Filing at a Glance

Company: USAble Life

Product Name: Group Policy, GRP-P	SERFF Tr Num: LSVX-126016440	State: Arkansas
TOI: L04G Group Life - Term	SERFF Status: Closed-Approved-Closed	State Tr Num: 41419
Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num: GLHAR0007801F01	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: SPI Life and Specialty Ventures	Disposition Date: 05/06/2009
	Date Submitted: 01/31/2009	Disposition Status: Approved-Closed
Implementation Date Requested: 03/09/2009		Implementation Date:

State Filing Description:

General Information

Project Name: Group Policy, GRP-P	Status of Filing in Domicile:
Project Number: GLHAR0007801F01	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 05/06/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/18/2009
Deemer Date:	Created By: SPI Life and Specialty Ventures
Submitted By: SPI Life and Specialty Ventures	Corresponding Filing Tracking Number:

Filing Description:

We are enclosing our Group policy, certificate, and related forms. The forms are new and do not replace any forms previously approved by your department. This product will be sold to employer-employee groups. This product is a Life, Accident and Health product which has the following benefits: Life, AD&D, Dependent Life, and Short Term Disability. The policy, GRP-P (5-09), is generic and intended for use with our Group certificate, GRP-C (5-09), which will be incorporated into and made a part of the aforementioned policy.

The list below shows forms previously approved by your department that will be also be used with this Group product:

APP-NOTICE (9-08) - Application Notice - 10/23/2008

USAble Life reserves the right to change the type style, paper size, and logo, or to issue the forms in electronic format. We also reserve the right to change our address or officers' signatures as necessary.

The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

Company and Contact

Filing Contact Information

Tiffany Bradley, Product Compliance Analyst II tbradley@usablelife.com
PO Box 1650 501-212-8876 [Phone] 8876 [Ext]
Little Rock, AR 72203-1650 501-235-8484 [FAX]

Filing Company Information

USAble Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Healh
Little Rock, AR 72203-1650	Group Name: Life and Speciality Ventures (LSV)	State ID Number:
(501) 375-7200 ext. [Phone]	FEIN Number: 71-0505232	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAble Life	$50.00	01/31/2009	25405640

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/06/2009	05/06/2009
Approved-Closed	Linda Bird	02/23/2009	02/23/2009
Approved-Closed	Linda Bird	02/18/2009	02/18/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Linda Bird	02/04/2009	02/04/2009	SPI Life and Specialty Ventures	02/18/2009	02/18/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Group Policy	SPI Life and Specialty Ventures	05/06/2009	05/06/2009
Supporting Document	GRP-P (5-09) - highlighted	SPI Life and Specialty Ventures	05/06/2009	05/06/2009
Form	Group Certificate	SPI Life and Specialty Ventures	02/20/2009	02/20/2009

Supporting Document	Statement of Variability	SPI Life and Specialty Ventures	01/31/2009	01/31/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reopen Filing	Note To Filer	Linda Bird	05/04/2009	05/04/2009
Reopen Filing	Note To Reviewer	SPI Life and Specialty Ventures	04/30/2009	04/30/2009
Reopen Filing	Note To Filer	Linda Bird	02/20/2009	02/20/2009
Reopen Filing	Note To Reviewer	SPI Life and Specialty Ventures	02/20/2009	02/20/2009

SERFF Tracking Number:	*LSVX-126016440*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*41419*
Company Tracking Number:	*GLHAR0007801F01*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name:	*Group Policy, GRP-P*		
Project Name/Number:	*Group Policy, GRP-P/GLHAR0007801F01*		

Disposition

Disposition Date: 05/06/2009

Implementation Date:

Status: Approved-Closed

Comment: Company has submitted minor revisions to the original group policy form GRP-P (5-09).

