as the result of Injury sustained in the same accident, We will pay a Common Disaster Benefit in accordance with the beneficiary designation, or to the designated guardian for the Covered Person's children.

Both deaths must occur within [90 days] of the date of the accident that caused the Injuries. The amount of the Common Disaster Benefit is {[extract_itex]1,000]} {the amount of Accidental Death {and Dismemberment} Loss of Life benefit paid on behalf of the Covered Person} { minus the amount of Accidental Death {and Dismemberment} Loss of Life benefit paid on behalf of the Covered Person's Spouse,} {not to exceed a maximum Common Disaster Benefit amount of [extract_itex]1,000}}. {However, the benefit paid will not exceed the Covered Person's Accidental Death {and Dismemberment} Loss of Life Benefit.}

The Common Disaster Benefit is paid in equal shares to each surviving child or to the estate if no living children.

The Common Disaster Benefit is paid in addition to benefits paid under the Covered Person's and Dependent's Accidental Death {and Dismemberment} benefit. }

**{SPOUSE TRAINING BENEFIT UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT}
BENEFIT**

When We receive proof that a Covered Person dies as a result of an Injury and an Accidental Death {and Dismemberment} Loss of Life benefit is payable, then We will pay an additional Spouse Training Benefit to the Covered Person's Spouse if:

The Spouse {is insured under the Policy on the date of the Covered Person's accident, and} is enrolled in a post secondary institution, professional or trade school training program:

1. for the purpose of obtaining an independent source of support and maintenance; and
2. within [3] months of the date of the Covered Person's death.

The Spouse Education Benefit payable is the lesser of:

1. expenses incurred for the training which includes [tuition charged and the costs of materials needed, but does not include room and board costs];
2. {[1%] of the Covered Person's Spouse's full Accidental Death {and Dismemberment} Benefit;}
3. [\$1,000.].}

**{SURVIVOR BENEFIT FOR DEPENDENTS UNDER THE ACCIDENTAL DEATH {AND
DISMEMBERMENT} BENEFIT**

This benefit provides a monthly benefit payment to a Covered Person's Spouse, if living, otherwise, his children under age [21], in the event that Covered Person dies as a result of an Injury and the Accidental Death {and Dismemberment} loss of life benefit becomes payable. The Survivor Benefit is payable in addition to any other benefits provided under the Policy.

The maximum monthly benefit amount is {the lesser of:

1. [1%] of the full amount of the Accidental Death {and Dismemberment} Benefit payable to the Covered Person;
2. }[\$1,000].

Benefits payable are subject to the Survivor Benefit maximum benefit period of [12 months].

Benefits are payable to the Covered Person's Spouse if living, otherwise child under the age of [21]. If there are no living survivors at the time of the Covered Person's death, no benefits are payable.}

{HUMAN IMMUNODEFICIENCY VIRUS (HIV) BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

We will pay a benefit for exposure to the Human Immunodeficiency Virus (HIV) if a Covered Person sustains an Injury in the performance of his occupational duties and as a result of such Injury, the Covered Person acquires and tests positive for HIV and/or AIDS Related Complex (ARC) within one year of the date the Injury occurred. The Covered Person must be insured for this HIV benefit at the time of the Injury.

The HIV benefit {is [\$1,000]} {will equal [1%] of the Covered Person's full Accidental Death {and Dismemberment} Benefit in effect on the date the Injury occurred}. Benefits will be prorated and paid in [24] equal monthly payments. The benefit will be paid in addition to any other benefits that may be payable to the Covered Person because of the Injury. Payment of the HIV benefit will reduce the total Accidental Death {and Dismemberment} Benefit payable to the Covered Person.

In order to receive this benefit, the Covered Person must:

1. submit a Workers' Compensation Injury report or similar proof to the Employer within 48 hours of when the Injury occurred;
2. submit to a blood test for AIDS and ARC within 48 hours of when the Injury occurred; and
3. must not have previously tested positive for HIV, or if Covered Person had previously tested positive for HIV, the Covered Person subsequently tested negative for HIV prior to the date Injury occurred.

If the initial blood test is negative and the Covered Person subsequently tests positive to HIV or ARC within [1 year] of the date the Injury occurred, We will begin monthly HIV benefits.}

**{ FELONIOUS ASSAULT BENEFIT FOR COVERED PERSONS UNDER THE ACCIDENTAL DEATH
{AND DISMEMBERMENT} BENEFIT**

A lump sum Felonious Assault Benefit will be payable if:

1. an Accidental Death {and Dismemberment} Loss of Life benefit is payable to a Covered Person; and
2. the Covered Person's death is a result of a Criminal Act of Violence [.] [while the Covered Person is on
 - a. the premises of the Covered Person's Employer; or
 - b. on a Business trip made on behalf of the Covered Person's Employer.]

The maximum Felonious Assault Benefit amount is {the lesser of:

1. [1%] of the Covered Person's Accidental Death {and Dismemberment} Loss of Life benefit;
2. }[\$1,000].

This Benefit will not be payable for a loss that results from a Felonious Assault committed by:

1. a member of the Covered Person's family;
2. a member of the household in which the Covered Person lives; or
3. the Covered Person's fellow employee.

For purposes of this Felonious Assault Benefit:

[On the premises of the Covered Person's Employer means real estate:

1. owned, leased, controlled or under the management of the Employer; and
2. used to conduct the business of the Employer.]

[Business Trip means: an assignment by or with the authorization of the Covered Person's Employer for the purpose of furthering the business of the Employer.]

Criminal Act of Violence includes, but is not limited to, robbery, kidnapping, hijacking, assault and battery, murder or civil disturbance. }

**{ REPATRIATION BENEFIT FOR COVERED PERSONS {AND DEPENDENTS} UNDER THE
ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT**

We will pay a Repatriation Benefit if all of the following requirements are met:

1. an Accidental Death {and Dismemberment} Loss of Life benefit as the result of an Injury is payable on behalf of the Covered Person's death {or the death of a Dependent};
2. The Covered Person's {or the Covered Person's Dependent's} death occurs more than [100] miles from his primary place of residence and occurs outside the state or country of the Covered Person's {or the Covered Person's Dependent's} place of permanent residence; and
3. Covered Expenses are incurred for the preparation and transportation of the Covered Person's body {or the Dependent's body} to a mortuary near the primary place of residence.

The amount of the Repatriation Benefit is the lesser of:

1. the Covered Expenses incurred; or
2. {[1%] of the Covered Person's Accidental Death & Dismemberment Loss of Life benefit; or}
3. [\$1,000].

The Repatriation Benefit is payable to the person who incurs the expenses.

Covered Expenses include, but are not limited to the usual and customary fee or charge for the services rendered and supplies furnished in the area where services are rendered or the supplies are furnished. Such services and supplies include, but are not limited to, embalming, cremation, coffins, and transportation.}

{INSURANCE FOR EXPOSURE AND DISAPPEARANCE FOR COVERED PERSONS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

We will pay an Accidental Death {and Dismemberment} Loss of Life benefit if an Injury is sustained by a Covered Person who is unavoidably exposed to the elements and as a result of the exposure suffers a loss of life.

We will presume a Covered Person suffered Loss of Life due to an Injury if:

1. the Covered Person is riding in a Common Carrier that is involved in an accident covered under the Policy;
2. as a result of the accident, the Common Carrier is wrecked, sinks, is stranded, or disappears; and
3. the Covered Person's body is not found within one year of the date the accident occurred.

Common Carrier means: for the purposes of this Exposure and Disappearance Benefit:

1. any land or water vehicle, transport or vessel including, but not limited to, a vehicle, transport or vessel licensed to carry passengers for hire; or
2. any aircraft operated by a business organized to operate an aircraft service and licensed for the transportation of passengers for hire.}

{EDUCATION BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

We will pay a yearly Education Benefit to each of the Covered Person's Qualified Children if:

1. an Accidental Death {and Dismemberment} Loss of Life benefit is payable for the Covered Person;
2. the Covered Person dies within [90 days] after the date of the accident causing the accidental bodily Injury;
3. proof is given to Us that the Child is a Qualified Child; and
4. the Qualified Child continues to be enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level.

The maximum yearly Education Benefit amount is {the lesser of:

1. [1%] of the Covered Person's Accidental Death {and Dismemberment} Loss of Life benefits; or
2. }[\$1,000].

[However, We will not pay more than [\$1,000] per year for all Qualified Children combined.]

This Education Benefit is payable in addition to any other benefits provided under the Policy. We will not pay more than one Education Benefit per Qualified Child during any one school year.

If the Covered Person has no surviving Children {, or the Children are not insured under the Policy,} or the Children do not meet the Education Benefit requirements, then no Education Benefit will be paid.

The Education Benefit will terminate for each Qualified Child on the earliest of the following dates:

1. the date the Qualified Child fails to furnish proof as required by Us;
2. the date the Qualified Child no longer qualifies as a Dependent Child for any reason except the Covered Person's death; or
3. the date on which the [fourth] Education Benefit has been paid.

The following term is defined for the purposes of this Education Benefit:

Qualified Child is any of the Covered Person's unmarried children under the age shown in the General Definitions section who, on the date of the Covered Person's death as a result of an Injury, was either:

1. enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level; or
2. at the 12th grade level and enrolls as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level within 365 days following the date of the Covered Person's death. }

{CARJACKING BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

If the Covered Person sustains an Injury as the result of a Carjacking (taking unlawful possession of an automobile by means of force or threats against the person(s) who are rightfully occupying the vehicle) occurring in the United States and while the Covered Person was operating, or riding as a passenger in an automobile, We will pay a lump sum benefit.

A benefit is payable under this provision if the following conditions are met:

1. benefits are payable under the Accidental Death {and Dismemberment} provision of the Policy; and
2. We receive proof of the Carjacking either as part of an official police report of the Carjacking or as certified, in writing, by the investigating law enforcement officer.

The maximum Carjacking benefit amount is {the lesser of:

1. [1%] of the full amount of the Accidental Death {and Dismemberment} Benefit payable to the Covered Person;
2. }[\$1,000].

This benefit is payable in addition to any other benefits payable under the Policy. }

{PERMANENT TOTAL DISABILITY BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

This benefit provides a monthly benefit payment if the Covered Person sustains Permanent Total Disability as a result of an Injury.

Benefits are payable if the following conditions are met:

1. the Covered Person's Permanent Total Disability must begin within [90] days of the date of the Injury;
2. the Covered Person is Disabled to the extent described in the definition of Permanent Total Disability below;
3. the Covered Person's Permanent Total Disability renders him unable to work for at least [12] consecutive months; and
4. We receive proof of the Covered Person's Permanent Total Disability.

{We will pay the Covered Person [1%] of the Covered Person's Accidental Death {and Dismemberment} full amount (less any amount paid for accidental death or dismemberment) for each month of continued Permanent Total Disability.}

{The maximum monthly Permanent Total Disability benefit amount is [\$100].}

Benefits payable under this provision for periods less than one month will be paid on the basis of 1/30th of the monthly benefit for each day of Permanent Total Disability. The most We will pay under the Policy for all losses resulting from any one Injury is the Accidental Death {and Dismemberment} full amount.

The Covered Person must give us the following items to establish proof of Permanent Total Disability:

1. proof that the Covered Person is receiving Regular Care for his condition from a Physician whose specialty or expertise is the most appropriate for the treatment of the condition according to generally accepted medical standards;
2. objective medical findings which support the Covered Person's Permanent Total Disability. Objective medical findings include, but are not limited to, tests, procedures, or clinical examinations accepted on a standard basis in the practice of medicine for the Covered Person's disability,
3. documents detailing the extent of the Covered Person's Permanent Total Disability, including any restrictions or limitations.

Benefits will start with the [13th] month of Permanent Total Disability. Benefits will end on the first to occur of the following dates:

1. the Covered Person recovers to the point where he is no longer Permanently Totally Disabled, as defined;
2. the date the total amount of benefits paid under this provision, plus any other benefits payable under the Accidental Death {and Dismemberment} Benefit for all losses resulting from one Injury equal the Covered Person's Accidental Death {and Dismemberment} full amount;
3. the date proof of the continuance of the Covered Person's Permanent Total Disability is not given to Us when required;
4. the date the Covered Person refused to be examined as required;
5. the date the [100th] benefit payment has been made.

If the Covered Person dies during a period for which Permanent Total Disability benefits are payable, the unpaid benefit (if any), will be paid in a lump sum to the Covered Person's beneficiary once We receive written proof of death.

Permanent Total Disability or Permanently Totally Disabled means that an Injury:

**PERMANENT TOTAL DISABILITY BENEFIT FOR COVERED PERSONS UNDER THE
ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT (continued)**

1. has caused a physical or mental impairment to such a degree of severity that it is determined by a competent medical authority to be permanent, total and continuous, and
2. the Covered Person has been for a period of [12 consecutive months]:
 - a. continuously prevented from performing the duties of any occupation for which he is or becomes qualified by education, training and experience; and
 - b. not working for wages in any occupation for which he is or becomes qualified by education, training and experience.}

SERFF Tracking Number: *INCS-125638176* *State:* *Arkansas*
Filing Company: *United HealthCare Insurance Company* *State Tracking Number:* *38960*
Company Tracking Number: *UHCLD-POL 2/2008*
TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.500 Other*
Product Name: *UHC Life DIP 08*
Project Name/Number: */UNCLD-POL 2/2008*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: INCS-125638176 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 38960
Company Tracking Number: UHCLD-POL 2/2008
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: UHC Life DIP 08
Project Name/Number: /UNCLD-POL 2/2008

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 05/07/2008

Comments:

The Consumer Information Notice has already been filed and approved under form number - UHCLD-AR-NOTICE. This notice will also be used with this product filing.

Attachment:

Readability_Certification_Life.pdf

Review Status:

Satisfied -Name: Application 05/07/2008

Comments:

The group applications and employee enrollment/applications to be used with these forms are LASD-APP (05/03), EOI-UHIC-S (7/04) and EOI-UHIC-L (7/04), approved on August 10, 2004 for use with our LASD-POL (05/03) form series.

Review Status:

Satisfied -Name: Authorization Letter 05/07/2008

Comments:

Attachment:

Renee Weaver Authorization.pdf

Review Status:

Satisfied -Name: Forms List 05/07/2008

Comments:

Attachment:

AR UHIC Form Number Description Chart - Life and ADD.pdf

Review Status:

Satisfied -Name: Statement of Variability 05/07/2008

Comments:

Attachments:

AR NUMBERED_Policy,_General_Provisions,_Definitio.pdf
AR 2008_UHCLD-POL_LIFE 2008_Variables_Document.pdf

SERFF Tracking Number: INCS-125638176 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 38960
Company Tracking Number: UHCLD-POL 2/2008
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: UHC Life DIP 08
Project Name/Number: /UNCLD-POL 2/2008

Review Status:

Satisfied -Name: Forms Filing Fee

05/07/2008

Comments:

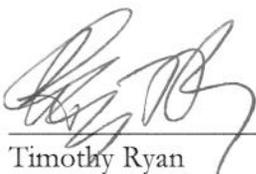
Attachment:

AR Fee Schedule life.pdf

CERTIFICATE OF READABILITY

I hereby certify that, to the best of my knowledge and belief, the forms listed below satisfy the standards of language simplification requirements. They have been tested for readability and have attained the following scores on the Flesch reading ease test. 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.

<u>Form Number</u>	<u>Form Name</u>	<u>Flesch Score</u>
UHCLD-POL 2/2008, et al	Policy	52.4
UHCLD-CERT-2/2008, et al	Certificate	50.3



Timothy Ryan
General Counsel, OptumHealth
United HealthCare Insurance Company

March 6, 2008

Date

FILING AUTHORIZATION

COMPANY: United HealthCare Insurance Company
NAIC Number: 79413
FEIN Number: 36-2739571

COMPANY: Unimerica Insurance Company
NAIC Number: 91529
FEIN Number: 52-1996029

Please accept this letter as authorization for Innovative Compliance Solutions, LLC to act as our agent for submission of policy forms and rate information and to perform each and every act necessary in connection with such submission on behalf of the above referenced companies.

BY:

Rogn A. Walker

TITLE:

Director, Operations

FORM NUMBER DESCRIPTION
United HealthCare Insurance Company
Group Term Life and Accidental Death and Dismemberment Insurance

Form Number	Form Title	Description of Form
UHCLD-POL 2/2008	Policy Face Page	First page of the Policy. Always included.
POL-GP-UHC	Policy General Provisions	Certificates, Conformity with State or Federal Statutes, Entire Group Contract, Incorporation Provision, Nonparticipation, Termination of the Policy. Always included
PC-UHC	Policy Contents	Description of each Certificate and any Amendment that is a part of the entire contract. Always included.
UHCLD-CERT 2/2008	Certificate	Life, Accidental Death and Dismemberment, Short Term and Long Term Disability Insurance Certificate. Always included.
TOC-UHC	Table of Contents	Always included.
SCH-UHC	Schedule of Benefits	Always included.
DEF-UHC	General Definitions	Definitions of defined terms used in the Policy. Always included.
GEN-UHC	Certificate General Provisions	Discretionary authority, Fraud, Incontestability, Information To Be Furnished, Misstatement Of Age, Payment of Premiums, Premium Rate Change, Termination of an Enrolling Group's Insurance, Records, Workers' Compensation. Always included.
EELIG-UHC	Covered Person Eligibility, Effective Date and Termination Provisions	Covered Person's Eligibility, Effective Date of Covered Person Insurance, Effective Date of Change in Amount of Insurance, Family and Medical Leave of Absence, Termination of Covered Person Insurance. Always included.
DELIG-UHC	Dependents Eligibility, Effective Date and Termination Provisions	Effective Date of Dependent Insurance, Effective Date of Change in Amount of Insurance, Termination of Dependent Insurance. Optional form.
ELIFE-UHC-AR	Life Insurance Benefit for Covered Person	Death Benefits, Assignment, Beneficiary, Notice of Claim, Proof of Claim, Payment of Claim, Legal Action, Physical Examination and Autopsy, Settlement Option, Conversion Privilege. Optional form.
WAIVER-UHC	Waiver of Premium – Total Disability For Covered Person	Amount of Life Insurance Under the Total Disability Benefit, Death While Totally Disabled, Proof of Total Disability, Total Disability or Totally Disabled, Termination of the Total Disability Benefit. Optional form.

United HealthCare Form Number Description
Group Term Life and Accidental Death and Dismemberment Insurance

Form Number	Form Title	Description of Form
DISEXT-UHC	Disability Extension For Covered Person	Amount of Life Insurance Under the Disability Extension Benefit, Conditions that must be met to qualify for Disability Extension, Proof of Total Disability. Optional form.
EXTDEA-UHC	Extended Death Benefit for Covered Person's Life Insurance	Amount of Life Insurance Under the Extended Death Benefit, conditions that must be met to qualify for Extended Death Benefit and Proof of Total Disability. Optional form.
EACD-UHC	Accelerated Death Benefit for Covered Person	Conditions that must be met to qualify for the Accelerated Death Benefit and limitations. Optional form.
SACD-UHC	Accelerated Death Benefit for [Dependent Spouse]	Conditions that must be met to qualify for the Accelerated Death Benefit and limitations. Optional form.
EPORT-UHC	Portability Privilege for [Supplemental Life Insurance] for Covered Person	Conditions that must be met to qualify for the Portability Privilege and limitations. Optional form.
EDPORT-UHC	Portability Privilege for [Supplemental Life Insurance] for Covered Person and Dependents	Conditions that must be met to qualify for the Portability Privilege and limitations. Optional form.
EADD-UHC	Accidental Death {and Dismemberment }Benefit for Covered Person	Amount of Insurance, Seat Belt and Air Bag Benefit for Covered Person, Passenger Car, Air Bag, Limitations, Notice of Claim, Proof of Claim, Payment of Claim, Legal Action, Physical Examination and Autopsy, Assignment. Optional form.
DLIFE-UHC-AR	Life Insurance Benefit for Dependents	Death Benefits, Assignment, Beneficiary, Notice of Claim, Proof of Claim, Payment of Claim, Legal Action, Physical Examination and Autopsy, Conversion. Optional form.
DADD-UHC	Accidental Death {and Dismemberment }Benefit for Dependents	Amount of Insurance, Seat Belt and Air Bag Benefit for Dependents, Passenger Car, Air Bag, Limitations, Notice of Claim, Proof of Claim, Payment of Claim, Legal Action, Physical Examination and Autopsy, Assignment. Optional form.

United HealthCare Form Number Description
Group Term Life and Accidental Death and Dismemberment Insurance

Form Number	Form Title	Description of Form
DMED-ADD-UHC	Continuation of Medical Insurance Benefit for Dependents under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Medical Insurance Benefit, the benefit amount, when benefits end and limitations. Optional form.
CCARE-ADD-UHC	Child Care Expense Benefit under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Child Care Expense Benefit, the benefit amount, when benefits end and limitations. Optional form.
COMCARE-ADD-UHC	Common Carrier Hazard Benefit for Covered Person under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Common Carrier Hazard Benefit, the benefit amount, and limitations. Optional form.
HVMOD-ADD-UHC	Home Alterations and Vehicle Modifications Benefit for Covered Person {and Dependents} under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Home Alterations and Vehicle Modifications Benefit, the benefit amount and limitations. Optional form.
REHAB-ADD-UHC	Rehabilitation Physical Therapy Benefit for Covered Person {and Dependents} under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Rehabilitation Physical Therapy Benefit, the benefit amount and when benefits end. Optional form.
COMACC-ADD-UHC	Common Disaster Benefit for Covered Person and Dependents under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Common Disaster Benefit and the benefit amount. Optional form.
STRN-ADD-UHC	Spouse Training Benefit under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Spouse Training Benefit and the benefit amount. Optional form.