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application		Yes
Supporting Document	Flesch Certification		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document *(revised)*	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Attachment to Filing Description		Yes
Supporting Document	GRP-P (5-09) - highlighted		Yes
Form *(revised)*	Group Policy		Yes
Form	Group Policy		Yes
Form *(revised)*	Group Certificate		Yes
Form	Group Certificate	Replaced	Yes
Form	Group Certificate	Replaced	Yes
Form	Accidental Death & Dismemberment Child Care Rider		Yes
Form	Accidental Death & Dismemberment Coma Rider		Yes
Form	Accidental Death & Dismemberment Common Carrier Rider		Yes
Form	Accidental Death & Dismemberment Exposure & Disappearance Rider		Yes
Form	Accidental Death & Dismemberment Felonious Assault Rider		Yes
Form	Accidental Death & Dismemberment Human Immunodeficiency Virus (HIV) Rider		Yes
Form	Accidental Death & Dismemberment Paralysis Rider		Yes
Form	Accidental Death & Dismemberment Repatriation Rider		Yes
Form	Accidental Death & Dismemberment Seat Belt - Air Bag Rider		Yes
Form	Accidental Death & Dismemberment Special Education Rider		Yes
Form	Accidental Death & Dismemberment		Yes

	Spouse Training Rider		
Form	Domestic Partner Rider		Yes
Form	Change Rider - Portability		Yes
Form	Group Enrollment or Change Form		Yes
Form	Group Insurance Master Application		Yes
Form	Application for Portability of Group Term Life		Yes
Form	Application for Portability of Group Term Life		Yes
Form	Voluntary Products Enrollment Form (GTL, STD, LTD, & AD&D)		Yes
Form	Voluntary Products Enrollment Form (GTL, AD&D, STD)		Yes
Form	Voluntary Products Enrollment Form (GTL, AD&D)		Yes
Form	Voluntary Disability Products Enrollment Form (LTD & STD)		Yes
Form	Voluntary Group Term Life Enrollment Form		Yes
Form	Voluntary STD Income Protection (VIP) Enrollment Form		Yes
Form	Voluntary Accidental Death & Dismemberment Enrollment Form		Yes
Form *(revised)*	Evidence of Insurability Application		Yes
Form	Evidence of Insurability Application	Replaced	Yes
Form	Group Life Accelerated Benefit Disclosure		Yes
Form	Change Rider - Reduced Life Benefit		Yes

Disposition

Disposition Date: 02/23/2009

Implementation Date:

Status: Approved-Closed

Comment: Company has submitted a revised copy of the original certificate in order to correct language originally left out of the Subrogation and Right of Reimbursement provision.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application		Yes
Supporting Document	Flesch Certification		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document *(revised)*	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Attachment to Filing Description		Yes
Supporting Document	GRP-P (5-09) - highlighted		Yes
Form *(revised)*	Group Policy		Yes
Form	Group Policy		Yes
Form *(revised)*	Group Certificate		Yes
Form	Group Certificate	Replaced	Yes
Form	Group Certificate	Replaced	Yes
Form	Accidental Death & Dismemberment Child Care Rider		Yes
Form	Accidental Death & Dismemberment Coma Rider		Yes
Form	Accidental Death & Dismemberment Common Carrier Rider		Yes
Form	Accidental Death & Dismemberment Exposure & Disappearance Rider		Yes
Form	Accidental Death & Dismemberment Felonious Assault Rider		Yes
Form	Accidental Death & Dismemberment Human Immunodeficiency Virus (HIV) Rider		Yes
Form	Accidental Death & Dismemberment Paralysis Rider		Yes
Form	Accidental Death & Dismemberment Repatriation Rider		Yes
Form	Accidental Death & Dismemberment Seat Belt - Air Bag Rider		Yes
Form	Accidental Death & Dismemberment Special Education Rider		Yes
Form	Accidental Death & Dismemberment		Yes

	Spouse Training Rider		
Form	Domestic Partner Rider		Yes
Form	Change Rider - Portability		Yes
Form	Group Enrollment or Change Form		Yes
Form	Group Insurance Master Application		Yes
Form	Application for Portability of Group Term Life		Yes
Form	Application for Portability of Group Term Life		Yes
Form	Voluntary Products Enrollment Form (GTL, STD, LTD, & AD&D)		Yes
Form	Voluntary Products Enrollment Form (GTL, AD&D, STD)		Yes
Form	Voluntary Products Enrollment Form (GTL, AD&D)		Yes
Form	Voluntary Disability Products Enrollment Form (LTD & STD)		Yes
Form	Voluntary Group Term Life Enrollment Form		Yes
Form	Voluntary STD Income Protection (VIP) Enrollment Form		Yes
Form	Voluntary Accidental Death & Dismemberment Enrollment Form		Yes
Form *(revised)*	Evidence of Insurability Application		Yes
Form	Evidence of Insurability Application	Replaced	Yes
Form	Group Life Accelerated Benefit Disclosure		Yes
Form	Change Rider - Reduced Life Benefit		Yes

Disposition

Disposition Date: 02/18/2009
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application		Yes
Supporting Document	Flesch Certification		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document *(revised)*	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Attachment to Filing Description		Yes
Supporting Document	GRP-P (5-09) - highlighted		Yes
Form *(revised)*	Group Policy		Yes
Form	Group Policy		Yes
Form *(revised)*	Group Certificate		Yes
Form	Group Certificate	Replaced	Yes
Form	Group Certificate	Replaced	Yes
Form	Accidental Death & Dismemberment Child Care Rider		Yes
Form	Accidental Death & Dismemberment Coma Rider		Yes
Form	Accidental Death & Dismemberment Common Carrier Rider		Yes
Form	Accidental Death & Dismemberment Exposure & Disappearance Rider		Yes
Form	Accidental Death & Dismemberment Felonious Assault Rider		Yes
Form	Accidental Death & Dismemberment Human Immunodeficiency Virus (HIV) Rider		Yes
Form	Accidental Death & Dismemberment Paralysis Rider		Yes
Form	Accidental Death & Dismemberment Repatriation Rider		Yes
Form	Accidental Death & Dismemberment Seat Belt - Air Bag Rider		Yes
Form	Accidental Death & Dismemberment Special Education Rider		Yes
Form	Accidental Death & Dismemberment		Yes

	Spouse Training Rider		
Form	Domestic Partner Rider		Yes
Form	Change Rider - Portability		Yes
Form	Group Enrollment or Change Form		Yes
Form	Group Insurance Master Application		Yes
Form	Application for Portability of Group Term Life		Yes
Form	Application for Portability of Group Term Life		Yes
Form	Voluntary Products Enrollment Form (GTL, STD, LTD, & AD&D)		Yes
Form	Voluntary Products Enrollment Form (GTL, AD&D, STD)		Yes
Form	Voluntary Products Enrollment Form (GTL, AD&D)		Yes
Form	Voluntary Disability Products Enrollment Form (LTD & STD)		Yes
Form	Voluntary Group Term Life Enrollment Form		Yes
Form	Voluntary STD Income Protection (VIP) Enrollment Form		Yes
Form	Voluntary Accidental Death & Dismemberment Enrollment Form		Yes
Form *(revised)*	Evidence of Insurability Application		Yes
Form	Evidence of Insurability Application	Replaced	Yes
Form	Group Life Accelerated Benefit Disclosure		Yes
Form	Change Rider - Reduced Life Benefit		Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	02/04/2009
Submitted Date	02/04/2009
Respond By Date	

Dear Tiffany Bradley,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Certificate, GRP-C (5-09) (Form)

Comment: The Binding Arbitration in the group certificate is in violation of Arkansas law and regulation in reference to arbitration. Please review Ark. Code Ann. 23-79-203 and Bulletin 19-89 as to arbitration. Arkansas will allow voluntary post dispute non-binding arbitration.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/18/2009
Submitted Date	02/18/2009

Dear Linda Bird,

Comments:
The following is in response to your February 4, 2009, objection:

Response 1

Comments: The arbitration language has been revised as requested. I have attached a revised certificate reflecting the requested changes. I am also submitting a revised EOI (5-09) as a "Date Hired" field has been added to this application and a document that shows other products with which the applications can be used.

Related Objection 1

Applies To:

- Group Certificate, GRP-C (5-09) (Form)

Comment:
The Binding Arbitration in the group certificate is in violation of Arkansas law and regulation in reference to arbitration. Please review Ark. Code Ann. 23-79-203 and Bulletin 19-89 as to arbitration. Arkansas will allow voluntary post dispute non-binding arbitration.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: Statement of Variability
Comment:
Satisfied -Name: Attachment to Filing Description
Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Certificate	*GRP-C (5-*		*Certificate*	*Initial*		*51.600*	GRP-C (5-

	09)				09).PDF
Previous Version					
Group Certificate	*GRP-C (5-09)*	*Certificate*	*Initial*	*51.600*	GRP-C (5-09).PDF
Evidence of Insurability Application	EOI (5-09)	Application/Enrollment Form	Initial	52.900	EOI (5-09).PDF
Previous Version					
Evidence of Insurability Application	*EOI (5-09)*	*Application/Enrollment Form*	*Initial*	*52.900*	EOI (5-09).PDF

No Rate/Rule Schedule items changed.