United HealthCare Form Number Description
Group Term Life and Accidental Death and Dismemberment Insurance

Form Number	Form Title	Description of Form
SURV-ADD-UHC	Survivor Benefit for Dependents under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Survivor Benefit for Dependents, the benefit amount and when benefits end. Optional form.
HIV-ADD-UHC	Human Immunodeficiency Virus (HIV) Benefit for Covered Person under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Human Immunodeficiency Virus (HIV) Benefit, the benefit amount and when benefits end. Optional form.
ASSAULT-ADD-UHC	Felonious Assault Benefit for Covered Person under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Felonious Assault Benefit, the benefit amount and limitations. Optional form.
REPAT-ADD-UHC	Repatriation Benefit for Covered Person {and Dependents} under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Repatriation Benefit, the benefit amount and limitations. Optional form.
DISAP-ADD-UHC	Insurance for Exposure and Disappearance for Covered Person under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Insurance for Exposure and Disappearance for Covered Person. Optional form.
DED-ADD-UHC	Education Benefit for Dependent Children under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Education Benefit for Covered Person Benefit, the benefit amount, benefit maximums and limitations. Optional form.
CARJAC-ADD-UHC	Carjacking Benefit for Covered Person under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Carjacking Benefit and the benefit amount. Optional form.

United HealthCare Form Number Description
Group Term Life and Accidental Death and Dismemberment Insurance

Form Number	Form Title	Description of Form
EDIS-ADD-UHC	Permanent Total Disability Benefit for Covered Person under the Accidental Death and Dismemberment Benefit	Conditions that must be met to qualify for the Permanent Total Disability Benefit for Covered Person, the benefit amount, benefit maximums and limitations. Optional form.
UHC AMEND	{[Policy/Certificate] Amendment No. [1]} {Modification(s) to the Certificate}	Optional form.

United HealthCare Insurance Company

(1) [450 Columbus Boulevard

Hartford, Connecticut

(Home Office)]

Policyholder: (2) [ABC Company]

Policy Number: (2) [1234]

Effective Date: (2) [January 1, 2008]

Premium Due Date: (2) [January 1 and the first day of each month thereafter]

Policy Anniversaries will be each (2) [January 1]

We, United HealthCare Insurance Company, agree to provide, for eligible persons becoming insured under the Policy, the benefits according to the terms, provisions and limitations of it. The following pages, including any riders, endorsements or amendments, are part of the Policy.

The Policy is issued in consideration of the Policyholder's application, a copy of which is attached.

The Policy becomes effective at 12:01 A.M. Eastern Standard time on the Effective Date shown above. The Policy will continue in force by the payment of premiums when due. The Policy is subject to termination according to its terms.

Read the Policy Carefully

This is a legal contract between the Policyholder and Us. If the Policyholder has any questions or problems with the Policy, We will be ready to help the Policyholder. The Policyholder may call upon his agent or Our Home Office for assistance at any time.

The Policy is issued in and governed by the laws of the (3) [State] in which it is delivered.

We have, by its President and Secretary, executed the Policy at Hartford, Connecticut. If the Policyholder or the Covered Person have questions, need information about their insurance, or need assistance in resolving complaints, call (4) [1-800-554-5413].

(5) [



Secretary



President]

**Group {Life}, {Accidental Death {and
Dismemberment}}, {{Working Returns}
Short Term Disability}, {{Working Returns}
Long Term Disability}, Insurance Policy}
Non-Participating**

**(6) [Administrative Office:
9900 Bren Road East
Minnetonka, MN 55343]**

POLICY GENERAL PROVISIONS

Certificates: The Policyholder will be furnished with a Certificate for delivery to each Covered Person. The Certificate(s) describe the benefits, terms, conditions, limitations and exclusions provided by the Policy. If there is a conflict between the Policy and the Certificate, the Policy will control.

Conformity With State or Federal Statutes: If any provision of the Policy conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

Entire Group Contract: The entire Group Contract between the Policyholder and Us consists of the Policy, Certificate(s), amendment(s) { and the Policyholder's application (a copy of which is attached)}. All Certificate(s), riders, endorsements and any amendments are listed on the Policy Contents page.

All statements made by the Policyholder and by any Covered Person are representations and not warranties. No statement made by the Covered Person will be used to contest the insurance provided by the Policy, unless:

1. it is contained in a written statement signed by the Covered Person; and
2. a copy of the statement is furnished to the Covered Person or beneficiary.

Only We may change the Policy or extend the time for payment of any premium. No change will be valid unless made in writing and signed by Us. Any change so made will be binding on all persons referred to in the Policy. No agent has the authority to change the Policy or waive any of the provisions. For purposes of the Policy, the Policyholder acts on its own behalf, or as the Covered Person's agent. The Policyholder is not an agent of Ours.

Nonparticipation: The Policy will not be entitled to share in Our surplus earnings.

Information To Be Furnished: The Policyholder may be required to furnish any information needed to administer the Policy. Clerical error by the Policyholder will not:

1. affect the amount of insurance which would otherwise be in effect; or
2. continue insurance which otherwise would be terminated; or
3. result in the payment of benefits not otherwise payable.

Once an error is discovered, an equitable adjustment in premium will be made. If the premium adjustment involves the return of unearned premium, the amount of the return will be limited to the 12-month period, which precedes the date We receive proof such an adjustment should be made. We may inspect any of the Policyholder's records which relate to the Policy.

Payment of Premiums: No insurance provided by the Policy will be in effect until the first premium for such insurance is paid. For insurance to remain in effect, each subsequent premium must be paid on or before its due date. The (1) [Policyholder] is responsible for paying all premiums as they become due. Premiums are payable on or before their due dates at Our Home Office. A Grace Period of (2) [31] days from the Premium Due Date will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will remain in effect provided the premium is paid before the end of the Grace Period. Payment of Premium for a period before it is due will not guarantee that the insurance will remain in effect for that period.

Premium Rate Change: We have the right to change premium rates as of any Premium Due Date {but not more than once in any (3) [6-month] period.}. We will notify the (4) [Policyholder] in writing at least (5) [31 days] prior to the change in rates.

The premium rate may change prior to this time however, for reasons that affect the insured risk, which include:

1. a change occurs in benefits;
2. a division, subsidiary, or affiliated company is added or deleted;

POLICY GENERAL PROVISIONS (continued)

3. (6) [the number of (7) [Employees] insured changes by (8) [10%] or more;]
4. a new Law or a change in any existing Law is enacted which applies to the Policy.

A change may take effect on an earlier date if both the (9) [Policyholder] and We agree to it. Except in the case of fraud, premium adjustments, refunds or charges will be made for only the current Policy year.

Records: The Policyholder must furnish all information required by Us to:

1. compute premiums; and
2. maintain necessary administrative records.

Records of the Policyholder, which have a bearing on insurance, will be available for inspection by Us at any reasonable time.

Termination of the (10) [Policy]: The (10) [Policy] may be canceled by either the Policyholder or Us.

1. The (10) [Policy] will be cancelled if any of the following occurs: (11) [
 - a. the Policyholder does not provide Us with information that We need to administer the Policy;
 - b. the Policyholder fails to perform any of its obligations that relate to the Policy;
 - c. the date the number of Covered Persons decreases to less than (12) [2];
 - d. the Policyholder fails to pay premium within the Grace Period.]
2. We may cancel or offer to modify the (13) [Policy] if any of the following occurs: (14) [
 - a. less than 75% of all eligible Employees are participating, if the Employer contributes partially towards the cost of insurance;
 - b. less than 100% of all eligible Employees are participating, if the Employer contributes in whole towards the cost of insurance;]

(15) [The termination of an Insurance Option under the Policy: We may cancel or modify any Insurance Option if the number of Employees insured falls below the greater of:

1. (16) [10] Covered Persons; or
2. (17) [10%] of all eligible Employees.]

(18) [The Policyholder must pay Us all premium due for the full period the Policy is in effect. We reserve the right to review and terminate all classes insured under the Policy, if any class(es) cease(s) to be insured.]

POLICY CONTENTS

(1) [All of the provisions in the Certificate(s) of Coverage, (2) [riders, endorsements and any amendments] issued for the Policyholder shown below are included and made part of this Policy.]

(3) [DOCUMENTS	DESCRIPTION	EFFECTIVE DATE
Group Life, Accidental Death {and Dismemberment}, Short Term Disability and Long Term Disability Certificate Of Coverage	All full-time Managers	January 1, 2008
Group Life, Accidental Death {and Dismemberment}, Short Term Disability and Long Term Disability Certificate Of Coverage	All full-time Employees other than Managers	January 1, 2008]

United HealthCare Insurance Company

(1) [450 Columbus Boulevard

Hartford, Connecticut]

(Home Office)

Policyholder: (2) [ABC Company]

(3) [Enrolling Group: ABC Company]

(4) [Effective Date: January 1, 2008]

Policy Number: (5) [1234]

{Covered Person: (6) [As on file with the Administrator]}

Certificate Number: (7) [As on file with the Administrator]}

{Certificate Effective Date: (8) [As on file with the Administrator]}

{Beneficiary: (9) [As on file with the Administrator]}

We, United HealthCare Insurance Company, issue this Certificate to the Covered Person as evidence of insurance under the Policy We issued to the Policyholder shown above. This Certificate describes the benefits and other important provisions of the Policy. Please read it carefully.

The Policy may be amended, changed, cancelled or discontinued without the consent of the Covered Person or the Covered Person's beneficiary.

The benefits described in this Certificate insure the Covered Person {and, if applicable, any Dependents eligible for insurance.} This Certificate becomes effective at 12:01 A.M. Eastern Standard time on the Effective Date shown above.

Read the Group Certificate Carefully

This is a legal contract between the Policyholder and Us. If the Policyholder has any questions or problems with the Policy, We will be ready to help the Policyholder. The Policyholder may call upon his agent or Our Home Office for assistance at any time.

If the Policyholder{, the Enrolling Group} or the Covered Person have questions, need information about their insurance, or need assistance in resolving complaints, call **(10) [1-800-554-5413]**.

It is signed at the Home Office of United HealthCare Insurance Company as of the Effective Date shown above.

(11) [



Secretary



President]

**Group {Life}, {Accidental Death {and
Dismemberment}}, {{Working Returns}
Short Term Disability}, {{Working Returns}
Long Term Disability}, Insurance Policy}
Non-Participating**

**(12) [Administrative Office:
9900 Bren Road East
Minnetonka, MN 55343]**

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(1) [SCHEDULE OF BENEFITS

GENERAL DEFINITIONS.....	[#]
CERTIFICATE GENERAL PROVISIONS.....	[#]
COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS.....	[#]
{DEPENDENTS ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS}.....	[#]
{LIFE INSURANCE BENEFIT FOR COVERED PERSON}.....	[#]
{WAIVER OF PREMIUM – TOTAL DISABILITY FOR COVERED PERSON}.....	[#]
{DISABILITY EXTENSION FOR COVERED PERSON}.....	[#]
{EXTENDED DEATH BENEFIT FOR COVERED PERSON’S LIFE INSURANCE}.....	[#]
{ACCELERATED DEATH BENEFIT FOR COVERED PERSON}.....	[#]
ACCELERATED DEATH BENEFIT FOR (2) [DEPENDENT SPOUSE].....	[#]
{PORTABILITY PRIVILEGE FOR (3) [SUPPLEMENTAL LIFE INSURANCE] FOR COVERED PERSON}.....	[#]
{PORTABILITY PRIVILEGE FOR (3) [SUPPLEMENTAL LIFE INSURANCE] FOR COVERED PERSON AND DEPENDENTS}.....	[#]
{ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR COVERED PERSON}.....	[#]
{LIFE INSURANCE BENEFIT FOR DEPENDENTS}.....	[#]
{ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR DEPENDENTS}.....	[#]
{CONTINUATION OF MEDICAL INSURANCE BENEFIT FOR DEPENDENTS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT}.....	[#]
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SCHEDULE OF BENEFITS

(1) [Class of Employees]

This schedule covers the following class(es) of Employees

All full-time Employees, excluding temporary and seasonal employees

Description of Class:

(2) [Employees] are considered full-time if they customarily work: 40 hours per week

(2) [Employee] Waiting Period: 24 calendar months

Cost of Insurance: The Covered Person is required to contribute to the cost of his insurance.

Covered Person Insurance:

Basic Life Insurance Benefit:

\$1,000

Basic Life Insurance Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Covered Persons Basic Life Insurance Benefit will reduce by 8% of the previous years benefit amount.

Annual Earnings Definition: The Annual Earnings received from the Covered Person's Employer for the year ending immediately prior to the Policy Anniversary period. Annual Earnings includes commissions for the year ending prior to the Policy Anniversary period. It does not include bonuses, overtime pay and other extra compensation. Annual Earnings will be rounded to the next lowest thousand.

Supplemental Life Insurance Benefit:

\$1,000

Supplemental Life Insurance Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Covered Persons Supplemental Life Insurance Benefit will reduce by 8% of the previous years benefit amount.

Basic Accidental Death {and Dismemberment} Benefit:

\$1,000

Basic Accidental Death {and Dismemberment} Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Covered Persons Basic Accidental Death {and Dismemberment} Benefit will reduce by 8% of the previous years benefit amount.

Basic Accidental Death {and Dismemberment} Benefits are issued on a:

24 hour basis non-occupational basis

Supplemental Accidental Death {and Dismemberment} Benefit:

\$1,000

Supplemental Accidental Death {and Dismemberment} Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Covered Persons Supplemental Accidental Death {and Dismemberment} Benefit will reduce by 8% of the previous years benefit amount.

Supplemental Accidental Death {and Dismemberment} Benefits are issued on a:

24 hour basis non-occupational basis

Accelerated Death Benefit: Up to 50% of the Basic and Supplemental Life Insurance in force to a maximum \$5,000. **(2) [Employee]** must have at least \$10,000 in Basic Life Insurance in-force to qualify for this benefit.

SCHEDULE OF BENEFITS (CONTINUED)

Evidence of Insurability Requirements

Evidence of insurability will be required:

1. for any amount of Employee Life Insurance in excess of \$10,000.
2. for any elected increase in the amount of Employee Life Insurance.
3. for any amount of Dependent Life Insurance in excess of \$5,000.
4. for any elected increase in the amount of Dependent Life Insurance.

Short Term Disability Benefit:

Benefit Percent: 40% of the Covered Person's Pre-Disability Weekly Earnings. The Covered Person's benefit may be reduced by Other Income Benefits and Disability Earnings.

Pre-Disability Weekly Earnings Definition:

The average weekly earnings received from the Covered Person's Employer for the three-month period ending just prior to the date of Disability. Pre-Disability Weekly Earnings includes commissions, averaged over the lesser of the most recent 24-month period or the Covered Person's period of employment. It does not include bonuses, overtime pay, and other extra compensation.

Maximum Weekly Benefit: \$100

Minimum Weekly Benefit: None

Elimination Period: For Disability due to Injury: 365 days
For Disability due to Sickness: 365 days

Maximum Benefit Period: For Disability due to Injury: 12 Weeks of benefits
For Disability due to Sickness: 12 Weeks of benefits

Premium contributions must continue while the Covered Person is receiving Short Term Disability payments.

STD Benefits are issued on a:

- 24 hour basis non-occupational basis

Long Term Disability Benefit:

Benefit Percent: 40% of the Covered Person's Pre-Disability Monthly Earnings. The Covered Person's benefit may be reduced by Other Income Benefits and Disability Earnings. Some Disabilities may not be insured under the Policy.

Pre-Disability Monthly Earnings Definition:

The average monthly earnings received from the Covered Person's Employer for the 12-month period ending just prior to the date of Disability. Pre-Disability Monthly Earnings includes commissions, averaged over the lesser of the most recent 24-month period or the Covered Person's period of employment. It does not include bonuses, overtime pay, and other extra compensation.

Maximum Monthly Benefit: \$100

Minimum Monthly Benefit: None

Elimination Period: 365 days. Benefits begin the day after completion of the Elimination Period.

Accumulation of Elimination Period: 14 days

SCHEDULE OF BENEFITS (CONTINUED)

Maximum Benefit Period:

For Disability due to Injury: 2 Year w/Reducing Benefit

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than Age 66	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and over	12 Months

For Disability due to Sickness: 2 Year w/Reducing Benefit

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than Age 66	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and over	12 Months

Premium contributions are waived while the Covered Person is receiving Long Term Disability payments.

The Dependent's Insurance included in this Certificate applies only to (5) [Employees] who have elected, paid premiums and are insured for Dependent Insurance.

Dependent Life Insurance:

Basic Life Insurance Benefit:

Spouse	\$1,000
Children: Age 14 days but less than 6 months	\$100
Children: Age 6 months but less than 19 years	\$500
Children: Age 19 years but less than 21 years, if student	\$500

The Spouse Basic Life Insurance Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Spouse Basic Life Insurance Benefit will reduce by 8% of the previous years benefit amount.

Supplemental Life Insurance Benefit:

Spouse	\$1,000
Children: Age 14 days but less than 6 months	\$100
Children: Age 6 months but less than 19 years	\$500
Children: Age 19 years but less than 21 years, if student	\$500

The Spouse Supplemental Life Insurance Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Spouse Supplemental Life Insurance Benefit will reduce by 8% of the previous years benefit amount.

Accidental Death {and Dismemberment} Benefits for insured Dependents will be the same as Life Insurance.

The Spouse Accidental Death {and Dismemberment} Benefit Reduction: Beginning at age 55 and continuing each birth date thereafter, the Spouse Accidental Death {and Dismemberment} Benefit will reduce by 8% of the previous years benefit amount.

Evidence of insurability will be required for all Dependent Supplemental Life Insurance.]

GENERAL DEFINITIONS

The male pronoun, whenever used in the Policy, includes the female.

{(1) [Active Work or Actively at Work: The Covered Person reports for work at his usual place of employment or any other business location where he is required to travel and is able to perform the material and substantial duties of his regular occupation for the entire normal workday. The Covered Person must be working at least the minimum number of hours per week in an Eligible Class, as shown in the Schedule of Benefits.

Unless Disabled on the prior workday or on the day of absence, a Covered Person will be considered Actively at Work on the following days:

1. a Saturday, Sunday or holiday which is not a scheduled workday;
2. a paid vacation day, or other scheduled or unscheduled non-workday; or
3. an excused or emergency leave of absence (except medical leave.)}

{Contributory or Non-Contributory Insurance: Contributory Insurance is insurance for which the Covered Person must apply and agree to make the required premium contributions. Non-Contributory Insurance is insurance for which the Covered Person does not have to make any premium contributions.}

{Covered Person: The **(2)** [Employee] insured under the Policy. References to “Covered Person,” “Covered Persons” and “Covered Person’s” throughout this Certificate are references to a Covered Person.}

{Dependent: Includes

1. a legal Spouse **(3)** [including a Domestic Partner]; and
2. any unmarried Child.

(4) [A Child is:

1. less than **(5)** [19] years of age; or
2. an Eligible Student;
 - a. who is not married;
 - b. who is not in the armed forces of any country;
 - c. who is not insured under the Policy as a Covered Person;
 - d. less than **(6)** [21] years of age;
 - e. who attends an accredited post-secondary school (other than a correspondence school) on a full-time basis as defined by the post-secondary school; and
 - f. is enrolled in the next scheduled term; or
3. unmarried and physically or mentally Disabled.

The term “Child” includes a natural child, legally adopted child, stepchild{, or} foster child, or any child who lives with the Covered Person in a regular parent-child relationship, provided the Covered Person claims such Child as a Dependent on the Covered Person’s most recent federal income tax return.]

(7) [Domestic Partner: a person of the **(8)** [opposite or same sex] with whom the Covered Person has established a Domestic Partnership.

Domestic Partnership: a relationship between a Covered Person and one other person of the **(8)** [opposite or same sex]. All of the following requirements apply to both persons:

1. they must not be related by blood or a degree of closeness that would prohibit marriage in the law of the state in which they reside.

GENERAL DEFINITIONS (continued)

2. they must not be currently married to, or a Domestic Partner of another person under either statutory or common law.
3. they must share the same permanent residence and the common necessities of life.
4. they must be at least 18 years of age.
5. they must be mentally competent to consent to contract.
6. they must be financially interdependent and have furnished documents to support the following conditions of such financial interdependence:
 - a. they have a single dedicated relationship of at least **(9)** [24 months] duration.
 - b. they have at least two of the following:
 - a joint ownership of an automobile;
 - a joint checking, bank or investment account;
 - a joint credit account;
 - a joint ownership or a lease for a residence identifying both partners as tenants; or
 - a will and/or life insurance policies which designates the other as primary beneficiary.
7. the Covered Person and the Domestic Partner must jointly sign the required Affidavit of Domestic Partnership.]]

{(10) [Employee]: A person who is:

1. directly employed in the normal business of the **(11)** [Policyholder]; and
2. paid for services by the **(11)** [Policyholder]; and
3. Actively at Work for the **(11)** [Policyholder], or any subsidiary or affiliate insured under the Policy.

{No director or officer of an **(11)** [Policyholder] will be considered an **(12)** [Employee] unless he meets the above conditions.} }

(13) [Employer: The Policyholder and includes any division, subsidiary, or affiliated company named in the Policy. Employer does not include Employers of other related areas of practice for which the Covered Person may also work.]

{(14) [Enrolling Group: The participating Employer of the Policyholder insured under the Policy. References to “Enrolling Group,” “Enrolling Groups” and “Enrolling Group’s” throughout this Certificate are references to an Enrolling Group.}}

{Enrollment:

1. **Enrollment Period** - the Initial Enrollment Period, {Re-Enrollment Period} {and any Annual Enrollment Period.}
2. **Initial Enrollment Period** - the period during which the **(15)** [Employee] may first apply in writing for insurance.
3. **{Annual Enrollment Period:** the period of time determined by the Employer and Us before each Insurance Year during which the Covered Person may apply in writing for insurance under the Policy or change his insurance under the Policy.}
4. **{Re-Enrollment Period:** the period of time following the Initial Enrollment Period determined by the Employer and Us during which the Covered Person may apply in writing for insurance under the Policy or change his insurance under the Policy.}}

GENERAL DEFINITIONS (continued)

{Hospital or Medical Facility: A legally operated, accredited facility licensed to provide full-time care and Treatment for the condition for which benefits are payable under the Policy. It is operated by a full-time staff of licensed physicians and registered nurses. It does not include facilities that primarily provide custodial, education or rehabilitative care, or long-term institutional care on a residential basis. }

{Injury: A bodily Injury resulting directly from an accident and independently of all other causes.}

{Insurance Option: a level of insurance.}

{Insurance Year: the period of time from the beginning of the Initial Enrollment Period to the beginning of the next Annual Enrollment Period, or from the beginning of an Annual Enrollment Period to the beginning of the next Annual Enrollment Period.}

{Physician: A practitioner of the healing arts who is:

1. duly licensed in the state in which the Treatment is received; and
2. practicing within the scope of that license.

The term Physician does not include the Covered Person, the Covered Person's Spouse, children, parents, parents-in-law, or siblings. }

{Regular Care: The Covered Person personally visits a Physician as often as is medically required to effectively manage and treat his disabling condition(s), according to generally accepted medical standards. The Covered Person is receiving appropriate Treatment and care, according to generally accepted medical standards, by a Physician whose specialty or experience is appropriate for the disabling condition(s). }

{Sickness: An illness, disease, pregnancy or complication of pregnancy. }

{Treatment: consultation, advice, tests, attendance or observation, supplies or equipment, including the prescription or use of prescription drugs or medicines.}

{We, Our and Us: United HealthCare Insurance Company.}

CERTIFICATE GENERAL PROVISIONS

Conformity With State or Federal Statutes: If any provision of the Certificate conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

{Discretionary Authority: When making a benefit determination under the Policy, We have the sole discretionary authority to determine the Covered Person's or Dependent's eligibility, if applicable, for benefits and to interpret the terms, conditions, limitations, and exclusions, and all other provisions of the Policy including the Certificate of Coverage and any riders or amendments. We may delegate this discretionary authority to other entities or persons who provide services in regard to the administration of the Policy. {This provision applies, however, only where the interpretation of the Policy is governed by the Employee Retirement Income Security Act (ERISA).} This provision does not prevent the bringing of a legal action under the time limit for Legal Action provision, nor does it serve to deprive any insurance department of its statutory rights and obligations.}

Fraud: We will focus on all means necessary to support fraud detection, investigation, and prosecution. It may be a crime if the Covered Person or the Employer knowingly, and with intent to injure, defraud or deceive Us, files a claim containing any false, incomplete, or misleading information. These actions, as well as submission of false information, will result in denial of the Covered Person's claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

Incontestability: We may not contest the validity of the Policy, except for the non-payment of premiums or fraudulent misrepresentations, after it has been in force for two years from its date of issue. No statement made by any Covered Person relating to his insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of two years during such person's lifetime, nor unless it is contained in a written instrument signed by him. **(1)** [This clause will not affect Our right to contest claims made for accidental death or accidental dismemberment benefits.]

{Information To Be Furnished: The Policyholder may be required to furnish any information needed to administer the Policy. Clerical error by the Policyholder will not:

1. affect the amount of insurance which would otherwise be in effect; or
2. continue insurance which otherwise would be terminated; or
3. result in the payment of benefits not otherwise payable.

Once an error is discovered, an equitable adjustment in premium will be made. If the premium adjustment involves the return of unearned premium, the amount of the return will be limited to the 12-month period, which precedes the date We receive proof such an adjustment should be made. We may inspect any of the Policyholder's records which relate to the Policy.}

Misstatement of Age: If a Covered Person's age has been misstated, premiums will be subject to an equitable adjustment. If the amount of the benefit depends upon age, then the benefit will be that which would have been payable, based upon the person's correct age.

{Payment of Premiums: No insurance provided by the Policy will be in effect until the first premium for such insurance is paid. For insurance to remain in effect, each subsequent premium must be paid on or before its due date. The **(2)** [Policyholder] is responsible for paying all premiums as they become due. Premiums are payable on or before their due dates at Our Home Office. A Grace Period of **(3)** [31] days from the Premium Due Date will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will remain in effect provided the premium is paid before the end of the Grace Period. Payment of Premium for a period before it is due will not guarantee that the insurance will remain in effect for that period. }

{Premium Rate Change: We have the right to change premium rates as of any Premium Due Date **(4)** [but not more than once in any 6-month period.]. We will notify the **(5)** [Policyholder] in writing at least **(6)** [31 days] prior to the change in rates.

CERTIFICATE GENERAL PROVISIONS (continued)

The premium rate may change prior to this time however, for reasons that affect the insured risk, which include:

1. a change occurs in benefits;
2. a division, subsidiary, or affiliated company is added or deleted;
3. (7) [the number of (8) [Employees] insured changes by (9) [10%] or more;]
4. a new Law or a change in any existing Law is enacted which applies to the Policy.

A change may take effect on an earlier date if both the (10) [Policyholder] and We agree to it. Except in the case of fraud, premium adjustments, refunds or charges will be made for only the current Policy year. }

{Termination of an Enrolling Group's Insurance: Insurance under the Policy will terminate on the earliest of the following dates:

1. on the Premium Due Date of any premium which remains unpaid at the end of the Grace Period.
2. the date the (11) [Enrolling Group] terminates its participation under the Policy. The (11) [Enrolling Group] must give (12) [31] days advance written notice to Us.
3. the date on which the (13) [Enrolling Group] fails to comply with or intentionally makes material misrepresentation relating to the Policy.

We reserve the right to terminate insurance under the Policy on the date that the number of Covered Persons insured under the (13) [Enrolling Group] decreases to less than:

1. (14) [(15) [75%] of all eligible (16) [Employees] of an (17) [Enrolling Group], if the (17) [Enrolling Group] contributes partially towards the cost of insurance];
2. (18) [100%] of all eligible (19) [Employees] of an (20) [Enrolling Group], if the (20) [Enrolling Group] contributes in whole towards the cost of insurance; or
3. (21) [2] Covered Persons.}

{Records: The Policyholder must furnish all information required by Us to:

1. compute premiums; and
2. maintain necessary administrative records.

Records of the Policyholder, which have a bearing on insurance, will be available for inspection by Us at any reasonable time.}

Workers' Compensation: The Policy is not to be construed to provide benefits required by Workers' Compensation laws.

COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Covered Person's Eligibility: (1) [Employees] who work on a full-time basis for a Policyholder are eligible for insurance after completion of the required (1) [Employee] Waiting Period, provided they are in a class of (1) [Employees] who are included. (1) [Employees] will be considered to work on a full-time basis if they customarily work at least the number of hours per week shown in the Schedule of Benefits.

An (1) [Employee] will become eligible for insurance on the latest of the following dates:

1. the Effective Date of the Policy;
2. {the Effective Date of the Enrolling Group;}
3. the end of the (1) [Employee] Waiting Period shown in the Schedule of Benefits;
4. the date the Policy is changed to include the (1) [Employee's] class; or
5. the date the (1) [Employee] enters a class eligible for insurance.

{Enrolling in or Changing Insurance Under the Policy: The (1) [Employee] may enroll in or change his insurance only under the following situations:

1. During the Initial Enrollment Period:
 - a. If the (1) [Employee] is eligible for insurance on the Effective Date of the Policy, he may enroll for insurance during the Initial Enrollment Period. {If an (1) [Employee] fails to enroll, then he will not be insured under the Policy.} {He will automatically be enrolled for the basic Insurance Option, but may choose to enroll for another Insurance Option.}
 - b. If the (1) [Employee] becomes eligible for insurance after the Effective Date of the Policy, he may enroll for insurance during his Initial Enrollment Period.
2. During an {Annual Enrollment} {Re-Enrollment} Period: The (1) [Employee] may choose:
 - a. to keep his same insurance;
 - b. {to increase his insurance { by one Insurance Option;}}
 - c. {to decrease his insurance;}
 - d. no insurance under the Policy;
 - e. to enroll for insurance if not currently insured under the Policy.
3. {After the Initial Enrollment Period or {Annual Enrollment} {Re-Enrollment} Period, the (1) [Employee] may make certain benefit changes only if he has a change in family status:
 - a. {a change in marital status (marriage, divorce, legal separation, annulment);}
 - b. {a change in the number of dependents for tax purposes (birth, legal adoption of a child, placement of a child with the (1) [Employee] for adoption, or death of a dependent);}
 - c. {certain changes in employment status that affect benefits eligibility for the Employee, the (1) [Employee's] Dependent Spouse or Dependent Children, such as termination of employment, a strike or lockout, the start of or return from an unpaid leave of absence, a change in worksite, a change in work schedule (between full-time and part-time work, decrease or increase in hours);}
 - d. {a change of residence for the Employee, spouse or child;}
 - e. {a significant increase in the cost of coverage or a significant reduction in the benefit coverage under the (1) [Employee's] insurance or his spouse's insurance;}
 - f. {the addition, elimination, or significant curtailment of, a coverage option;}
 - g. {a change in the (1) [Employee's] spouse's or child's coverage during another employer's {Annual Enrollment} {Re-Enrollment} period when the other plan has a different period of coverage.}}

**COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)**

During an {Annual Enrollment} {Re-Enrollment} Period if the Covered Person does not re-enroll for insurance, he will continue to be insured for the same insurance.}

(2) [Rehired Employees: If a Covered Person ends employment and is rehired within a year, he may be insured on his eligibility date for the insurance that he had under the Policy on the date his employment ended.]

Effective Date of Covered Person Insurance: **(3)** [If an **(4)** [Employee] is not Actively at Work on the date his insurance is scheduled to take effect, it will take effect on the day after the date he returns to Active Work. If the **(4)** [Employee's] insurance is scheduled to take effect on a non-working day, his Active Work status will be based on the last working day before the scheduled Effective Date of his insurance.]

An **(4)** [Employee] must use forms provided by Us when applying for insurance.

The **(4)** [Employee's] insurance will be effective at 12:01 A.M. Eastern Standard time as follows:

1. if it is Non-contributory, on the date the **(4)** [Employee] becomes eligible for insurance, regardless of when he applies, or
2. if it is Contributory, and the **(4)** [Employee] makes application within **(5)** [31 days] after the date he first became eligible, on the later of:
 - a. **(6)** [the date] the **(7)** [Employee] is eligible for insurance, regardless of when he applies; or
 - b. **(8)** [the date] the **(9)** [Employee's] application is approved by Us if evidence of insurability is required.

(10) [Evidence of insurability is required if an **(11)** [Employee] applying for Contributory Insurance:

1. does not apply for insurance within **(12)** [31 days] after the date he first became eligible; or
2. he has previously terminated his insurance while in an eligible class.]
3. {a Covered Person applies to increase Supplemental Life Insurance by more than **(13)** [1 level(s) of coverage] **(14)** [\$10,000].}
4. {a Covered Person under the Waiver of Premium Benefit returns to Active Work for less than **(15)** [10 days] and applies to increase his Supplemental Life Insurance.}
5. {a Covered Person applies for any amount of insurance for which evidence of insurability is required.}
6. {for each Employee of any Employer with less than **(16)** [2] Employees.}
7. {a Covered Person applies to increase his insurance by more than **(17)** [one] Insurance Option.}
8. {a Covered Person applies for any amount of insurance other than during an Enrollment Period. }

{Effective Date of Change in Amount of Insurance: If there is an increase in the amount of the Covered Person's insurance, the increase will take effect on:

1. **(18)** [the first day of the month on or next following] the date of the increase, if the Covered Person is Actively at Work on the date of increase;
2. the date the Covered Person returns to Active Work if the Covered Person is not Actively at Work on **(18)** [the first day of the month on or next following] the date of the increase;
3. **{(18)** [the first day of the month on or next following] the date of the increase, if **(19)** [the first day of the month is a non-working day and] the Covered Person was Actively at Work on his last scheduled working day before the non-working day;}
4. {the date of the increase if the Covered Person is on an approved layoff or leave of absence, for reasons other than a Sickness or Injury.}

**COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)**

If evidence of insurability is required, the increase will take effect on {the later of the dates indicated above or }the date We approve his application.

{Neither an increase nor a decrease in insurance will affect a Payable Claim that occurs prior to the increase or decrease.}

A decrease in the amount of the Covered Person's insurance will take effect on (20) [the first day of the month on or next following] the date of the decrease.}

{Effective Date of Change in Amount of Insurance: If there is a decrease in the amount of the Covered Person's insurance, the decrease will take effect on (20) [the first day of the month on or next following] the date of the decrease.}

{Effective Date of Change in Insurance: A change in insurance that is made during an {Annual Enrollment}; {Re-Enrollment} Period will be effective at 12:01 a.m. Eastern Standard time on the later of:

1. the date of application; or
2. {the first day of the next Insurance Year; or }
3. the date We approve the Covered Person's evidence of insurability form, if evidence of insurability is required.;
4. the first day of the pay period for which contributions for his insurance are deducted.}

{A change in insurance due to a Change in Status will be effective at 12:01 a.m. Eastern Standard time on the later of:

1. the date of the Change in Status, if the Covered Person applies within 31 days after the date of the Change in Status; or
2. the date We approve the Covered Person's evidence of insurability form, if evidence of insurability is required.}

{A change in insurance that is made other than during (21) [an Annual Enrollment Period] will be effective at 12:01a.m. Eastern Standard time (22) [on the first day of the month following] the date We approve the Covered Person's evidence of insurability form.}

{Once a Covered Person's insurance begins, any increase in or addition to insurance will be effective immediately or on the date We approve the Covered Person's evidence of insurability form, if evidence of insurability is required.}

{If the Covered Person is not Actively at Work due to Injury or Sickness, or is on a Layoff or Leave of Absence, any increase in or addition to insurance will be effective on the date the Covered Person returns to Active Work.}

Family and Medical Leave of Absence: If the Covered Person is on a Family or Medical Leave of Absence, his insurance will be governed by his Employer's policy on Family and Medical Leaves of Absence.

We will continue the Covered Person's insurance if the cost of his insurance continues to be paid and his Leave of Absence is approved in advance and in writing by his Employer.

(23) [The Covered Person's insurance will continue for up to the greater of:

1. the leave period required by the Federal Family and Medical Leave Act of 1993; or
2. the leave period required by applicable state law.]

While the Covered Person is on a Family or Medical Leave of Absence, We will use earnings from his Employer just prior to the date his Leave of Absence started to determine Our payments to him.

If the Covered Person's insurance does not continue during a Family or Medical Leave of Absence, then when

**COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)**

he returns to Active Work:

1. (24) [he will not have to meet a new (25) [Employee] Waiting Period including a Waiting Period for insurance of a Pre-Existing Condition, if applicable; and]
2. he will not have to give Us evidence of insurability to reinstate the insurance he had in effect before his Leave of Absence began.

{However, time spent on a Leave of Absence, without insurance, does not count toward satisfying his (25) [Employee] Waiting Period.}

Termination of Covered Person Insurance: The Covered Person's insurance will terminate at 12:00 midnight Eastern Standard time on the earliest of the following dates:

1. the (26) [last day of the period] for which a premium payment is made, if the next payment is not made;
2. the (27) [date] he ceases to be a member of a class eligible for insurance;
3. {the (27) [date] the Enrolling Group's insurance under the Policy terminates;}
4. the date the Policy terminates, or a specific benefit terminates; or
5. {(28) [the (29) [date] he ceases to be Actively at Work. The Policyholder may deem the Covered Person's employment continued during an approved layoff or leave of absence. In such cases, insurance will not continue more than one month from the date the layoff or leave begin.]}
6. {the date he is no longer Actively at Work due to a labor dispute, including but limited to strike, work slow down or lock out. }

{DEPENDENTS ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Dependent's Eligibility: Dependents are eligible for insurance on the latest of the following dates:

1. **(1)** [the date the Covered Person becomes eligible for Dependent Insurance;
2. the date a person becomes a Dependent; or
3. the date the Policy is amended to include the Covered Person's class as being eligible for Dependent Insurance.

The Covered Person's {Spouse or} Child will not be eligible for Dependent Insurance if the {Spouse or }Child is:

1. eligible for insurance under the Policy as a Covered Person; or
2. **(2)** [a member of the armed forces on active duty, except for duty of **(3)** [30 days] or less for training in the Reserves or National Guard.]]

{Enrolling in or Changing Dependent Insurance Under the Policy: The **(4)** [Employee] may elect or change Dependent Insurance only under the following situations:

1. During the Initial Enrollment Period:
 - a. If the Dependents are eligible for insurance on the Effective Date of the Policy, the **(4)** [Employee] may enroll for a Dependent Insurance Option during the Initial Enrollment Period. **(5)** [If an **(6)** [Employee] fails to enroll, then the Dependents will not be insured under the Policy.]
 - b. If the Dependents become eligible for insurance after the Effective Date of the Policy, the **(6)** [Employee] may enroll for Dependent insurance during the Dependent's Initial Enrollment Period.

{The **(6)** [Employee's] choice of Dependent insurance will apply until the next {Annual Enrollment} {Re-Enrollment} Period, or until the next Change in Status.}

{The **(6)** [Employee] may enroll for:

- a. Dependent insurance for spouse only
 - b. Dependent insurance for Children only
 - c. Dependent insurance for both spouse and Children}
2. During an {Annual Enrollment} {Re-Enrollment} Period: The **(6)** [Employee] may choose:
 - a. to increase Dependent insurance {by **(7)** [one] Insurance Option;}
 - b. to decrease Dependent insurance;
 - c. to keep the same Dependent Insurance Option;
 - d. {no Dependent insurance under the Policy;}
 - e. {to enroll for the lowest Dependent Insurance Option if Dependents are not currently insured under the Policy} {;}
 - f. {Dependent insurance for spouse only;}
 - g. {Dependent insurance for Children only;}
 - h. {Dependent insurance for both spouse and Children;}
 - i. {to enroll for Dependent Insurance if Dependents are not currently insured under the Policy.}}

{During an {Annual Enrollment} {Re-Enrollment} Period, if the Covered Person does not re-enroll for Dependent insurance, his Dependents will continue to be insured for the same Insurance Option until the next {Annual Enrollment} {Re-Enrollment} Period, or until the next Change in Status.}

3. {During an Insurance Year: A Covered Person may change the Dependent Insurance Option at any time subject to evidence of insurability.}

DEPENDENTS ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)

Effective Date of Dependent Insurance: (8) [No insurance will take effect on any day the Dependent (other than a newborn child) is confined in a Hospital or Medical Facility. Instead, insurance will take effect on the day following discharge from the Hospital or Medical Facility.

A Covered Person must use forms provided by Us when applying for Dependent Insurance.

Dependents will not be insured until the (9) [Employee] is insured.

The Dependent Insurance will be effective at 12:01 A.M. Eastern Standard time:

1. if it is Non-contributory, on the date the Dependent becomes eligible for insurance regardless of when application was made; or
2. if it is Contributory and the Covered Person makes application within 31 days after the date the Dependent first became eligible, on the later of:
 - a. the date the Dependent becomes eligible for insurance, regardless of when application is made; or
 - b. the date the Dependent's application is approved by Us, if evidence of insurability is required.

Evidence of insurability is required {, at the Covered Person's expense,} if a Covered Person applying for Contributory insurance:

1. does not apply for Dependent insurance within (10) [31 days] after the date the Dependent first became eligible; or
2. has previously terminated Dependent insurance while in an eligible class.]

Effective Date of Change in Amount of Insurance: (11) [If there is an increase in the amount the Dependent's insurance the increase will take effect on the same date that:

1. the Covered Person's class changes; or
2. the Dependent's status or class changes.

If the Dependent is confined in a Hospital or Medical Facility on that date, any change will take effect on the day following discharge from the Hospital or Medical Facility.

If evidence of insurability is required, the increase will take effect on the later of the dates indicated above or the date We approve the application.

A decrease in the amount the Dependent's insurance will take effect on the date of the decrease.]

{Effective Date of Change in Insurance: A change in Dependent insurance that is made during an {Annual Enrollment} {Re-Enrollment} Period will be effective at 12:01 a.m. Eastern Standard time on the later of:

1. the date of application; or
2. the date We approve the Dependent's evidence of insurability form, if evidence of insurability is required; or
3. the first day of the pay period for which contributions for the Dependent' insurance are deducted.}

Termination of Dependent Insurance: Insurance on a Dependent will terminate at 12:00 midnight Eastern Standard time on the earliest of the following dates:

1. the (12) [date] he ceases to be a Dependent as defined in the Policy;
2. the (12) [date] the Covered Person ceases to be a member of a class eligible for Dependent insurance;
3. the (12) [date] the Covered Person's insurance under the Policy terminates;
4. {the (12) [date] the (13) [Enrolling Group's] insurance under the Policy terminates;}

DEPENDENTS ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)

5. **(14)** [the **(15)** [date] the Dependent becomes a member of the armed forces on active duty, except for duty of [30 days] or less for training in the Reserves or National Guard;]
6. the **(16)** [last day of the period] for which a Dependent's required premium payment is made, if the next payment is not made; {or}
7. {the date the Covered Person's Life Insurance premiums are waived under the Waiver of Premium – Total Disability for Covered Person provision; or}
8. the date the Policy terminates, or a specific benefit terminates. }

{LIFE INSURANCE BENEFIT FOR COVERED PERSON

Death Benefits: We will pay the Covered Person's beneficiary the amount of insurance in force on the date of death when We receive satisfactory proof of a Covered Person's death. The benefit will be paid in accordance with the beneficiary section.

{Continuity of Insurance: If the (1) [Employee] is not Actively at Work on the Effective Date of the Policy, We will waive the Active Work requirement under the following conditions:

1. On the Effective Date of the Policy, the (1) [Employee] is eligible for insurance except for meeting the Actively at Work definition; and
2. The (1) [Employee] was insured under the Employer's prior group life insurance plan on the day before the Effective Date of the Policy.

The benefit amounts and limits prior to the (1) [Employee] returning to Active Work will be the same as the benefits under the prior group policy. We will reduce the amount We pay by any benefits still payable under the prior group policy. The insurance will end on the date it would have ended under the prior plan had it remained in force.

When the (1) [Employee] returns to Active Work, He will be eligible for the insurance amounts and provisions of this Policy.}

Assignment: Life insurance as provided by the Policy may be assigned as an absolute assignment only. In making an assignment, the Covered Person must transfer all his present and future ownership rights to the person to whom he assigned the insurance. This includes the right to change the beneficiary and to convert the insurance. The Covered Person may not make a collateral or partial assignment of his insurance.

Beneficiary: The Covered Person's beneficiary will be the person(s) he names in writing to receive any amount of insurance payable due to his death.

The Covered Person may name or change a beneficiary by giving Us written notice at Our Home Office on a form acceptable to Us. When We receive the notice, it will be effective on the date made, subject to any payment We may have made before We receive it.

If the Covered Person names more than one beneficiary, those who survive will share equally unless the Covered Person specifies otherwise. If there is no named beneficiary living at the time of the Covered Person's death, We will pay any amount due in the following order:

1. (2) [to his legal Spouse; or
2. to his natural or legally adopted children in equal shares; or
3. to his estate.]

Notice of Claim: Written notice of a claim for death must be given to Us at Our Home Office by the Covered Person's beneficiary within (2) [30 days] of the date of death. If it is not possible, written notice must be given as soon as it is reasonably possible to do so.

The claim form is available from the Covered Person's Employer, or can be requested from Us. If the form is not received from Us within (4) [15] days of a request, written proof of claim should be sent to Us without waiting for the form. Written proof must show the cause of death. Also, a certified copy of the death certificate must be given to Us.

Proof of Claim: Written proof of claim must be filed within (5) [90 days] of the loss. However, if it is not possible to give proof within (5) [90 days], it must be given no later than (6) [one year] after the time proof is otherwise required, except in the absence of legal capacity.

Payment of Claim: Payment of Claim for loss of life will be paid in accordance with the beneficiary section. All other benefits under the Policy are paid to the Covered Person.

LIFE INSURANCE BENEFIT FOR COVERED PERSON (continued)

If the Covered Person has chosen an option, no one may change it unless the Covered Person consents in writing. The Covered Person's beneficiary may choose an option within (7) [60 days] after death if one has not been chosen.

Legal Action: The Covered Person may not bring suit to recover under this section until (7) [60 days] after he has given Us written proof of loss. No suit may be brought more than three years after the date the proof of loss is required to be filed.

{Physical Examination and Autopsy: We have the right to have a Physician of Our choice examine the Covered Person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.}

Settlement Options: Instead of a single payment, the Covered Person may choose to have all or part of the insurance paid under one of the settlement options We have available. (8) [We will give the Covered Person full information about the options upon request.]

LIFE INSURANCE BENEFIT FOR COVERED PERSON (continued)

Conversion Privilege: The Covered Person may convert:

1. all or part of his Life Insurance to an individual policy of life insurance, other than term insurance, if his insurance terminated because he ceases to be a member of a class eligible for insurance;
2. the amount of insurance to an individual policy of life insurance, other than term insurance, that is lost due to a reduction of insurance because of age;
3. a limited amount of insurance to an individual policy of life insurance, other than term insurance, if he has been continuously insured under the Policy (or the policy it replaced) for five years and the insurance terminated due to termination or amendment of the Policy. The amount the Covered Person may convert in this case is the smaller of the following:
 - a. the amount of Life Insurance which terminates, less the amount he became eligible for under any Policy within **(9)** [31 days] after this insurance terminated; or
 - b. **(10)** [\$10,000].

The Covered Person may convert to any policy, other than term insurance, We are issuing for the purpose of conversions. The conversion policy will not have disability or other supplementary benefits. No evidence of insurability will be required. The Covered Person must submit a written application and the first premium payment for the conversion policy to Our Home Office within **(11)** [31 days] after his insurance terminates. It is the Covered Person's responsibility to pay the premiums for the conversion policy. The premium will be based on the amount and the form of the conversion policy, and on his class of risk and age on the date the conversion takes effect.

If the Covered Person dies within the **(11)** [31 days] allowed for making application to convert, We will pay the amount he was entitled to convert. We will do this whether or not application was made.

{A conversion policy is in lieu of benefits under this section of the Policy. However, if the Covered Person is qualified for the Waiver of Premium-Total Disability provision, the converted policy will be cancelled. Premiums paid for the converted policy will be returned. }

{Amounts of insurance that the Covered Person has ported will not be eligible for the Conversion Privilege unless the Certificate of Portability is returned. }

The conversion policy will take effect on the later of:

1. its date of issue; or
2. **(11)** [31 days] after the date this insurance terminates.

{The insurance under the Policy may be reinstated within one year after termination of employment, if the Covered Person has converted and he:

1. gives Us proof that he was Totally Disabled when his insurance terminated and that his insurance would have continued in force under the Waiver of Premium-Totally Disabled provision if he had not converted; and
2. surrenders the conversion policy to Us without claim in return for premiums paid less any unpaid policy loans. }

{**(12)** [Employees] rehired after converting insurance must either lapse that insurance or provide evidence of insurability to keep that individual policy. }

{{**Supplemental**}**Life Limitations:** No benefit will be paid for any loss caused directly or indirectly from:

1. suicide occurring within **(13)** [24 months] after the Covered Person's initial Effective Date of insurance; or
2. suicide occurring within **(13)** [24 months] after the Effective Date of any increase or additional insurance. This limitation applies only to the increased or additional amount of insurance.}}

{WAIVER OF PREMIUM – TOTAL DISABILITY FOR COVERED PERSON}

We will continue the Covered Person's {Basic} {and} {Supplemental} Life Insurance {and any Dependent's Life Insurance} in force without premium payment while he remains Totally Disabled if he:

1. becomes Totally Disabled {before (1) [age 60]};
2. remains Totally Disabled { continuously for at least (2) [twelve consecutive months]};
3. gives Us proof of Total Disability, as required.

We will waive the Covered Person's premium payment on a monthly basis, beginning the first day of the month after the month he became Totally Disabled. We will refund any premium paid for the {Basic} {and} {Supplemental} Life Insurance after that day. We will not refund premiums for any period more than (3) [12 months] before the date proof of disability was furnished. This Waiver of Premium will continue to be effective even if the Policy terminates after the Covered Person becomes Totally Disabled.

Amount of Life Insurance Under the Total Disability Benefit: The amount of insurance continued would be the amount in force on the date the Covered Person became Totally Disabled. This amount will be reduced or terminated, based on the Schedule of Benefits in effect on the date of Total Disability. This amount will not be increased while the Covered Person remains Totally Disabled. All other Benefits will be terminated.

Death While Totally Disabled: If the Covered Person dies while his {Basic} {and} {Supplemental} Life Insurance is being continued under Waiver of Premium, We will pay the amount of insurance if We receive proof:

1. of the Covered Person's death; and
2. that Total Disability was continuous from the date it began to the date of death.

Proof of Total Disability: We will provide forms which the Covered Person must use when giving Us proof of Total Disability. The Covered Person must give Us proof no later than (4) [12 months] after the date he became Totally Disabled. We may at any time require proof that Total Disability continues. The Covered Person must give Us proof within (5) [60 days] after Our request. After the Covered Person has been Totally Disabled for more than two years from the date of Total Disability, We will not request proof any more than once a year. We may require the Covered Person to be examined, at Our expense, by a Physician of Our choice.

Total Disability or Totally Disabled: (6) [For purposes of this section, the Covered Person will be considered Totally Disabled if he is unable to perform each and every duty of his occupation at his usual place of employment and he is unable to do the material and substantial duties of any job suited to his education, training or experience.];

We may require the Covered Person to be examined by a Physician, other medical practitioner or vocational expert of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so.

Termination of the Total Disability Benefit: The Covered Person will no longer be eligible for the Total Disability Benefit and his {Basic} {and} {Supplemental} Life Insurance will terminate on the earlier of the following dates:

1. the date the Covered Person ceases to be Totally Disabled. However, if he is still eligible for (7) [Basic and Supplemental] Life Insurance when he returns to Active Work, his {Basic} {and} {Supplemental} Life Insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of {Basic} {and} {Supplemental} Life Insurance he may then be eligible for will take effect as described in the Effective Date of insurance provision; or
2. the last day of the 60-day period following Our request for proof of Total Disability, if he does not give Us proof or refuses to take a medical exam(8) [;]
3. (9) [the date the Covered Person reaches (10) [age 65];]

WAIVER OF PREMIUM – TOTAL DISABILITY FOR COVERED PERSON (continued)

4. (11) [the date premium has been waived for (12) [12 months] and the Covered Person is considered to reside outside the United States. The Covered Person is considered to reside outside the United States when he has been outside the United States for a total period of 6 months or more during any 12 consecutive months for which premium has been waived.]

If the Covered Person's Total Disability ends and he does not return to Active Work, then the Covered Person (13) [and his Dependents] may exercise the Conversion Privilege. }

{DISABILITY EXTENSION FOR COVERED PERSON

A Disability Extension is a provision that allows life insurance to continue for a Covered Person while he is Totally Disabled. The Covered Person must pay premium on a monthly basis for life insurance during the Disability Extension.

If the Covered Person meets the conditions below, then We will pay a death benefit when We receive proof of his death. The amount of Life Insurance payable will be the amount of Life Insurance in force on the date he ceased to be Actively at Work, subject to any reductions provided by any other part of the Policy.

Amount of Life Insurance Under the Disability Extension Benefit: If the Covered Person meets the conditions below, We will pay a death benefit when We receive proof of his death. The amount of Life Insurance payable will be the amount of Life Insurance in force on the date he ceased to be Actively at Work, subject to any reductions provided by any other part of the Policy.

Conditions that must be met to qualify for Disability Extension: The Covered Person must be:

1. less than **(1)** [age 65], insured under the Policy and be Totally Disabled; and
2. We must continue to receive premium for his Life Insurance.

Proof of Total Disability: We will provide forms that the Covered Person must use when giving Us proof of Total Disability. The Covered Person must give us proof no later than **(2)** [12 months] after the date he became Totally Disabled. We may at any time require proof that Total Disability continues. The Covered Person must give Us proof within **(3)** [60 days] after Our request. After the Covered Person has been Totally Disabled for more than two years from the date of Total Disability, We will not request proof any more than once a year. We may require the Covered Person to be examined, at Our expense, by a Physician of Our choice.

{**Total Disability or Totally Disabled:** For the purposes of the Disability Extension section, the Covered Person has a condition that prevents him from doing any work for which he is or could become qualified by education, training or experience. }

{**Total Disability or Totally Disabled:** For the purposes of the Disability Extension section, the Covered Person qualifies as disabled in accordance with the definitions of the Employer sponsored long term disability plan. }

We may require the Covered Person to be examined by a Physician, other medical practitioner or vocational expert of Our choice. We will pay for the examination. We can require an examination as often as it is reasonable to do so.

If, for any reason, the Covered Person is no longer Totally Disabled, and:

1. he returns to Active Work in an Eligible Class, then all of his insurance will be reinstated subject to the terms of the Policy in effect on the reinstatement date;
2. if he does not return to Active Work within the Eligible Class, and he is not eligible for any other group life insurance, then he is entitled to the Conversion Privilege. He may convert the amount of Life Insurance that is in force for him on the date he is no longer Totally Disabled.

Termination of the Disability Extension: Under the Disability Extension, the Covered Person's insurance will continue until the first to occur of:

1. the date the Policy terminates;
2. the date the required premium for his insurance is not paid to Us;
3. the date he reaches **(4)** [age 65]; or
4. the date he is no longer Totally Disabled. }

{EXTENDED DEATH BENEFIT FOR COVERED PERSON'S LIFE INSURANCE

We will pay a life insurance benefit if the Covered Person dies after his Life insurance under the Policy ends and (1) [if, within (2) [12 months] after the Covered Person's death], We receive proof:

1. insurance ceased because the Covered Person was Totally Disabled;
2. Total Disability began while the Covered Person was insured under the Policy's Life insurance benefit;
3. {(3) [the Covered Person died not more than (4) [12] months after ceasing Active Work;]} and
4. {the Covered Person died before age (5) [65] and before retirement.}

{Total Disability or Totally Disabled: For the purposes of the this Extended Death Benefit section, the Covered Person has a condition that prevents him from doing any work for which he is or could become qualified by education, training or experience.}

{Total Disability or Totally Disabled: For the purposes of this Extended Death Benefit section, the Covered Person qualifies as disabled in accordance with the definitions of the Employer sponsored long term disability plan.}

For this provision, Life Insurance means: {Basic Life Insurance}{Basic Life Insurance and Supplemental Life Insurance}.

{ACCELERATED DEATH BENEFIT FOR COVERED PERSON

The Accelerated Death Benefit payment may be taxable to the Covered Person. The Covered Person should seek assistance from his personal tax advisor regarding taxes the Covered Person may have to pay as the result of claiming Accelerated Death Benefits.

If while insured under the Policy, the Covered Person becomes terminally ill (called the “qualifying event”) with a life expectancy of less than **(1)** [12 months] and the Covered Person has met all of the conditions set forth below, We will pay the Covered Person the amount of insurance shown in the Schedule of Benefits.

The Covered Person may elect to receive an Accelerated Death Benefit amount that is stated on the Schedule of Benefits. However, an Accelerated Death Benefit payment against the Covered Person’s Life Insurance Benefit can only be made once in the Covered Person’s lifetime.

The Life Insurance Benefit amount will be reduced by the amount paid under this provision.

The Covered Person must submit written medical evidence signed by the treating Physician and acceptable to Us that he is:

1. under a Physician’s care for that condition, and
2. has a life expectancy of less than **(1)** [12 months].

The Accelerated Death Benefit amount will be paid to the Covered Person after the Covered Person meets all of the conditions listed above.

We reserve the right to ask for a medical exam in connection with a claim.

The Covered Person must continue to pay any applicable premium for the amount of Life Insurance Benefits remaining after the reduction.

Upon the Covered Person’s death, the amount of Life Insurance Benefits paid to the Covered Person’s beneficiary will be reduced by the amount already paid under this provision.

Limitations: Accelerated Death Benefits will not be payable if:

1. {the Covered Person has assigned his Life Insurance Benefits; or}
2. {We have been notified that all or a portion of the Life Insurance Benefits are to be paid to the Covered Person’s former Spouse as part of a divorce agreement; or }
3. {the Covered Person is required by law to accelerate benefits in order to meet the claims of creditor(s); or}
4. {the Covered Person is required by a government agency to accelerate benefits in order to qualify for a government benefit or entitlement.}

{The Accelerated Death Benefit is not available to Retired Covered Persons.} }

{ACCELERATED DEATH BENEFIT FOR (1) [DEPENDENT SPOUSE]}

The Accelerated Death Benefit payment may be taxable. The (1) [Dependent Spouse] should seek assistance from his personal tax advisor regarding taxes the (1) [Dependent Spouse] may have to pay as the result of claiming Accelerated Death Benefits.

If while insured under the Policy, the (1) [Dependent Spouse] becomes terminally ill (called the “qualifying event”) with a life expectancy of less than (2) [12 months] and the (3) [Dependent Spouse] has met all of the conditions set forth below, We will pay the (3) [Dependent Spouse] the amount of insurance shown in the Schedule of Benefits.

The (3) [Dependent Spouse] may elect to receive an Accelerated Death Benefit amount that is stated on the Schedule of Benefits. However, an Accelerated Death Benefit payment against the (3) [Dependent Spouse’s] Life Insurance Benefit can only be made once in the (3) [Dependent Spouse’s] lifetime.

The (3) [Dependent Spouse’s] Life Insurance Benefit amount will be reduced by the amount paid under this provision.

The (3) [Dependent Spouse] must submit written medical evidence signed by the treating Physician and acceptable to Us that he is:

1. under a Physician’s care for that condition, and
2. has a life expectancy of less than (4) [12 months].

The Accelerated Death Benefit amount will be paid to the (5) [Dependent Spouse] after the (5) [Dependent Spouse] meets all of the conditions listed above.

We reserve the reasonable right to ask for a medical exam in connection with a claim.

The (5) [Dependent Spouse] must continue to pay any applicable premium for the amount of Life Insurance Benefits remaining after the reduction.

Upon the (5) [Dependent Spouse’s] death, the amount of Life Insurance Benefits paid to the Covered Person will be reduced by the amount already paid under this provision. }

{PORTABILITY PRIVILEGE FOR (1) [SUPPLEMENTAL LIFE INSURANCE] FOR COVERED PERSON

(2) [This provision applies only to the Covered Person’s Supplemental Life Insurance Benefit. It does not apply to **(3)** [Basic Life Insurance Benefit or Accidental Death {and Dismemberment} Benefit], as contained in the Policy.]

{The Covered Person may not elect to port his insurance unless the Covered Person has been insured by the Policy, or the one it replaced, for at least **(4)** [twelve] consecutive months prior to the date the Covered Person’s insurance under the Policy ends.} {A Covered Person may not “port” his insurance if he has an Injury or Sickness which has a material effect on life expectancy.}

The Covered Person may elect to continue all or part of his **(5)** [Supplemental Life Insurance Benefit], by electing **(6)** [a portable Certificate of Insurance], subject to the following terms and restrictions.

The Covered Person may “port” his insurance if the insurance under the Policy ends for any reason other than:

1. {termination of employment due to Sickness or Injury; }
2. failure to pay any required premium;
3. the termination of the Policy; {or}
4. attainment of age **(7)** [70] {; or
5. termination of the Enrolling Group}.

The Covered Person may not port his insurance, if the Covered Person has reached his **(8)** [70th] birthday on the day his insurance under the Policy terminates.

{The Covered Person may port the full amount of his **(9)** [Supplemental Life Insurance] amount as of the day insurance under the Policy terminates.}

{Evidence of insurability is required of the Covered Person for all amounts ported that exceed the lesser of the Covered Person’s insurance under the Policy or **(10)** [\$250,000].} {The Maximum amount that a Covered Person is eligible to port for all insurances combined is **(11)** [the lesser of the Covered Person’s insurance under the Policy, or **(12)** [\$500,000].]}

(13) [The Covered Person can port to a portable Certificate of Insurance. The certificate provides term **(14)** [Group Life Insurance]. This does not provide for Waiver of Premium benefit. The benefits provided by the portable Certificate of Insurance may not be identical to the benefits provided by the Policy.]

(15) [To get a portable Certificate of Insurance, the Covered Person must apply to Us in writing and pay the required premium. The Covered Person has 31 days from the date insurance under the Policy ends to do this. We won’t ask for proof that the Covered Person is insurable.]

No Covered Person is allowed to convert his insurance, and elect **(16)** [a portable Certificate of Insurance] at the same time. If a situation arises in which a Covered Person would be eligible to both convert and port, he may only exercise one of these privileges. The Covered Person may never be insured under both a converted policy and a portable **(17)** [Certificate of Insurance] at the same time.

{**(18)** [Employees] rehired after porting insurance must either lapse that insurance or provide evidence of insurability to keep the porting insurance. }

{PORTABILITY PRIVILEGE FOR (1) [SUPPLEMENTAL LIFE INSURANCE] FOR COVERED PERSON AND DEPENDENTS

(2) [This provision applies only to the Covered Person's and Dependent's Supplemental Life Insurance Benefit. It does not apply to **(3)** [Basic Life Insurance Benefit or the Accidental Death {and Dismemberment} Benefit], as contained in the Policy.]

{The Covered Person may not elect to port his insurance unless the Covered Person has been insured by the Policy, or the one it replaced, for at least **(4)** [twelve] consecutive months prior to the date the Covered Person's insurance under the Policy ends.} {A Covered Person may not "port" his insurance if he has an Injury or Sickness which has a material effect on life expectancy.}

The Covered Person may elect to continue all or part of the Covered Person and insured Dependent's **(5)** [Supplemental Life Insurance Benefit] by electing **(6)** [a portable Certificate of Insurance], subject to the following terms and restrictions.

The Covered Person may "port" his insurance if the insurance under the Policy ends for any reason other than:

1. {termination of employment due to Sickness or Injury;}
2. failure to pay any required premium;
3. the termination of the Policy; {or}
4. attainment of age **(7)** [70] {; or}{
5. termination of the Enrolling Group}.

The Covered Person may not port his insurance, or insurance for any of his insured Dependents, if the Covered Person has reached his **(8)** [70th] birthday on the day the Covered Person's insurance under the Policy terminates.

{The Covered Person may port the full amount of his **(9)** [Supplemental Life Insurance Benefit] amount as of the day insurance under the Policy terminates.}

{Evidence of insurability is required of the Covered Person for all amounts ported that exceed the lesser of the Covered Person's insurance under the Policy or **(10)** [\$250,000]}. {The maximum amount that a Covered Person is eligible to port for all insurances combined is **(11)** [the lesser of the Covered Person's insurance under the Policy, or **(12)** [\$500,000]]}

(13) [The Covered Person may port the full amount of his insured Dependent **(14)** [Supplemental Life Insurance Benefit] amount(s), if:

1. the Spouse's amount under the Policy is at least **(15)** [\$5,000]. {However, the Spouse must provide evidence of insurability for all amounts ported that exceed **(16)** [the lesser of the Spouse's in force insurance under the Policy or **(17)** [\$100,000].] }

If the Covered Person ports an amount of his **(18)** [Supplemental Life Insurance Benefit], then any Dependent amount(s) elected must be the same percentage as the Covered Person elected to port.

The maximum Spouse amount that a Covered Person is eligible to port for all Spouse insurances combined is **(19)** [the lesser of the Spouse's in force insurance under the Policy, or **(20)** [\$100,000].]

2. the Child's amount under the Policy is at least **(21)** [\$2,000]]

PORTABILITY PRIVILEGE FOR (1) [SUPPLEMENTAL LIFE INSURANCE] FOR COVERED PERSON AND DEPENDENTS (continued)

The Covered Person may port:

1. his (22) [Supplemental Life Insurance] amount only;
2. his (22) [Supplemental Life Insurance] amount and his insured Dependent Spouse's (22) [Supplemental Life Insurance] amount;
3. his (22) [Supplemental Life Insurance] amount and the (22) [Supplemental Life Insurance] amounts of all insured Dependents; or
4. if the Covered Person is a single parent, his (22) [Supplemental Life Insurance] amount and the (22) [Supplemental Life Insurance] amounts of all of his insured Dependent children.

No other combinations of ported insurance amounts will be allowed.

If the Covered Person dies and has insurance for his insured Dependents under (22) [Supplemental Life Insurance], each of the Covered Person's then insured Dependents may port their (22) [Supplemental Life Insurance] amounts as limited above. However, the Covered Person's then insured surviving Dependent Spouse must port in order for the Covered Person's then insured surviving Dependent children to port. If there is no surviving Dependent Spouse, no Dependent children will be allowed to port.

(23) [The Covered Person and insured Dependents can port to a portable Certificate of Insurance. The Certificate of Insurance provides term (24) [Group Life Insurance]. This does not provide for Waiver of Premium benefit. The benefits provided by the portable Certificate of Insurance may not be identical to the benefits provided by the Policy.]

(25) [To get a portable Certificate of Insurance, the Covered Person or insured Dependent must apply to us in writing and pay the required premium. The Covered Person or insured Dependent has 31 days from the date insurance under the Policy ends to do this. We won't ask for proof that the Covered Person or insured Dependent is insurable.]

No Covered Person is allowed to convert his insurance, and elect (26) [a portable Certificate of Insurance] at the same time. If a situation arises in which a Covered Person would be eligible to both convert and port, he may only exercise one of these privileges. The Covered Person may never be insured under both a converted policy and (27) [a portable Certificate of Insurance] at the same time.

{(28) [Employees] rehired after porting insurance must either lapse that insurance or provide evidence of insurability to keep the porting insurance.}}

{ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR COVERED PERSON

If the Covered Person suffers a loss described below, We will pay the amount of insurance that applies. The {Covered Person, or the} Covered Person's beneficiary, must give Us proof that:

1. Injury occurred while the insurance was in force under this section;
2. loss occurred within (1) [90 days] after the Injury; and
3. loss was due to Injury independent of all other causes.

Amount of Insurance: The amount of insurance shown in the Schedule of Benefits will be paid according to the following table:

(2) [Loss of life	100%
Loss of both hands or both feet	50%
Loss of sight of both eyes	50%
Loss of one hand and sight of one eye	50%
Loss of one foot and sight of one eye	50%
Quadriplegia	25%
Paraplegia	25%
Triplegia	25%
Loss of one hand	25%
Loss of one foot	25%
Loss of sight of one eye	25%
Coma	25%
Loss of speech	25%
Loss of hearing	25%
Hemiplegia	25%
Uniplegia	25%
Loss of Thumb and Index Finger of the Same Hand	25%]

(3) [Loss of sight means total and irrecoverable loss of sight. Loss of hands or feet means severance at or above the wrist or ankle. Loss of thumb and index finger means the actual, complete and permanent severance through or above the metacarpophalangeal joints. Loss of speech means the total and irrecoverable loss of speech. Loss of hearing means total and irrecoverable loss of hearing. Quadriplegia means total and permanent Paralysis of both upper and lower limbs. Paraplegia means total and permanent Paralysis of both lower limbs. Uniplegia means the total and permanent Paralysis of one limb. Triplegia means the total and permanent Paralysis of three limbs. Hemiplegia means total and permanent Paralysis of upper and lower limbs on one side of the body. Paralysis means permanent impairment and loss of the ability to voluntarily move or to have sensation in any entire extremity. Paralysis must be the result of an Injury to the brain or spinal cord and without the severance of a limb. Coma means the diagnosis of a state of unconsciousness for a continuous period of at least 90 days.]

In paying this benefit, We will consider only losses sustained while insured under this section of the Policy. We will pay no more than the full amount shown in the Schedule of Benefits for losses resulting from any one Injury.

**ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR COVERED PERSON
(continued)**

{Seat Belt Benefit for Covered Person: We will pay {an additional benefit of (4) [\$1,000]} {an amount equal to (5) [2%]} of the full amount of Covered Person's Accidental Death {and Dismemberment Benefit} for the loss of the Covered Person's life that results from injuries sustained while driving or riding in a private Passenger Car if such Covered Person's Seat Belt was properly fastened. {However, the amount payable will not exceed (6) [\$1,000].} A benefit is not payable under this provision, if:

1. the Covered Person is either a driver or passenger, and the driver was legally intoxicated or under the influence of drugs at the time of the accident; or
2. the driver of the private Passenger Car does not hold a current and valid driver's license at the time of the accident.}

{Seat Belt and Air Bag Benefit for Covered Person: We will pay an additional benefit for the loss of the Covered Person's life that results from injuries sustained while driving or riding in a private Passenger Car if such Covered Person's Seat Belt was properly fastened. {A benefit is not payable under this provision, if:

1. {the Covered Person is either a driver or passenger, and the driver was legally intoxicated or under the influence of drugs at the time of the accident; } {or}
2. {the driver of the private Passenger Car does not hold a current and valid driver's license at the time of the accident.}}

An additional Air Bag Benefit will be paid if:

1. Seat Belt Benefit is payable; and
2. the private Passenger Car is equipped with a single Air Bag and the Covered Person is the driver; or
3. the private Passenger Car is equipped with an Air Bag for both the driver and for the front passenger seat and the Covered Person is the driver or front seat passenger; or
4. the private Passenger Car is equipped with an Air Bag for the driver seat, for the front passenger seat and for all rear passenger seats and the Covered Person is the driver, front seat passenger or rear seat passenger; and
5. the police report or other evidence establishes that the Air Bag inflated properly upon impact.

We will pay:

1. A Seat Belt benefit of (7) [\$1,000] {an amount equal to (8) [2%]} of the full amount of Accidental Death {and Dismemberment} Benefit}; or
2. A Seat Belt and Air Bag Benefit of (9) [\$2,000] {an amount equal to (10) [4%]} of the full amount of Accidental Death {and Dismemberment} Benefit}.

{However, the amount payable will not exceed (11) [\$1,000] for the Seat Belt Benefit or (12) [\$2,000] for the combined Seat Belt and Air Bag Benefit.}}

{The accident causing the Covered Person's death must occur while the Covered Person is insured under the Policy.}

{Passenger Car} means, for the purposes of this Accidental Death {and Dismemberment} Benefit, any validly registered four-wheel private Passenger Car. **Seat Belt** means any restraint device which meets published federal safety standards, has been installed by the car manufacturer or reinstalled according to the manufacturer's specifications and has not been altered after such installation. The investigating officer must certify the correct position of the Seat Belt. A copy of the police report must be submitted with the claim.}

{Air Bag} means, for the purposes of this Accidental Death {and Dismemberment} Benefit, a supplemental restraint system that inflates for added protection to the head and chest areas. The Air Bag must meet published federal safety standards, be installed by the car manufacturer or consist of proper replacement parts as required by the car manufacturer's specifications and not have been altered after such installation.}

Limitations: We will not pay a benefit for a loss caused directly or indirectly by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these;

**ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR COVERED PERSON
(continued)**

2. suicide or intentionally self-inflicted Injury, while sane or insane;
3. participation in a riot or insurrection, or commission of an assault or felony;
4. war or any act of war, declared or undeclared;
5. use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a Physician;
6. driving while intoxicated, as defined by the applicable state law where the loss occurred;
7. **{(13) [engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping or using off-road vehicles;]}**
8. **{Injury arising out of or in the course of any occupation or employment for pay or profit, or} any Injury or Sickness for which the Covered Person is entitled to benefits under any Workers Compensation Law, Employers Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule of Benefits;**
9. **{travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people(14) [;].]}**
10. **{travel or flight in, or descent from any aircraft, except if employment duties require the Covered Person to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people.}**

Notice of Claim: Written notice of a claim for death or Injury must be given to Us at Our Home Office by the Covered Person or his beneficiary within **(15) [30 days]** of the date of death or the date the Injury occurred. If it is not possible, written notice must be given as soon as it is reasonably possible to do so.

The claim form is available from the Covered Person's Employer, or can requested from Us. If the Covered Person does not receive the form from Us within **(16) [15 days]** of his request, written proof of claim should be sent to Us without waiting for the form. Written proof should establish facts about the claim such as date of occurrence, nature, and extent of the loss involved.

Proof of Claim: Written proof of claim must be filed within **(17) [90 days]** of the loss. However, if it is not possible to give proof within **(17) [90 days]**, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Payment of Claim: Payment of Claim for loss of life will be paid in accordance with the beneficiary section. All other benefits under the Policy are paid to the Covered Person.

If the Covered Person has chosen an option, no one may change it unless the Covered Person consents in writing. The Covered Person's beneficiary may choose an option within **(18) [60 days]** after death if one has not been chosen.

Legal Action: The Covered Person may not bring suit to recover under this section until **(18) [60 days]** after he has given Us written proof of loss. No suit may be brought more than three years after the date the proof of loss is required to be filed.

{Physical Examination and Autopsy: We have the right to have a Physician of Our choice examine the Covered Person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.}

Assignment: Accidental Death {and Dismemberment} insurance provided by the Policy cannot be assigned. }

{LIFE INSURANCE BENEFIT FOR DEPENDENTS

Death Benefits: We will pay the Life Insurance Benefit amount in force on a Dependent, if insured under this section of the Policy, when We receive proof of his death. The amount of insurance is shown in the Schedule of Benefits. Eligible Dependents are defined in the “General Definitions” section of the Policy.

Assignment: The Dependent Life Insurance Benefit provided by the Policy cannot be assigned.

Beneficiary: Benefits will be paid to:

1. the Covered Person, if living;
2. the legal Spouse of the Covered Person, if the Covered Person is not living; or
3. the estate of the Dependent, if the legal Spouse of the Covered Person is not living.

Notice of Claim: Written notice of a claim for death must be given to Us at Our Home Office by the Covered Person or his beneficiary within **(1)** [30 days] of the date of death. If it is not possible, written notice must be given as soon as it is reasonably possible to do so.

The claim form is available from the Covered Person’s Employer, or can requested from Us. If the form is not received from Us within **(2)** [15 days] of a request, written proof of claim should be sent to Us without waiting for the form. Written proof must show the cause of death. Also, a certified copy of the death certificate must be given to Us.

Proof of Claim: Written proof of claim must be filed within **(3)** [90 days] of the loss. However, if it is not possible to give proof within **(3)** [90 days], it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Payment of Claim: Payment of Claim for loss of life will be paid in accordance with the beneficiary section. All other benefits under the Policy are paid to the Covered Person.

If the Covered Person has chosen an option, no one may change it unless the Covered Person consents in writing. The Covered Person’s beneficiary may choose an option within **(4)** [60 days] after death if one has not been chosen.

Legal Action: The Covered Person may not bring suit to recover under this section until **(4)** [60 days] after he has given Us written proof of loss. No suit may be brought more than three years after the date the proof of loss is required to be filed.

{Physical Examination and Autopsy: We have the right to have a Physician of Our choice examine the insured Dependent, as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.}

Conversion: A Dependent may convert all or part of his Life Insurance to an individual life policy, other than term insurance, if his insurance terminates because:

1. the Covered Person ceases to be a member of a class eligible for Life Insurance;
2. the Covered Person’s legal Spouse lost insurance due to a reduction of insurance because of age;
3. the Covered Person is Totally Disabled or dies; or
4. the Dependent is no longer eligible for Dependent Life Insurance. A Dependent may convert a limited amount of insurance to an individual life policy, other than term insurance, if he was continuously insured under the Policy (or the policy it replaced) for five years if his insurance terminated due to the Policy being terminated or amended.

The amount the Dependent may convert in this case is the smaller of the following:

1. the Life Insurance Benefit amount which terminates less the amount he may become eligible for under any group within **(5)** [31 days] after this insurance terminated; or

LIFE INSURANCE BENEFIT FOR DEPENDENTS (continued)

2. (6) [\$10,000].

The Dependent may convert to any policy We are using for the purpose of conversions. The conversion policy will not have disability or other supplemental benefits. No evidence of insurability is required. The Dependent must submit a written application and the first premium to Our Home Office within (7) [31 days] after this insurance terminated. It is the Covered Person's responsibility to pay the premiums for the conversion policy. The premium will be based on the amount and form of the conversion policy, and on the Dependent's class of risk and age on the date the conversion takes effect.

If the Dependent dies within the (7) [31 days] allowed for making application to convert, We will pay the amount he was entitled to convert. We will do this whether or not application was made.

The conversion policy will take effect on the later of:

1. its date of issue; or
2. (7) [31 days] after the date this insurance terminated.

{Amounts of insurance that the insured Dependent has ported will not be eligible for the Conversion Privilege unless the Certificate of Insurance is returned.}

{{Supplemental}Life Limitations: No benefit will be paid for any loss caused directly or indirectly from:

1. suicide occurring within (8) [24 months] after the Dependent's initial Effective Date of insurance; or
2. suicide occurring within (8) [24 months] after the Effective Date of any increase or additional insurance. This limitation applies only to the increased or additional amount of insurance.}}

{ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR DEPENDENTS

If the Dependent suffers a loss described below, We will pay the amount of insurance that applies. The Covered Person, or the Covered Person's beneficiary, must give Us proof that:

1. Injury occurred while the insurance was in force under this section;
2. loss occurred within (1) [90 days] after the Injury; and
3. loss was due to Injury independent of all other causes.

Amount of Insurance: The amount of insurance shown in the Schedule of Benefits will be paid according to the following table:

(2) [Loss of life	100%
Loss of both hands or both feet	50%
Loss of sight of both eyes	50%
Loss of one hand and sight of one eye	50%
Loss of one foot and sight of one eye	50%
Quadriplegia	25%
Paraplegia	25%
Triplegia	25%
Loss of one hand	25%
Loss of one foot	25%
Loss of sight of one eye	25%
Coma	25%
Loss of speech	25%
Loss of hearing	25%
Hemiplegia	25%
Uniplegia	25%
Loss of Thumb and Index Finger of the Same Hand	25%]

(3) [Loss of sight means total and irrecoverable loss of sight. Loss of hands or feet means severance at or above the wrist or ankle. Loss of thumb and index finger means the actual, complete and permanent severance through or above the metacarpophalangeal joints. Loss of speech means the total and irrecoverable loss of speech. Loss of hearing means total and irrecoverable loss of hearing. Quadriplegia means total and permanent Paralysis of both upper and lower limbs. Paraplegia means total and permanent Paralysis of both lower limbs. Uniplegia means the total and permanent Paralysis of one limb. Triplegia means the total and permanent Paralysis of three limbs. Hemiplegia means total and permanent Paralysis of upper and lower limbs on one side of the body. Paralysis means permanent impairment and loss of the ability to voluntarily move or to have sensation in any entire extremity. Paralysis must be the result of an Injury to the brain or spinal cord and without the severance of a limb. Coma means the diagnosis of a state of unconsciousness for a continuous period of at least 90 days.]

In paying this benefit, We will consider only losses sustained while insured under this section of the Policy. We will pay no more than the full amount shown in the Schedule of Benefits for losses resulting from any one Injury.

ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR DEPENDENTS (continued)

{Seat Belt Benefit for Covered Dependents: We will pay {an additional benefit of (4) [\$500]} {an amount equal to (5) [2%]} of the full amount of the Dependent's Accidental Death {and Dismemberment Benefit}} for the loss of the Dependent's life that results from injuries sustained while driving or riding in a private Passenger Car if such Dependent's Seat Belt was properly fastened. {However, the amount payable will not exceed (6) [\$500].} A benefit is not payable under this provision, if:

1. the Dependent is either a driver or passenger, and the driver was legally intoxicated or under the influence of drugs at the time of the accident; or
2. the driver of the private Passenger Car does not hold a current and valid driver's license at the time of the accident.}

{Seat Belt and Air Bag Benefit for Dependent: We will pay an additional benefit for the loss of the Dependent's life that results from injuries sustained while driving or riding in a private Passenger Car if such Dependent's Seat Belt was properly fastened. {A benefit is not payable under this provision, if:

1. {the Dependent is either a driver or passenger, and the driver was legally intoxicated or under the influence of drugs at the time of the accident; or}
2. {the driver of the private Passenger Car does not hold a current and valid driver's license at the time of the accident.}}

An additional Air Bag Benefit will be paid if:

1. Seat Belt Benefit is payable; and
2. the private Passenger Car is equipped with a single Air Bag and the Dependent is the driver; or
3. the private Passenger Car is equipped with an Air Bag for both the driver and for the front passenger seat and the Dependent is the driver or front seat passenger; or
4. the private Passenger Car is equipped with an Air Bag for the driver seat, for the front passenger seat and for all rear passenger seats and the Dependent is the driver, front seat passenger or rear seat passenger; and
5. the police report or other evidence establishes that the Air Bag inflated properly upon impact.

We will pay:

1. A Seat Belt benefit of (7) [\$500] {an amount equal to (8) [2%]} of the full amount of the Dependent's Accidental Death {and Dismemberment} Benefit}; or
 2. A Seat Belt and Air Bag Benefit of (9) [\$1,000] {an amount equal to (10) [4%]} of the full amount of Dependent's Accidental Death {and Dismemberment} Benefit}.
- {However, the amount payable will not exceed (11) [\$500] for the Seat Belt Benefit or (12) [\$1,000] for the combined Seat Belt and Air Bag Benefit. }

{The accident causing the Dependent's death must occur while the Dependent is insured under the Policy.}

{Passenger Car means: for the purposes of this Accidental Death {and Dismemberment} Benefit, any validly registered four-wheel private Passenger Car. Seat Belt means any restraint device which meets published federal safety standards, has been installed by the car manufacturer or reinstalled according to the manufacturer's specifications and has not been altered after such installation. The investigating officer must certify the correct position of the Seat Belt. A copy of the police report must be submitted with the claim. }

{Air Bag means: for the purposes of this Accidental Death {and Dismemberment} Benefit, a supplemental restraint system that inflates for added protection to the head and chest areas. The Air Bag must meet published federal safety standards, be installed by the car manufacturer or consist of proper replacement parts as required by the car manufacturer's specifications and not have been altered after such installation. }

Limitations: We will not pay a benefit for a loss caused directly or indirectly by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these;
2. suicide or intentionally self-inflicted Injury, while sane or insane;

ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR DEPENDENTS (continued)

3. participation in a riot or insurrection, or commission of an assault or felony;
4. war or any act of war, declared or undeclared;
5. use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a Physician;
6. driving while intoxicated, as defined by the applicable state law where the loss occurred;
7. {(13) [engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping or using off-road vehicles;]}
8. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which the insured Dependent is entitled to benefits under any Workers Compensation Law, Employers Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule of Benefits;
9. {travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people(14) [.;];}
10. {travel or flight in, or descent from any aircraft, except if employment duties require the Insured to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people.}

Notice of Claim: Written notice of a claim for death or Injury must be given to Us at Our Home Office by the Covered Person or his beneficiary within (15) [30 days] of the date of death or the date the Injury occurred. If it is not possible, written notice must be given as soon as it is reasonably possible to do so. The notice should identify the insured Dependent.

The claim form is available from the Covered Person's Employer, or can requested from Us. If the Covered Person does not receive the form from Us within (16) [15 days] of his request, written proof of claim should be sent to Us without waiting for the form. Written proof should establish facts about the claim such as date of occurrence, nature, and extent of the loss involved.

Proof of Claim: Written proof of claim must be filed within (17) [90 days] of the loss. However, if it is not possible to give proof within (17) [90 days], it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Payment of Claim: Payment of Claim for loss of life will be paid in accordance with the beneficiary section. All other benefits under the Policy are paid to the Covered Person.

If the Covered Person has chosen an option, no one may change it unless the Covered Person consents in writing. The Covered Person's beneficiary may choose an option within (18) [60 days] after death if one has not been chosen.

Legal Action: The Covered Person may not bring suit to recover under this section until (18) [60 days] after he has given Us written proof of loss. No suit may be brought more than three years after the date the proof of loss is required to be filed.

{Physical Examination and Autopsy: We have the right to have a Physician of Our choice examine the insured Dependent, as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.}

Assignment: Accidental Death {and Dismemberment} insurance provided by the Policy cannot be assigned.
}

**{CONTINUATION OF MEDICAL INSURANCE BENEFIT FOR DEPENDENTS UNDER THE
ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT**

This benefit provides payments for the continuation of a Dependent's medical insurance as provided under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

A Dependent will qualify for benefits under this section if:

1. a Loss of Life benefit is payable for the Covered Person under the Accidental Death {and Dismemberment} Benefit;
2. the Covered Person's Dependent elects to continue medical insurance under COBRA subsequent to the Covered Person's death; and
3. We receive the premium bills for the medical insurance continued through COBRA.

As long as the Dependent qualifies for this benefit, We will pay an annual benefit amount {equal to the lesser }of{:

1. **(1)** [1%] of the Covered Person's Loss of Life benefit under Accidental Death {and Dismemberment};
or
2. }**(2)** [\$1,000].

This benefit is payable in addition to any other benefits provided under the Policy. Payment will be made upon Our receipt of satisfactory proof that the above conditions have been met.

Benefits are payable to the Covered Person's **(3)** [Spouse]. If there is no such **(4)** [Spouse], payment will be made to or on behalf of the Covered Person's Children.

Payment under this provision will end on the earliest of the following dates:

1. the date the Covered Person's Dependent fails to provide Us with a copy of the subsequent premium bill; or
2. the date the Covered Person's Dependent has received **(5)** [3 annual] payments.}

**{ CHILD CARE EXPENSE BENEFIT UNDER THE ACCIDENTAL DEATH {AND
DISMEMBERMENT} BENEFIT**

We will pay a Child Care Expense Benefit if:

1. a Covered Person {and his Children} **(1)** [are] insured under the Policy; and
2. the Covered Person dies as a result of an Injury; and
3. a Loss of Life benefit is payable for the Covered Person under the Accidental Death {and Dismemberment} provision.

This benefit will be paid on behalf of any Child under age of **(2)** [13] or any Child age **(2)** [13] or older who needs ongoing personal care assistance, who is receiving child care from a licensed child care provider at the time of the Covered Person's death, or within **(3)** [90] days of the Covered Person's death. Payment will be made to the Child's parent or legal guardian.

The benefit is equal to the lesser of the following amounts:

1. the actual cost charged for the Child Care Expenses per year;
2. **{(4)** [1%] of the Covered Person's Loss of Life benefit payable under the Accidental Death {and Dismemberment} provision, not to exceed **(5)** [\$1,000] per year per Child.

However, We will not pay more than the overall maximum amount of **(6)** [\$1,000] per year for all Child Care Expenses combined.

This Child Care Expense Benefit is payable each year for each Dependent Child who qualifies for Child Care Benefits. No more than **(7)** [two] Child Care Benefits will be payable for each Dependent.

To receive this benefit, the Child's parent or legal guardian must provide satisfactory proof that he is incurring expenses that entitle him to the Child Care Expenses Benefit. Expenses must be charged by a child care provider who is licensed to provide such services in the jurisdiction in which the services are provided.

The Child Care Expense Benefit will end on the earlier of the following:

1. the date the Child's parent or legal guardian is no longer incurring child care expenses;
2. the date the maximum number of Child Care Benefits have been paid;
3. the date the Child reaches **(8)** [13] years of age unless the Child needs ongoing personal care assistance.}

{ COMMON CARRIER HAZARD BENEFIT FOR COVERED PERSONS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

If an Accidental Death {and Dismemberment} Loss of Life benefit is payable under the Policy, We will pay an additional benefit amount for a loss that is the result of a hazard while the Covered Person is **(1)** [on business for the Employer or on personal travel]. A hazard is a situation or activity that places the Covered Person at risk of loss. We will pay the Common Carrier Hazard Benefit for the following hazards if the Covered Person's loss of life occurs:

1. while riding as a passenger (not as a pilot or crew member) in or getting into or out of:
 - a. any common public passenger carrier, including air, that is licensed for the transportation of passengers for hire, excluding an aircraft owned, operated, chartered or leased by or for the Employer; or
 - b. any transport type aircraft operated by the Military Airlift Command (MAC) of the United States or by a similar air transport service of any duly constituted government authority recognized by the government of the United States; or
2. as a result of a parachute jump from an aircraft as described in item 1 above in order to save self; or
3. as a result of being struck by an aircraft as described in item 1 above.

The amount of the Common Carrier Hazard Benefit payable is **(2)** [1% of the Accidental Death {and Dismemberment} Loss of Life benefit as shown on the Schedule of Benefits not to exceed \$1,000].

This benefit is subject to the conditions, limitations and exclusions in the Policy.}

{HOME ALTERATIONS AND VEHICLE MODIFICATIONS BENEFIT FOR COVERED PERSON {AND DEPENDENTS} UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

If a Covered Person {or the Covered Person's Spouse} sustains an Injury which requires the individual to use a wheelchair to become ambulatory, and if the individual receives a benefit payment for a loss under the Accidental Death {and Dismemberment} Benefit, We will reimburse the Covered Person, upon presentation of proof of payment, for:

1. the cost of alterations that were made to the Covered Person's home **(1)** [or to the Covered Person's Spouse's home] to make it wheelchair accessible and habitable; and
2. the cost of modifications that were made to the Covered Person's car **(2)** [or to the Covered Person's Spouse's car] to make it wheelchair accessible and easier to drive.

The maximum benefit amount combined for all costs of alterations to the home and/or modifications to the car is {the lessor of:

1. **(3)** [1%] of the full amount of the Accidental Death {and Dismemberment} Benefit;
2. **(4)** [\$1,000].

This benefit will not be paid unless:

1. Home Alterations including but not limited to the installation of ramps, and widening of doorways, are made by a person(s) experienced in these types of alterations and the alterations are recommended by a recognized organization providing support and assistance to wheelchair users; and
2. Modifications to a Car including, but not limited to, installation of an automatic lift, modification of steering and braking mechanisms, are made by a person(s) with experience in these types of modifications, and modifications are approved by the federal or state vehicle licensing authorities. }

**{REHABILITATION PHYSICAL THERAPY BENEFIT FOR COVERED PERSON {AND DEPENDENTS}
UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT**

We will pay an additional benefit to a Covered Person for rehabilitative physical therapy that is prescribed by the attending Physician if the Covered Person {or a Dependent} sustains an Injury which causes a dismemberment loss and a benefit is payable under the Accidental Death {and Dismemberment} benefit.

The maximum rehabilitative physical therapy benefit amount is {the lesser of:

1. **(1)** [1%] of the full amount of the Accidental Death {and Dismemberment} Benefit payable to the Covered Person {or to the Dependent};
2. **(2)** [\$1,000].

(3) [This benefit will be prorated and paid on a monthly basis for up to **(4)** [12] months.]

Benefits will end if the Covered Person's {or Dependent's} Physician determines that Rehabilitation Physical Therapy is no longer necessary.}

{COMMON DISASTER BENEFIT FOR COVERED PERSON AND DEPENDENTS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

When We receive proof that a Covered Person and the Covered Person's Spouse are insured for Accidental Death {and Dismemberment} insurance under the Policy and that both die as the result of Injury sustained in the same accident, We will pay a Common Disaster Benefit in accordance with the beneficiary designation, or to the designated guardian for the Covered Person's children.

Both deaths must occur within **(1)** [90 days] of the date of the accident that caused the Injuries. The amount of the Common Disaster Benefit is **{(2) [\$1,000]}** {the amount of Accidental Death {and Dismemberment} Loss of Life benefit paid on behalf of the Covered Person} { minus the amount of Accidental Death {and Dismemberment} Loss of Life benefit paid on behalf of the Covered Person's Spouse,} {not to exceed a maximum Common Disaster Benefit amount of **(2) [\$1,000]}**. {However, the benefit paid will not exceed the Covered Person's Accidental Death {and Dismemberment} Loss of Life Benefit.}

The Common Disaster Benefit is paid in equal shares to each surviving child or to the estate if no living children.

The Common Disaster Benefit is paid in addition to benefits paid under the Covered Person's and Dependent's Accidental Death {and Dismemberment} benefit. }

**{SPOUSE TRAINING BENEFIT UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT}
BENEFIT**

When We receive proof that a Covered Person dies as a result of an Injury and an Accidental Death {and Dismemberment} Loss of Life benefit is payable, then We will pay an additional Spouse Training Benefit to the Covered Person's Spouse if:

The Spouse {is insured under the Policy on the date of the Covered Person's accident, and} is enrolled in a post secondary institution, professional or trade school training program:

1. for the purpose of obtaining an independent source of support and maintenance; and
2. within **(1)** [3] months of the date of the Covered Person's death.

The Spouse Education Benefit payable is the lesser of:

1. expenses incurred for the training which includes **(2)** [tuition charged and the costs of materials needed, but does not include room and board costs];
2. **{(3)** [1%] of the Covered Person's Spouse's full Accidental Death {and Dismemberment} Benefit;}
3. **(4)** [\$1,000].]}

**{SURVIVOR BENEFIT FOR DEPENDENTS UNDER THE ACCIDENTAL DEATH {AND
DISMEMBERMENT} BENEFIT**

This benefit provides a monthly benefit payment to a Covered Person's Spouse, if living, otherwise, his children under age **(1)** [21], in the event that Covered Person dies as a result of an Injury and the Accidental Death {and Dismemberment} loss of life benefit becomes payable. The Survivor Benefit is payable in addition to any other benefits provided under the Policy.

The maximum monthly benefit amount is {the lesser of:

1. **(2)** [1%] of the full amount of the Accidental Death {and Dismemberment} Benefit payable to the Covered Person;
2. **(3)** [\$1,000].

Benefits payable are subject to the Survivor Benefit maximum benefit period of **(4)** [12 months].

Benefits are payable to the Covered Person's Spouse if living, otherwise child under the age of **(5)** [21]. If there are no living survivors at the time of the Covered Person's death, no benefits are payable.}

{HUMAN IMMUNODEFICIENCY VIRUS (HIV) BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

We will pay a benefit for exposure to the Human Immunodeficiency Virus (HIV) if a Covered Person sustains an Injury in the performance of his occupational duties and as a result of such Injury, the Covered Person acquires and tests positive for HIV and/or AIDS Related Complex (ARC) within one year of the date the Injury occurred. The Covered Person must be insured for this HIV benefit at the time of the Injury.

The HIV benefit {is **(1)** [\$1,000]} {will equal **(2)** [1%] of the Covered Person's full Accidental Death {and Dismemberment} Benefit in effect on the date the Injury occurred}. Benefits will be prorated and paid in **(3)** [24] equal monthly payments. The benefit will be paid in addition to any other benefits that may be payable to the Covered Person because of the Injury. Payment of the HIV benefit will reduce the total Accidental Death {and Dismemberment} Benefit payable to the Covered Person.

In order to receive this benefit, the Covered Person must:

1. submit a Workers' Compensation Injury report or similar proof to the Employer within 48 hours of when the Injury occurred;
2. submit to a blood test for AIDS and ARC within 48 hours of when the Injury occurred; and
3. must not have previously tested positive for HIV, or if Covered Person had previously tested positive for HIV, the Covered Person subsequently tested negative for HIV prior to the date Injury occurred.

If the initial blood test is negative and the Covered Person subsequently tests positive to HIV or ARC within **(4)** [1 year] of the date the Injury occurred, We will begin monthly HIV benefits.}

**{ FELONIOUS ASSAULT BENEFIT FOR COVERED PERSONS UNDER THE ACCIDENTAL DEATH
{AND DISMEMBERMENT} BENEFIT**

A lump sum Felonious Assault Benefit will be payable if:

1. an Accidental Death {and Dismemberment} Loss of Life benefit is payable to a Covered Person; and
2. the Covered Person's death is a result of a Criminal Act of Violence **(1)** [.]**(2)** [while the Covered Person is on
 - a. the premises of the Covered Person's Employer; or
 - b. on a Business trip made on behalf of the Covered Person's Employer.]

The maximum Felonious Assault Benefit amount is {the lesser of:

1. **(3)** [1%] of the Covered Person's Accidental Death {and Dismemberment} Loss of Life benefit;
2. }**(4)** [\$1,000].

This Benefit will not be payable for a loss that results from a Felonious Assault committed by:

1. a member of the Covered Person's family;
2. a member of the household in which the Covered Person lives; or
3. the Covered Person's fellow employee.

For purposes of this Felonious Assault Benefit:

(5) [On the premises of the Covered Person's Employer means real estate:

1. owned, leased, controlled or under the management of the Employer; and
2. used to conduct the business of the Employer.]

(6) [Business Trip means: an assignment by or with the authorization of the Covered Person's Employer for the purpose of furthering the business of the Employer.]

Criminal Act of Violence includes, but is not limited to, robbery, kidnapping, hijacking, assault and battery, murder or civil disturbance.}

**{ REPATRIATION BENEFIT FOR COVERED PERSONS {AND DEPENDENTS} UNDER THE
ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT**

We will pay a Repatriation Benefit if all of the following requirements are met:

1. an Accidental Death {and Dismemberment} Loss of Life benefit as the result of an Injury is payable on behalf of the Covered Person's death {or the death of a Dependent};
2. The Covered Person's {or the Covered Person's Dependent's} death occurs more than **(1)** [100] miles from his primary place of residence and occurs outside the state or country of the Covered Person's {or the Covered Person's Dependent's} place of permanent residence; and
3. Covered Expenses are incurred for the preparation and transportation of the Covered Person's body {or the Dependent's body} to a mortuary near the primary place of residence.

The amount of the Repatriation Benefit is the lesser of:

1. the Covered Expenses incurred; or
2. **{(2)}** [1%] of the Covered Person's Accidental Death & Dismemberment Loss of Life benefit; or}
3. **(3)** [\$1,000].

The Repatriation Benefit is payable to the person who incurs the expenses.

Covered Expenses include, but are not limited to the usual and customary fee or charge for the services rendered and supplies furnished in the area where services are rendered or the supplies are furnished. Such services and supplies include, but are not limited to, embalming, cremation, coffins, and transportation. }

{INSURANCE FOR EXPOSURE AND DISAPPEARANCE FOR COVERED PERSONS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

We will pay an Accidental Death {and Dismemberment} Loss of Life benefit if an Injury is sustained by a Covered Person who is unavoidably exposed to the elements and as a result of the exposure suffers a loss of life.

We will presume a Covered Person suffered Loss of Life due to an Injury if:

1. the Covered Person is riding in a Common Carrier that is involved in an accident covered under the Policy;
2. as a result of the accident, the Common Carrier is wrecked, sinks, is stranded, or disappears; and
3. the Covered Person's body is not found within one year of the date the accident occurred.

Common Carrier means: for the purposes of this Exposure and Disappearance Benefit:

1. any land or water vehicle, transport or vessel including, but not limited to, a vehicle, transport or vessel licensed to carry passengers for hire; or
2. any aircraft operated by a business organized to operate an aircraft service and licensed for the transportation of passengers for hire.}

{EDUCATION BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

We will pay a yearly Education Benefit to each of the Covered Person's Qualified Children if:

1. an Accidental Death {and Dismemberment} Loss of Life benefit is payable for the Covered Person;
2. the Covered Person dies within **(1)** [90 days] after the date of the accident causing the accidental bodily Injury;
3. proof is given to Us that the Child is a Qualified Child; and
4. the Qualified Child continues to be enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level.

The maximum yearly Education Benefit amount is {the lesser of:

1. **(2)** [1%] of the Covered Person's Accidental Death {and Dismemberment} Loss of Life benefits; or
2. }**(3)** [\$1,000].

(4) [However, We will not pay more than **(5)** [\$1,000] per year for all Qualified Children combined.]

This Education Benefit is payable in addition to any other benefits provided under the Policy. We will not pay more than one Education Benefit per Qualified Child during any one school year.

If the Covered Person has no surviving Children {, or the Children are not insured under the Policy,} or the Children do not meet the Education Benefit requirements, then no Education Benefit will be paid.

The Education Benefit will terminate for each Qualified Child on the earliest of the following dates:

1. the date the Qualified Child fails to furnish proof as required by Us;
2. the date the Qualified Child no longer qualifies as a Dependent Child for any reason except the Covered Person's death; or
3. the date on which the **(6)** [fourth] Education Benefit has been paid.

The following term is defined for the purposes of this Education Benefit:

Qualified Child is any of the Covered Person's unmarried children under the age shown in the General Definitions section who, on the date of the Covered Person's death as a result of an Injury, was either:

1. enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level; or
2. at the 12th grade level and enrolls as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level within 365 days following the date of the Covered Person's death. }

{CARJACKING BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

If the Covered Person sustains an Injury as the result of a Carjacking (taking unlawful possession of an automobile by means of force or threats against the person(s) who are rightfully occupying the vehicle) occurring in the United States and while the Covered Person was operating, or riding as a passenger in an automobile, We will pay a lump sum benefit.

A benefit is payable under this provision if the following conditions are met:

1. benefits are payable under the Accidental Death {and Dismemberment} provision of the Policy; and
2. We receive proof of the Carjacking either as part of an official police report of the Carjacking or as certified, in writing, by the investigating law enforcement officer.

The maximum Carjacking benefit amount is {the lesser of:

1. **(1)** [1%] of the full amount of the Accidental Death {and Dismemberment} Benefit payable to the Covered Person;
2. **(2)** [\$1,000].

This benefit is payable in addition to any other benefits payable under the Policy. }

{PERMANENT TOTAL DISABILITY BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT

This benefit provides a monthly benefit payment if the Covered Person sustains Permanent Total Disability as a result of an Injury.

Benefits are payable if the following conditions are met:

1. the Covered Person's Permanent Total Disability must begin within **(1)** [90] days of the date of the Injury;
2. the Covered Person is Disabled to the extent described in the definition of Permanent Total Disability below;
3. the Covered Person's Permanent Total Disability renders him unable to work for at least **(2)** [12] consecutive months; and
4. We receive proof of the Covered Person's Permanent Total Disability.

{We will pay the Covered Person **(3)** [1%] of the Covered Person's Accidental Death {and Dismemberment} full amount (less any amount paid for accidental death or dismemberment) for each month of continued Permanent Total Disability.}

{The maximum monthly Permanent Total Disability benefit amount is **(4)** [\$100].}

Benefits payable under this provision for periods less than one month will be paid on the basis of 1/30th of the monthly benefit for each day of Permanent Total Disability. The most We will pay under the Policy for all losses resulting from any one Injury is the Accidental Death {and Dismemberment} full amount.

The Covered Person must give us the following items to establish proof of Permanent Total Disability:

1. proof that the Covered Person is receiving Regular Care for his condition from a Physician whose specialty or expertise is the most appropriate for the treatment of the condition according to generally accepted medical standards;
2. objective medical findings which support the Covered Person's Permanent Total Disability. Objective medical findings include, but are not limited to, tests, procedures, or clinical examinations accepted on a standard basis in the practice of medicine for the Covered Person's disability,
3. documents detailing the extent of the Covered Person's Permanent Total Disability, including any restrictions or limitations.

Benefits will start with the **(5)** [13th] month of Permanent Total Disability. Benefits will end on the first to occur of the following dates:

1. the Covered Person recovers to the point where he is no longer Permanently Totally Disabled, as defined;
2. the date the total amount of benefits paid under this provision, plus any other benefits payable under the Accidental Death {and Dismemberment} Benefit for all losses resulting from one Injury equal the Covered Person's Accidental Death {and Dismemberment} full amount;
3. the date proof of the continuance of the Covered Person's Permanent Total Disability is not given to Us when required;
4. the date the Covered Person refused to be examined as required;
5. the date the **(6)** [100th] benefit payment has been made.

If the Covered Person dies during a period for which Permanent Total Disability benefits are payable, the unpaid benefit (if any), will be paid in a lump sum to the Covered Person's beneficiary once We receive written proof of death.

**PERMANENT TOTAL DISABILITY BENEFIT FOR COVERED PERSONS UNDER THE
ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT (continued)**

Permanent Total Disability or Permanently Totally Disabled means that an Injury:

1. has caused a physical or mental impairment to such a degree of severity that it is determined by a competent medical authority to be permanent, total and continuous, and
2. the Covered Person has been for a period of (7) [12 consecutive months]:
 - a. continuously prevented from performing the duties of any occupation for which he is or becomes qualified by education, training and experience; and
 - b. not working for wages in any occupation for which he is or becomes qualified by education, training and experience.}

**DESCRIPTION OF VARIABLES
POLICY FORM No. UHCLD-POL 2/2008
CERTIFICATE FORM NO. UHCLD-CERT 2/2008**

General Variable Information

1. Items bracketed in the Policy with straight brackets indicate these items are variable by omission or in their specifics without change in the subject. Examples of such would be Policyholder name, effective date, group number, eligibility wording, benefit amounts and limits. Items bracketed { } indicate these sections are variable by omission.
2. Several items are customarily varied according to the individual policyholder's specific plan of insurance. These items include all items appearing in the Application.
3. The definitions will be varied to the extent that definitions may be included, omitted or transferred to another page to suit the needs of a particular policyholder.
4. Paragraphs may be included, omitted or transferred to another page to suit the needs of a particular policyholder.
5. Letters and numbers (excluding form numbers) may be varied.
6. Colons, semicolons, semicolons followed by the word 'or', and semicolons followed by the words 'and/or' may be omitted. If omitted, a period will be substituted, if necessary.
7. Benefits selected may vary by Class.
8. References to Employees may change to Members.

POLICY FACE PAGE - UHCLD-POL 2/2008

1. Current Home Office Address. Address may change and is bracketed to accommodate future changes.
2. The bracketed material consists of those items that are customarily varied to apply to a particular policyholder's contract. Such items include Policyholder, Policy Number, Effective Date, Premium Due Date, and Policy Anniversaries.
3. The word "state" is bracketed so it may be substituted by "jurisdiction" or "Commonwealth" if the policy is delivered in the District of Columbia or states that require such titles.
4. The telephone number may vary to apply to a particular policyholder's contract.
5. Will be current officer's signature.
6. Administrative Office address may change and is bracketed to accommodate future changes.

POLICY GENERAL PROVISIONS - Page POL-GP-UHC

Payment of Premiums:

1. May be changed to reflect the type of group.
2. The Grace Period bracketed [31] days will never be less than 31 but may vary within the range of [31-90] days.

Premium Rate Change:

3. The bracketed [6 months] may vary within the range of [6-24 months].
4. May be changed to reflect the type of group.
5. The bracketed [31 days] may vary within the range of [31- 180 days].
6. The entire item may be deleted.
7. Employees may be changed to reflect the type of group.
8. [10%] may vary between 10%-50%.
9. May be changed to reflect the type of group.

DESCRIPTION OF VARIABLES

Termination of the Policy:

10. References to "Policy" in the heading may include "or line of insurance".
11. Some items may be in/out. Item 1c - The bracketed [2] may be varied in accordance with applicable law and may vary within the range of 2-20. In addition, Item 1c may change to add "under the Policy or a line of insurance".
12. In/out.
13. Reference to "Policy" in the heading may include "or line of insurance".
14. Items 2a or 2b may be removed to show only the contribution arrangement of the sold insurance. The bracketed [75] in item 2a may be replaced with a percent in the range of 25%-75%.

Termination of an Insurance Option under the Policy:

15. The paragraph will be included only if an Employee Choice plan is sold. This paragraph may be deleted entirely.
16. The bracketed [10] in item 1 may be replaced with a percent in the range of 10-50.
17. The bracketed [10] in item 2 may be replaced with a percent in the range of 10-50.
18. In/out.

POLICY CONTENTS - Page PC-UHC

1. The Policy Contents Page describes the certificate(s) that are made part of the policy. This is a particularly useful form for clients with multiple certificates.
2. Some of items will not appear.
3. The bracketed material will describe each certificate, the class of employees covered under the certificate and the effective date of the certificate.

CERTIFICATE FACE PAGE - UHCLD-CERT-2/2008

1. Current Home Office Address. Address may change and is bracketed to accommodate future changes.
2. The bracketed material consists of those items that are customarily varied to apply to a particular policyholder's contract. Such items include Policyholder, Enrolling Group, Effective Date, and Policy Number.
3. The telephone number may vary to apply to a particular policyholder's contract.
4. Will be current officer's signature.
5. Administrative Office address may change and is bracketed to accommodate future changes.

TABLE OF CONTENTS - Page(s) TOC-UHC

1. The Table of Contents is intended to include a description (form title) of an approved benefit or provision and where that benefit or provision can be found in the certificate. The Table of Contents will vary on a case-by-case basis.
2. May change to "dependents" or other description for dependents under the policy.
3. "Supplemental" may be in/out.

SCHEDULE OF BENEFITS - Page(s) SCH-UHC

1. The entire Schedule of Benefits has been bracketed to accommodate plan specific information that may vary from case to case. Such information may include:
 - Policyholder eligibility requirements which describe the classes of employees who are eligible for the benefits described in the certificate of coverage and employment waiting periods. These eligibility requirements may include the following;
 - coverage for part-time as well as full-time employees; and
 - each class of employees may be described in a separate certificate; and
 - number of hours could be reduced to include part-time employees; and
 - waiting period can vary from None to 24 calendar months. Can also include a waiting period waiver or credit toward the waiting period if the employee quits working and then is rehired within 1-12 months. Variations of this waiting period credit/waiver may include credit toward the waiting period for any period of prior work with the employer, regardless of dates of employment and whether the employee was working in an eligible class.

Basic Life:

- The Basic Life benefit amounts may be shown as a flat dollar amount between \$1000 – 5,000,000, % of salary from 1% - 1000% or multiple of salary from 1- 50 times. Each class of employee may have a different benefit amount.
- When the life benefit amount is a % of salary or a multiple of salary an "Annual Earnings Definition" is included. This definition could:

DESCRIPTION OF VARIABLES

- be calculated on policy year or calendar year earnings;
- earnings may or may not include commissions;
- earnings may or may not include bonuses, overtime pay and other extra compensation;
- the annual earnings may or may not be rounded up to the nearest \$100-10,000 (or based on the exact earnings calculations).
- Basic Life benefit amount reduction at a certain age would be subject to ADEA rules. The reduction language shown in the certificate illustrates our most restrictive reduction. An example of the most common Basic Life Insurance Benefit reduction schedule is as follows: "Basic Life Insurance Benefit will reduce by 35% at age 65, 50% at age 70 and 75% at age 80."

Other examples of Basic Life Benefit reduction are:

- To 50% at age 65, to 45% of the original amount at age 70, to 35% of the original amount at age 75, to 25% of the original amount at age 80, and terminates at retirement.
- To 50% at age 70
- To 50% at age 65, and to 50% of the original amount at age 70
- By 35% at 65, 70, and 75, by 25% at ages 80, 85, 90 and 95 (after all previous reductions)

Supplemental Life Insurance:

- The optional Supplemental Life Insurance Benefit may or may not be included. The Supplemental Life Insurance benefit amounts could be a flat dollar between \$1000 – 5,000,000, % of salary from 1% - 1000% or multiple of salary from 1- 50 times.
- Supplemental Life Insurance Benefit reduction at a certain age would be subject to ADEA rules. The reduction language shown in the certificate illustrates our most restrictive reduction. An example of the most common Supplemental Life Insurance Benefit reduction schedule is as follows: "Supplemental Life Insurance Benefit will reduce by 35% at age 65, 50% at age 70 and 75% at age 80."

Other examples of Supplemental Life Benefit reduction are:

- To 50% at age 65, to 45% of the original amount at age 70, to 35% of the original amount at age 75, to 25% of the original amount at age 80, and terminates at retirement.
- To 50% at age 70
- To 50% at age 65, and to 50% of the original amount at age 70
- By 35% at 65, 70, and 75, by 25% at ages 80, 85, 90 and 95 (after all previous reductions)

Basic Accidental Death and Dismemberment Benefit:

- The optional Basic Accidental Death and Dismemberment Benefit may or may not be included. The benefit amounts may be a flat dollar amount, % of salary or a multiple of salary. Each class of employee may have a different benefit amount.
- Benefit amount reduction at a certain age would be subject to ADEA rules. The reduction language shown in the certificate illustrates our most restrictive reduction. An example of the most common Basic Accidental Death and Dismemberment Benefit reduction schedule is as follows: "Accidental Death and Dismemberment Insurance Benefit will reduce by 35% at age 65, 50% at age 70 and 75% at age 80."

Other examples of Basic Accidental Death and Dismemberment Benefit reduction are:

- To 50% at age 65, to 45% of the original amount at age 70, to 35% of the original amount at age 75, to 25% of the original amount at age 80, and terminates at retirement.
- To 50% at age 70
- To 50% at age 65, and to 50% of the original amount at age 70
- By 35% at 65, 70, and 75, by 25% at ages 80, 85, 90 and 95 (after all previous reductions)
- There is a choice of 24 hour or non-occupational Accidental Death and Dismemberment coverage.

Supplemental Accidental Death and Dismemberment:

- The optional Supplemental Accidental Death and Dismemberment Benefit may or may not be included. The benefit amounts may be a flat dollar amount, % of salary or a multiple of salary.
- Benefit amount reduction at a certain age would be subject to ADEA rules. The reduction language shown in the certificate illustrates our most restrictive reduction. An example of the most common Supplemental Accidental Death and Dismemberment Insurance Benefit reduction schedule is as follows: "Supplemental Accidental Death and Dismemberment Insurance Benefit will reduce by 35% at age 65, 50% at age 70 and 75% at age 80."

Other examples of Supplemental Accidental Death and Dismemberment Benefit reduction are:

DESCRIPTION OF VARIABLES

- To 50% at age 65, to 45% of the original amount at age 70, to 35% of the original amount at age 75, to 25% of the original amount at age 80, and terminates at retirement.
- To 50% at age 70
- To 50% at age 65, and to 50% of the original amount at age 70
- By 35% at 65, 70, and 75, by 25% at ages 80, 85, 90 and 95 (after all previous reductions)
- There is a choice of 24 hour or non-occupational Accidental Death and Dismemberment coverage.

Accelerated Death Benefit:

- The Accelerated Death Benefit may or may not be included.
- The maximum benefit % that may be accelerated is 25%-90% of the Basic Life Insurance or \$1,000 - \$1,000,000.

Evidence of Insurability Requirements:

- Minimum amount in items 1 and 3 may vary to reflect the group specifics.
- Items 3 and 4 may not appear if Dependent coverage is not available under the Policy.

Short Term Disability Benefit:

- The optional Short Term Disability Benefit may or may not be included. The amounts may be a basic or basic and enhanced benefit amounts (i.e. flat dollar amount or % of salary). Each class of employee may have a different benefit amount.
- Choice of 24 hour or non-occupational Short Term Disability coverage.
- Determining average earnings will vary from employer to employer. The following are examples of how the Average weekly earnings under Pre-Disability Weekly Earning Definition may be determined:
 - earnings received for the 3-12 months or 12-52 weeks period ending just prior to the date of disability; or
 - earnings reported on the employees W2; and
 - pre-disability earnings may or may not include commissions; and
 - average weekly earnings may or may not include bonuses, overtime pay or extra compensation.
- The basic or basic and enhanced maximum weekly benefit range is \$100 - \$10,000.
- The minimum weekly benefit range is \$0 – 1000.
- The elimination period due to injury is 0 – 14 days.
- The elimination period due to sickness is 0 – 14 days.
- The following provision may be included: “The Elimination Period will be waived and benefits will begin immediately if You are Hospital Confined because of Your Disability.”
- The maximum benefit period is 12 – 52 weeks.

Long Term Disability Benefit:

- The optional Long Term Disability Benefit may or may not be included. The amounts may be the basic or basic and enhanced (Buy-up) benefit amounts of 40% –80%. Each class of employee may have a different benefit amount.
- Determining average earnings will vary from employer to employer. The following are examples of how the Average monthly earnings under Pre-Disability Monthly Earning Definition may be determined:
 - earnings received for the 1-12 months period ending just prior to the date of disability; or
 - earnings reported on the employees W2; and
 - pre-disability earnings may or may not include commissions; and
 - average monthly earnings may or may not include bonuses, overtime pay or extra compensation.
- The basic or basic and enhanced (Buy-up) maximum monthly benefit range is \$1,000 - \$50,000.
- The minimum monthly benefit range is \$0 - \$500 or greater of \$50 - \$5,000 or 5% - 30% of Gross Disability Payment.
- The elimination period is 30 - 365 days; and
- The Accumulation of Elimination Period is 14 – 180 days; and

DESCRIPTION OF VARIABLES

- Benefit amount reduction at a certain age would be subject to ADEA rules. The reduction language shown in the certificate illustrates our most restrictive reduction. An example of the most common Long Term Disability Benefit reduction schedule is as follows:

Reducing Benefit Duration
reflecting Social Security Normal Retirement Age

<i>Age at Disability</i>	<i>Maximum Benefit Period</i>
Less than age 60	Greater of: SSNRA* or To age 65
Age 60	60 Months
Age 61	48 Months
Age 62	42 Months
Age 63	36 Months
Age 64	30 Months
Age 65	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
69 and over	12 Months

*SSNRA means the Social Security Normal Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

- Examples of less common Long Term Disability Benefit Reduction schedules include:

Age 65/Reducing Benefit Schedule

<i>Age at Disability</i>	<i>Maximum Benefit Period</i>
Less than Age 60	To Age 65
Age 60	60 Months
Age 61	48 Months
Age 62	42 Months
Age 63	36 Months
Age 64	30 Months
Age 65	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and over	12 Months

65/5/70

<i>Age at Disability</i>	<i>Maximum Benefit Period</i>
Less than Age 60	To Age 65
Age 60-64	5 Years
Age 65-69	To Age 70 but not less than 12 Months
Age 69 and over	12 Months

5 Year w/Reducing Benefit

<i>Age at Disability</i>	<i>Maximum Benefit Period</i>
Age 60 or Less	60 Months
Age 61	48 Months
Age 62	42 Months
Age 63	36 Months
Age 64	30 Months
Age 65	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and over	12 Months

DESCRIPTION OF VARIABLES

2 Year w/Reducing Benefit

Age at Disability

Less than Age 66
 Age 66
 Age 67
 Age 68
 Age 69 and over

Maximum Benefit Period

24 Months
 21 Months
 18 Months
 15 Months
 12 Months

To Age 70 Schedule

Age at Disability

Less than Age 69
 Age 69 and over

Maximum Benefit Period

To Age 70
 12 Months

ADEA SS Schedule

Age at Disability

Less than age 62

 Age 62
 Age 63
 Age 64
 Age 65
 Age 66
 Age 67
 Age 68
 Age 69 and over

Maximum Benefit Period

To Social Security Normal Retirement Age
 Retirement Age
 60 Months
 48 Months
 42 Months
 36 Months
 30 Months
 24 Months
 18 Months
 12 Months

SS Schedule

Year of Birth

1937 or before
 1938
 1939
 1940
 1941
 1942
 1943 – 1954
 1955
 1956
 1957
 1958
 1959
 1960 and over

Social Security Normal Retirement Age

65 years
 65 years 2 months
 65 years 4 months
 65 years 6 months
 65 years 8 months
 65 years 10 months
 66 years
 66 years 2 months
 66 years 4 months
 66 years 6 months
 66 years 8 months
 66 years 10 months
 67 years

Dependent Basic and Supplemental Life Insurance:

- Dependent spouse and child optional basic and supplemental Life Insurance coverage may or not be included.
- Dependent spouse and child optional basic and supplemental Life Insurance benefit amounts are a flat dollar amount ranging from \$500 - \$1,000,000. The spouse amounts may also be limited to a % ranging from 1% - 1000% of the employee's basic life or supplemental life benefit amount. The Dependent Child life insurance benefit amount will not exceed the lesser of the amount of the employee's life insurance or \$25,000.

DESCRIPTION OF VARIABLES

- The Spouse Basic Life Insurance Benefit Reduction at a certain age would be subject to ADEA rules. The reduction language shown in the certificate illustrates our most restrictive reduction. An example of the most common Spouse Basic Life Insurance Benefit reduction schedule is as follows: “The Spouse Basic Life Insurance Benefit will reduce by 35% at age 65, 50% at age 70 and 75% at age 80.”

Other examples of Spouse Basic Life Insurance Benefit reduction are:

- To 50% at age 65, to 45% of the original amount at age 70, to 35% of the original amount at age 75, to 25% of the original amount at age 80, and terminates at retirement.
 - To 50% at age 70
 - To 50% at age 65, and to 50% of the original amount at age 70
 - By 35% at 65, 70, and 75, by 25% at ages 80, 85, 90 and 95 (after all previous reductions)
- Dependent child age limits range from birth to 20 (full-time student age limit 19-30).

Dependent optional Basic and Supplemental Accidental Death and Dismemberment Benefit:

- Dependent spouse and child optional basic and supplemental Accidental Death and Dismemberment coverage benefit amounts coverage may or not be included. The spouse may be limited to % of employee Accidental Death and Dismemberment benefit amount.
- Dependent child age limits range from birth to 20 (full-time student age limit 19-30).
- The Spouse benefit reduction amount at a certain age would be subject to ADEA rules. The reduction language shown in the certificate illustrates our most restrictive reduction. An example of the most common Spouse Basic and Supplemental Accidental Death and Dismemberment Benefit reduction schedule is as follows: “Spouse Basic and Supplemental Accidental Death and Dismemberment Insurance Benefit will reduce by 35% at age 65, 50% at age 70 and 75% at age 80.”

Other examples of Spouse Basic and Supplemental Accidental Death and Dismemberment Insurance Benefit reduction are:

- To 50% at age 65, to 45% of the original amount at age 70, to 35% of the original amount at age 75, to 25% of the original amount at age 80, and terminates at retirement.
 - To 50% at age 70
 - To 50% at age 65, and to 50% of the original amount at age 70
 - By 35% at 65, 70, and 75, by 25% at ages 80, 85, 90 and 95 (after all previous reductions)
- 2. Definition of Employee may change to another term, such as “Member”, or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

GENERAL DEFINITIONS - Page(s) DEF-UHC

1. Active Work or Actively at Work definition:

- The definition of Actively at Work may be changed to include other work arrangements, e.g. for banking groups, union groups, or associations.
- The definition may be changed to include “For teachers and other personnel with schedules dependent upon the school calendar, the Covered Person will be considered Actively at Work during a break in the school calendar if he was Actively at Work immediately prior to the break in the school calendar.”

2. Covered Person definition: The bracketed term [Employee] may change to another term, such as “Member”, or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

The definition of Covered Person may be changed to read as follows: “Covered Person: Each Actively at Work Member of the Policyholder who is under age [55-70] {and each Employee of a Member} insured under the Policy.”

Dependent definition:

- 3. Out if dependents are not included in coverage. May include or omit [including a Domestic Partner] as part of item 1. If the phrase is omitted, then the definitions of Domestic Partner and Domestic Partnership will also be omitted.
- 4. The definition of Child may include the text “or any child who is under the custody of the Covered Person, and depends on the Covered Person for more than 50% of his support.”
- 5. The bracketed age limitation of a dependent child will vary within the range of 19-21. Any form that includes the bracketed age limitation will vary within this same range.
- 6. The bracketed age limitation of a dependent child who is a full-time student will vary within the range of 21-30. Any form that includes the bracketed age limitation will vary within this same range.

Domestic Partner definition:

- 7. Out if dependents are not included in coverage.
- 8. The reference to [opposite or same sex] may change to read “opposite sex” or “same sex”.

DESCRIPTION OF VARIABLES

9. 24 months may vary from 6-24 months.

Employee definition:

10. The term "Employee" may be replaced with another term, such as "Member" or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers. The definition may change to:

Member means a Member of the [XYZ Association] who at the time application for insurance is made:

1. is a resident in the United States or Canada;
2. is under age [60]
3. is Actively at Work at least the minimum number of hours per week in an Eligible Class as shown in the Schedule of Benefits.

11. References to "Employer" may change to "Enrolling Group" or to "Policyholder".

12. Employee may change to another term, such as "Member" or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

13. **Employer definition:** The second sentence is not included when describing Physicians and Attorneys.

14. **Enrolling Group definition:** May be revised to describe group specifics.

15. **Enrollment definition:** The term "Employee" may be replaced with another term, such as "Member" or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers

CERTIFICATE GENERAL PROVISIONS - Page(s) GEN-UHC

1. **Incontestability:** Sentence will be deleted if Accidental Death or Dismemberment benefits are not included.

Payment of Premiums:

2. Reference to "Policyholder" may change to "Enrolling Group" or to "Employer".

3. The bracketed [31 day] Grace Period may vary within the range of 31-180 days.

Premium Rate Change:

4. The bracketed [6 months] may vary within the range of 6-24 months.

5. Reference to "Policyholder" may change to "Enrolling Group" or to "Employer".

6. The bracketed [31 days] may vary within the range of 31- 180 days.

7. Entire item may be deleted.

8. Employees ay change to another term, such as "Members" or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

9. The bracketed [10%] may vary between 10%-50%.

10. Reference to "Policyholder" may change to "Enrolling Group" or to "Employer".

Termination of an Enrolling Group's Insurance:

11. Reference to "Enrolling Group" may change to "Policyholder" or to "Employer".

12. Under item 2, the 31 days may vary within the range of 1-31 days.

13. Reference to "Enrolling Group" may change to "Policyholder" or to "Employer".

14. Entire item may be deleted.

15. Item 1 - The bracketed [75%] may vary within the range of 25%-75%.

16. Employees ay change to another term, such as "Members" or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

17. Reference to "Enrolling Group" may change to "Policyholder" or to "Employer".

18. Item 2 - The bracketed [100%] may vary within the range of 75% -100%.

19. Employees ay change to another term, such as "Members" or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

20. Reference to "Enrolling Group" may change to "Policyholder" or to "Employer".

21. Item 3 - The bracketed [2] may be varied within the range of 2-10 covered persons.

COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS - Page(s) EELIG-UHC

1. Employee(s) may change to another term, such as "Member(s)" or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

Rehired Employees:

2. This section may be omitted entirely OR replaced by the following:

[**Rehired Employees:** If a Covered Person ends employment and is rehired within the same insurance year, he may be insured on his eligibility date for the insurance option that he had under the Policy on the date his employment ended. {He cannot change his insurance until the next Annual Enrollment Period.}]

Effective Date of Covered Person Insurance:

3. The first paragraph is bracketed to accommodate a policyholder's specific eligibility requirements.

4. Employee('s) may change to another term, such as "Member('s)" or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

DESCRIPTION OF VARIABLES

5. The bracketed [31 days] may vary within the range of 31- 180 days.
6. The bracketed [the date] may be changed to “the first of the month following the date”.
7. Employee may change to another term, such as “Member” or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.
8. The bracketed [the date] may be changed to “the first of the month following the date”. The following item may be added to item 2:

c. the date the Employee’s application is approved by Us if Evidence of Insurability is required.

9. Employee(‘s) may change to another term, such as “Member(‘s)” or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.
10. Items 1 and 2 may be deleted or revised to meet group specifics.
11. Employee may change to another term, such as “Member” or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.
12. The bracketed [31 days] may vary within the range of 31-180 days.
13. The bracketed [1 level(s) of coverage] may vary within the range of 1-10 levels of coverage.
14. The bracketed \$10,000 may vary within the range of \$10,000 -\$100,000.
15. The bracketed [10 days] may vary within the range of 10-60 days.
16. The bracketed [2] Employees may vary within the range of 2-50 Employees.
17. The bracketed [one] Insurance Option may vary within the range of 2-5 options.

Effective Date of Change in Amount of Insurance:

18. The bracketed [the first day of the month on or next following] may be deleted or replaced by a specific date or “the policy anniversary date on or next following”.
19. The bracketed [the first day of the month is a non-working day and] may be replaced by a specific date or “the policy anniversary date is a non-working day and”
20. The bracketed [the first day of the month on or next following] may be deleted or replaced by a specific date or “the policy anniversary date on or next following”.

Effective Date of Change in Insurance:

21. The bracketed [an Annual Enrollment Period] may be replaced by a specific date or “Insurance Year”.
22. The bracketed [the first day of the month on or next following] may be deleted or replaced by a specific date or “the policy anniversary date on or next following”.

Family and Medical Leave of Absence:

23. The paragraph has been bracketed to accommodate a policyholder’s specific Family and Medical Leave of Absence policy. Reference to any applicable state leave period may be deleted if none exists. This provision may be deleted in its entirety.
24. Item 1 may be changed to include the following text at the end: “including a Waiting Period for insurance of a Pre-Existing Condition, if applicable”

Termination of Covered Person Insurance

25. Employee may change to another term, such as “Member” or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.
26. The bracketed text [last day of the period] in item 1 is variable to “first day of the month following the last day of the period”.
27. The bracketed text [date] in items 2 and 3 are variable to “first day of the month following the date”.
28. Item 5 may be changed to any of the following:
 5. [the [date] he ceases to be Actively at Work. The Policyholder may deem the Covered Person’s employment continued during an approved layoff or leave of absence. The insurance will not continue beyond the end of the month following the month in which the layoff or leave began.]
 5. [the [date] he ceases to be Actively at Work. If active work ceases during an approved layoff or a non-medical leave of absence, the insurance will not continue more than [one - twelve] month(s) from the date he stopped active work.]
 5. [The [date] he ceases to be Actively at Work. If active work ceases due to a sickness or accidental injury, and the Covered Person is eligible for the Waiver of Premium provision in this Certificate, the Policyholder may continue the Covered Person’s insurance for up to [1-18] months from the date he stopped active work.]
 5. the [date] he ceases to be Actively at Work, except as provided under the Layoff or Leave of Absence provisions.
 5. If active work ceases due to a sickness or accidental injury, the Policyholder may continue the Covered Person’s insurance as long as the policy remains in force and the required premium payments are made when due.

DESCRIPTION OF VARIABLES

- The following item may be added to the termination of coverage section:
 6. the date an Insurance Option terminates, but only with respect to that Insurance Option.
29. The bracketed text [date] in items 2 and 3 are variable to “first day of the month following the date”.

DEPENDENTS ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS - Page(s) DELIG-UHC

Dependent's Eligibility:

1. May be revised to describe group specifics.
2. Text that follows the comma may be revised.
3. The bracketed [30 days] may vary up to 90 days.
4. Employee(s) may change to another term, such as “Member(s)” or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.
5. May be revised to describe group specifics.
6. Employee(s) may change to another term, such as “Member(s)” or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.
7. The bracketed [one] Insurance Option may vary within the range of 2-5 options.

Effective Date of Dependent Insurance:

8. The entire section is bracketed to accommodate a policyholder's specific eligibility requirements.
9. Employee may change to another term, such as “Member” or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.
10. The bracketed [31 days] may vary within the range of 31- 180 days.

Effective Date of Change in Amount of Insurance:

11. The entire section is bracketed to accommodate a policyholder's specific requirements.

Termination of Dependent Insurance:

12. The bracketed text [date] in items 1, 2, 3 and 4 are variable to “the first day of the month following”.
13. Reference to “Enrolling Group” may change to “Policyholder” or to “Employer”.
14. Text that follows the comma may be revised.
15. The bracketed text [date] in item 5 is variable to “the first day of the month following”.
16. The bracketed [30 days] may vary up to 90 days.
17. The bracketed text in item 6 is variable to “the first day of the month following”.
 - When Dependent Optional insurance is provided the following item number 9 is added.
 8. [the date an Insurance Option terminates, but only with respect to that Insurance Option.]

LIFE INSURANCE BENEFIT FOR COVERED PERSONS - Page(s) EELIFE-UHC

1. **Continuity of Insurance:** Employee may change to another term, such as “Member” or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.
2. **Beneficiary:** Payment schedule may vary.

Notice of Claim:

3. The [30 day] written notice of claim may vary within the range of 30 – 180 days.
4. The [15 days] allowed for an insured to receive a claim form from us may vary within the range of 15-30 days.

Proof of Claim:

5. The bracketed [90] days may vary within the range of 90-180 days.
6. The bracketed [one year] may vary within the range of one-three years.

Payment of Claim and Legal Action:

7. The bracketed [60] days may vary within the range of 60-180 days.

Settlement Options:

8. The bracketed sentence under this provision will allow us to provide more details on the available options when requested by the employer.

Conversion Privilege:

9. The bracketed [31 days] may vary within the range of 31-90 days.
10. The bracketed [\$10,000] may vary within the range of \$10,000 - \$20,000.
11. The bracketed [31 days] may vary within the range of 31-90 days.
12. Employees may change to another term, such as “Members” or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

{Supplemental}Life Limitations:

13. The bracketed [24 months] may vary within the range of 3-24 months.

WAIVER OF PREMIUM – TOTAL DISABILITY FOR COVERED PERSON - Page(s) WAIVER-UHC

1. The bracketed [age 60] may vary within the range of age 65-70 or Normal Retirement Age.

DESCRIPTION OF VARIABLES

2. The bracketed [twelve consecutive months] may vary within the range of 3-12 months or 30-365 days.
3. The bracketed [12 months] may vary within the range of 3-12 months or 30-365 days.

Proof of Total Disability:

4. The bracketed [12 months] may vary within the range of 3-12 months or 30-365 days.
5. The bracketed [60 days] may vary within the range of 60-120 days.

6. Total Disability or Totally Disabled:

- Other Definitions of Total Disability or Totally Disabled are available. These include the following:

Total Disability or Totally Disabled: For purposes of this section, the Covered Person will be considered Totally Disabled if he is unable to perform each and every duty of his occupation at his usual place of employment and he is unable to do the material and substantial duties of any job suited to his education, training or experience.

Total Disability or Totally Disabled: For the purposes of this section the Covered Person is unable to perform the duties of any Gainful Occupation for which he is reasonably fitted by training, education or experience. The Covered Person cannot be working in any occupation.

Total Disability or Totally Disabled: For the purposes of this section, the Covered Person is unable to perform the duties of his Regular Occupation for the first [one – two year(s)] and thereafter is unable to perform the duties of any Gainful Occupation for which he is reasonably fitted by training, education, or experience. The Covered Person cannot be working in any occupation.

- If the last definition of Total Disability or Totally Disabled is used, the following definition of Regular Occupation will be included:

Regular Occupation means the occupation the Covered Person is routinely performing when his Total Disability begins. We will look at his occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer at a specific location.

- If either of the last two definitions of Total Disability or Totally Disabled are used, the following definition of Gainful Occupation will be included:

Gainful Occupation: an occupation that can be expected to provide the Covered Person with an income at least equal to [50%-80%] of his Annual Earnings, in effect just prior to the date his Total Disability began, within [6-18 months] of his return to work.

Termination of the Total Disability Benefit:

7. In/out.
8. In/out.
9. The text may include language at the end so that it would read “the date the Covered Person reaches [age 65][Normal Retirement Age], or after 5 years if Disabled on or after Age 60”; or this item may be omitted entirely.
10. The bracketed [age 65] may vary within age 65-75, or the text may change to “reaches [Normal Retirement Age]”.
11. Item 4 may be omitted or altered to accommodate employers who may have employees working outside the United States.
12. The bracketed [12 months] may vary within 12-48 months.
13. In/out.

DISABILITY EXTENSION FOR COVERED PERSON - Page(s) DISEXT

Conditions that must be met to qualify for Disability Extension:

1. The bracketed [age 65] may vary within age 65-75, or the text may change to “reaches [Normal Retirement Age]”.
2. The bracketed [12 months] may vary within 12-48 months.
3. The bracketed [60 days] may vary within the range of 60-120 days.

Termination of the Total Disability Benefit:

4. Item 3 the bracketed age may vary within [age 65-75], or the text may change to “reaches [Normal Retirement Age]”. Or the text may include language at the end so that it would read “the date the he reaches [age 65][Normal Retirement Age], or after 5 years if Disabled on or after Age 60.

EXTENDED DEATH BENEFIT FOR COVERED PERSON'S LIFE INSURANCE - Page EXTDEA-UHC

1. Entire phrase may be deleted.
2. The bracketed [12 months] may vary within 12-48 months.
3. Entire phrase may be deleted.

DESCRIPTION OF VARIABLES

4. The bracketed [12 months] may vary within 12-48 months.
5. The bracketed age [65] may vary within [age 65-75], or the text may change to “reaches [Normal Retirement Age]”. Or the text may include language at the end so that it would read “the date the he reaches [age 65][Normal Retirement Age], or after 5 years if Disabled on or after Age 60.

ACCELERATED DEATH BENEFIT FOR COVERED PERSON - Page EACD-UHC

1. The life expectancy [12 months] for terminally ill individuals may vary within a range of [6-24 months].

ACCELERATED DEATH BENEFIT FOR [DEPENDENT SPOUSE] - Page SACD- UHC

1. The bracketed [Dependent Spouse] may be extended to Dependent Children.
2. The life expectancy [12 months] for terminally ill individuals may vary within a range of 6-24 months.
3. The bracketed [Dependent Spouse] may be extended to Dependent Children.
4. The life expectancy [12 months] for terminally ill individuals may vary within a range of 6-24 months.
5. The bracketed [Dependent Spouse] may be extended to Dependent Children.

PORTABILITY PRIVILEGE FOR [SUPPLEMENTAL LIFE INSURANCE] FOR COVERED PERSONS - Page(s) EPORT- UHC

23. The bracketed [Supplemental Life Insurance] in the heading may be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
24. Deleted if the only benefit does not to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
25. In/out.
26. The bracketed [twelve] may vary within 12-48 months.
27. The bracketed [Supplemental Life Insurance] may be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
28. May be “an individual policy”.
29. The bracketed age [70] may vary within the range of age 70-75.
30. The bracketed [70th] may vary within the range of [70th-80th].
31. The bracketed [Supplemental Life Insurance] may be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
32. The bracketed [\$250,000] is variable within the range of \$250,000-\$500,000.
33. May be revised to an actual amount.
34. The bracketed [\$500,000] is variable within the range of \$500,000 -\$1,000,000.
35. May be revised to describe coverage ported to an individual policy.
36. May be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
37. The entire section is bracketed to accommodate a policyholder’s specific requirements. 31 days may be more than 31 days, but not less.
38. May be “an individual policy”.
39. May be “an individual policy”.
40. Employees may change to another term, such as “Members” or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

PORTABILITY PRIVILEGE FOR [SUPPLEMENTAL LIFE INSURANCE] FOR COVERED PERSONS AND DEPENDENTS - Page(s) EDPORT-UHC

1. The bracketed [Supplemental Life Insurance] in the heading s be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
2. Deleted if the only benefit does not to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
3. In/out.
4. The bracketed [twelve] may vary within 12-48 months.
5. The bracketed [Supplemental Life Insurance] may be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
6. May be “an individual policy”.
7. The bracketed age [70] may vary within the range of age 70-75.
8. The bracketed [70th] may vary within the range of [70th-80th].
9. The bracketed [Supplemental Life Insurance] may be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
10. The bracketed [\$250,000] is variable within the range of \$250,000-\$500,000.
11. May be revised to state an actual amount.
12. The bracketed [\$500,000] is variable within the range of \$500,000 -\$1,000,000.
13. The entire section is bracketed to accommodate a policyholder’s specific requirements.

DESCRIPTION OF VARIABLES

14. May be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
15. The bracketed [\$5,000] is variable within the range of \$2,500-\$5,000.
16. May be revised to state an actual amount.
17. The bracketed [\$100,000] is variable within the range of \$100,000 -\$250,000.
18. May be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
19. May be revised to state an actual amount.
20. The bracketed [\$100,000] is variable within the range of \$100,000 -\$250,000.
21. The bracketed [\$5,000] is variable within the range of \$2,500-\$5,000.
22. May be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
23. May be revised to describe coverage ported to an individual policy.
24. May be expanded to apply to Basic Life, Basic Accidental Life {and Dismemberment}.
25. The entire section is bracketed to accommodate a policyholder's specific requirements. 31 days may be more than 31 days, but not less.
26. May be "an individual policy".
27. May be "an individual policy".
28. Employees may change to another term, such as "Members" or may reference a specific category of Covered Persons, e.g. Senior Managers, Floor Managers.

ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR COVERED PERSON - Page(s) EADD- UHC

1. The time period of [90 days] after Injury may be varied within a range of 90-180 days.

Amount of Insurance:

2. Each item listed in table of injuries may vary by omission or addition. The benefit percents may be described as a range of 25%-100%.
3. The definition of injuries may vary by omission or addition.

Seat Belt Benefit for Covered Person:

4. The bracketed [\$1,000] is variable within the range of \$1,000-\$50,000.
5. The bracketed [2%] is variable within the range of 2%-50%.
6. The bracketed [\$1,000] is variable within the range of \$5,000-\$50,000.

Seat Belt and Air Bag Benefit for Covered Person:

7. The bracketed [\$1,000] is variable within the range of \$1,000-\$50,000.
8. The bracketed [2%] is variable within the range of 2%-50%.
9. The bracketed [\$2,000] is variable within the range of \$2,000 - \$50,000.
10. The bracketed [4%] is variable within the range of 4%-50%.
11. The bracketed [\$1,000] is variable within the range of \$1,000-\$50,000.
12. The bracketed [\$2,000] is variable within the range of \$2,000 - \$50,000.

Limitations:

13. Item #7 may be omitted entirely or a single activity may be deleted.
14. In/out.

Notice of Claim:

15. The bracketed [30 days] is variable within the range of 30-120 days.
16. The bracketed [15 days] is variable within the range of 15-30 days.

Proof of Claim:

17. The bracketed [90] days may vary within the range of 90-180 days.

Payment of Claim and Legal Action:

18. The bracketed [60] days may vary within the range of 60-180 days.

LIFE INSURANCE BENEFIT FOR DEPENDENTS - Page(s) DLIFE-UHC

Notice of Claim:

1. The [30 days] written notice of claim may vary within the range of 30-180 days.
2. The [15 days] allowed for an insured to receive a claim form from us may vary within the range of 15-30 days.

Proof of Claim:

3. The bracketed [90] days may vary within the range of 90-180 days.

Payment of Claim and Legal Action:

4. The bracketed [60] days may vary within the range of 60-180 days.

Conversion:

5. The bracketed [31 days] may vary within the range of 31-90 days.
6. The bracketed [\$10,000] may vary within the range of \$10,000 - \$20,000.
7. The bracketed [31 days] may vary within the range of 31-90 days.
8. The bracketed [24 months] may vary within the range of 3-24 months.

ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT FOR DEPENDENTS - Page(s) DADD-UHC

1. The time period of [90 days] after Injury may be varied within a range of 90-180 days.

Amount of Insurance:

2. Each item listed in table of injuries may vary by omission or addition. The benefit percents may be described as a range of 25%-100%.

3. The definition of injuries may vary by omission or addition.

Seat Belt Benefit for Covered Dependents:

4. The bracketed [\$500] is variable within the range of \$500-\$25,000.

5. The bracketed [2%] is variable within the range of 2%-50%.

6. The bracketed [\$500] is variable within the range of \$500-\$25,000.

Seat Belt and Air Bag Benefit for Dependent:

7. The bracketed [\$500] is variable within the range of \$500-\$25,000.

8. The bracketed [2%] is variable within the range of 2%-50%.

9. The bracketed [\$1,000] is variable within the range of \$1,000 - \$50,000.

10. The bracketed [4%] is variable within the range of 4%-50%.

11. The bracketed [\$500] is variable within the range of \$500-\$25,000.

12. The bracketed [\$1,000] is variable within the range of \$1,000 - \$50,000.

Limitations:

13. Item #7 may be omitted entirely or a single activity may be deleted.

14. In/out.

Notice of Claim:

15. The [30 days] written notice of claim may vary within the range of 30–180 days.

16. The [15 days] allowed for an insured to receive a claim form from us may vary within the range of 15-30 days.

Proof of Claim:

17. The bracketed [90] days may vary within the range of 90-180 days.

Payment of Claim and Legal Action:

18. The bracketed [60] days may vary within the range of 60-180 days.

CONTINUATION OF MEDICAL INSURANCE BENEFIT FOR DEPENDENTS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page DMED-ADD-UHC

1. The bracketed [1%] may vary within the range of 1%-25%.

2. The bracketed [\$1,000] may vary within the range of \$1,000-\$10,000.

3. The bracketed [Spouse] may be extended to the beneficiary.

4. The bracketed [3 annual] may vary within the range of 3-10 annual.

CHILD CARE EXPENSE BENEFIT UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page CCARE-ADD- UHC

1. Will change to "is" as applicable.

2. The bracketed age [13] may vary to age 15.

3. The bracketed [90] days may vary, but will always match the AD&D benefit.

4. The [1%] may vary up to 25%.

5. The bracketed [\$1,000] may vary to \$5,000.

6. The bracketed [\$1,000] may vary to \$25000, or may be deleted entirely.

7. May be longer period or state the child's attainment of a specified age that aligns with item 2 above.

8. The bracketed age [13] may vary to age 15

COMMON CARRIER HAZARD BENEFIT FOR COVERED PERSONS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page COMCARE-ADD-UHC

1. The bracketed text [on business for the employer or on personal travel] may vary to "on personal travel only".

2. The bracketed [1%] and [\$1,000] may vary up to 100% and \$500,000.

HOME ALTERATIONS AND VEHICLE MODIFICATIONS BENEFIT FOR COVERED PERSON {AND DEPENDENTS} UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page HVMOD-ADD-UHC

1. Reference to "or to the Covered Person's Spouse's home" may be omitted if Dependent Spouse insurance is not part of the sold case.

2. Reference to "or to the Covered Person's Spouse's car" may be omitted if Dependent Spouse insurance is not part of the sold case.

3. The bracketed [1%] may vary within the range of 1%-50%.

4. The bracketed [\$1,000] may vary within the range of \$1,000-\$50,000.

DESCRIPTION OF VARIABLES

REHABILITATION PHYSICAL THERAPY BENEFIT FOR COVERED PERSON {AND DEPENDENTS} UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page REHAB-ADD-UHC

1. The bracketed [1%] may vary within the range of 1%-50%.
2. The bracketed [\$1,000] may vary within the range of \$1,000-\$50,000.
3. May be paid in a lump sum or on some other basis (weekly, etc).
4. The bracketed [12] months may vary up to 24 months.

COMMON DISASTER BENEFIT FOR COVERED PERSON AND DEPENDENTS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page COMACC-ADD-UHC

1. The bracketed [90] days may vary to 180 days, but will always match the AD&D benefit.
2. The bracketed [\$1,000] may vary to an amount up to \$250,000.

SPOUSE TRAINING BENEFIT UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page STRN-ADD-UHC

1. The bracketed [3] months may vary within the range of 3-48 months.
2. May modify or delete any item to meet group specifics.
3. The bracketed [1%] may vary within the range of 1%-25%.
4. The bracketed [\$1,000] months may vary within the range of \$1,000-\$25,000.

SURVIVOR BENEFIT FOR DEPENDENTS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page SURV-ADD-UHC

1. The bracketed dependent age limit of [21] may vary within the range of ages 21-25.
2. The bracketed [1%] may vary within the range of 1%-25%.
3. The bracketed [\$1,000] may vary within the range of \$1,000-\$10,000.
4. The bracketed [12 months] may vary within the range of 12-48 months.
5. The bracketed dependent age limit of [21] may vary within the range of ages 21-25.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page HIV-ADD-UHC

1. The bracketed [\$1,000] may vary within the range of \$1,000-\$20,000.
2. The bracketed [1%] may vary within the range of 1%-50%.
3. The bracketed [24] months may vary within the range of 24-48 months.
4. The bracketed [1 year] may vary within the range of 6-12 months.

FELONIOUS ASSAULT BENEFIT FOR COVERED PERSONS UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page ASSAULT-ADD-UHC

1. In/out.
2. The bracketed text [while the Covered person is on...Business trip made on behalf of the Covered Person's Employer.] may be omitted.
3. The bracketed [1%] may vary within the range of 1%-50%.
4. The bracketed [\$1,000] may vary within the range of \$1,000-\$250,000.
5. If the text in item 2 above is omitted, the definition of "On the premises of the Covered Person's Employer" will also be omitted.
6. If the text in item 2 above is omitted, the definition of "Business Trip" will also be omitted.

REPATRIATION BENEFIT FOR COVERED PERSONS {AND DEPENDENTS} UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page REPAT-ADD-UHC

1. The bracketed [100] miles may vary from 75-100 miles.
2. The bracketed [1%] may vary within the range of 1%-25%.
3. The bracketed [\$1,000] may vary within the range of \$1,000-\$20,000.

EDUCATION BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page DED-ADD-UHC

1. The bracketed [90] days may vary, but will always match the AD&D benefit.
2. The bracketed [1%] may vary within the range of 1%-10%.
3. The bracketed [\$1,000] may vary within the range of \$1,000-\$5,000.
4. Entire sentence may be omitted if there is no annual limit on payments.
5. The bracketed [\$1,000] may vary within the range of \$1,000-\$15,000.
6. The bracketed [fourth] may vary up to sixth.

DESCRIPTION OF VARIABLES

CARJACKING BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Page CARJAC-ADD-UHC

1. The bracketed [1%] may vary within the range of 1%-25%.
2. The bracketed [\$1,000] may vary within the range of \$1,000-%50,000.

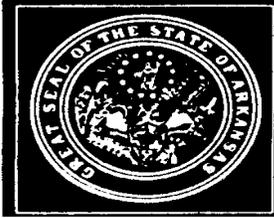
PERMANENT TOTAL DISABILITY BENEFIT FOR COVERED PERSON UNDER THE ACCIDENTAL DEATH {AND DISMEMBERMENT} BENEFIT - Pages EDIS-ADD-UHC

1. The bracketed [90] days may vary to 180 days, but will always match the AD&D benefit.
2. The bracketed [12] months may vary within a range of 3-12 months.
3. The [1%] may vary within the range of 1%-20%.
4. Illustrative. May modify to meet group specifics.
5. Will align with the number of months in item 2 above and 7 below.
6. The bracketed [100th] benefit payment may vary.
7. The bracketed [12 consecutive months] may vary within a range of 3-12 months.

AMENDMENT FORM - Page UICLD-AMEND

The generic amendment format will be used to change enforce policies for plan changes/modifications in the benefits for a sold case.

1. Either / or.
2. Illustrative. Will be used to modify to meet group specifics.
3. Illustrative. The bracketed material consists of those items that are customarily varied to apply to a particular policyholder's contract.
4. Used to change variable text to the extent permitted under the parameters of this Description of Variables document. Will be used to increase benefit amounts. May be used to add or subtract a benefit identified as Optional, delete an exclusion or limitation (will not be used to add one), or add an out-of-state resident's requirements.
5. Illustrative. The bracketed material consists of those items that are customarily varied to apply to a particular policyholder's contract.
6. In/out.



ARKANSAS INSURANCE DEPARTMENT

1200 West Third Street
Little Rock Arkansas 72201-1904
501-371-2600

Mike Pickens
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United HealthCare Insurance Company
Company NAIC Code: 79413
Company Contact Person & Telephone # Renee Weaver 763-323-8643
Form Number(s): UHCLD-POL 2/2008

* INSURANCE DEPARTMENT USE ONLY *
* ANALYST: AMOUNT: ROUTE SLIP: *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. *1 x \$50 = 50 **Retaliatory 0

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. *0 x \$50 = 0 **Retaliatory 0

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. *0 x \$20 = 0 **Retaliatory 0

Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms. *0 x \$20 = 0 **Retaliatory 0

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. *0 x \$25 = 0 **Retaliatory 0

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to
amend an Insurer's Certificate of Authority.

*0 x \$400 = 0

Filing to amend Certificate of Authority.

***0 x \$100 = 0

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE
AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK.
CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.