Sincerely,
SPI Life and Specialty Ventures

Amendment Letter

Submitted Date: 05/06/2009

Comments:

Numerous minor revisions have been made to the policy. No policies have been issued at this time. Under the Supporting Documentation tab, I have attached a highlighted version of the policy showing the changes that were made.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GRP-P (5-09)	Policy/Contract/Fraternal Certificate	Group Policy	Revised				51.400	GRP-P (5-09).PDF

Supporting Document Schedule Item Changes:

User Added -Name: GRP-P (5-09) - highlighted

Comment:

GRP-P (5-09) - highlighted.PDF

Note To Filer

Created By:

Linda Bird on 05/04/2009 01:25 PM

Last Edited By:

Linda Bird

Submitted On:

05/04/2009 01:25 PM

Subject:

Reopen Filing

Comments:

Filing has reopened in order for changes to be made.

Note To Reviewer

Created By:

SPI Life and Specialty Ventures on 04/30/2009 03:51 PM

Last Edited By:

SPI Life and Specialty Ventures

Submitted On:

04/30/2009 03:51 PM

Subject:

Reopen Filing

Comments:

Please reopen this filing if possible. Numerous changes have been made to this policy and we would like to refile it. No policies have been issued at this time. Additional filing fees will be sent, where applicable.

Amendment Letter

Submitted Date: 02/20/2009

Comments:

Due to language originally left out of the Subrogation and Right of Reimbursement provision, I am submitting a revised copy of the certificate for your approval.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GRP-C (5-09)	Certificate	Group Certificate	Initial				51.600	GRP-C (5-09).PDF

Note To Filer

Created By:

Linda Bird on 02/20/2009 01:27 PM

Last Edited By:

Linda Bird

Submitted On:

02/20/2009 01:27 PM

Subject:

Reopen Filing

Comments:

Filing has been reopened in order for correction to be made to the original submission.

Note To Reviewer

Created By:

SPI Life and Specialty Ventures on 02/20/2009 10:44 AM

Last Edited By:

SPI Life and Specialty Ventures

Submitted On:

02/20/2009 10:44 AM

Subject:

Reopen Filing

Comments:

I apologize for the inconvenience, but can you please reopen this filing? An error has been found in our subrogation and right of reimbursement language, so I would like to resubmit the certificate. Please let me know if I need to submit an additional filing fee.

Amendment Letter

Submitted Date: 01/31/2009

Comments:

I have attached the statement of variability for your review.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

Statement of Variability.PDF

Form Schedule

Lead Form Number: GRP-P (5-09)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GRP-P (5-09)	Policy/Contract/Fraternal Certificate	Group Policy	Revised	Replaced Form #: Previous Filing #:	51.400	GRP-P (5-09).PDF
	GRP-P (5-09)	Policy/Contract/Fraternal Certificate	Group Policy	Initial		51.400	GRP-P (5-09).PDF
	GRP-C (5-09)	Certificate	Group Certificate	Initial		51.600	GRP-C (5-09).PDF
	GADD-CCC (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Accidental Death & Dismemberment Child Care Rider	Initial		55.600	GADD-CCC (5-09).PDF
	GADD-COMA (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Accidental Death & Dismemberment Coma Rider	Initial		51.400	GADD-COMA (5-09).PDF
	GADD-CC (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Accidental Death & Dismemberment Common Carrier Rider	Initial		50.900	GADD-CC (5-09).PDF
	GADD-E&D (5-09)	Certificate Amendment	Accidental Death & Dismemberment	Initial		59.100	GADD- E&D (5-09).PDF

	t, Insert Page, Endorsement or Rider	Exposure & Disappearance Rider			
GADD-FA (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Accidental Death & Dismemberment Felonious Assault Rider	Initial	50.800	GADD-FA (5-09).PDF
GADD-HIV (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Accidental Death & Dismemberment Human Immunodeficiency Virus (HIV) Rider	Initial	52.900	GADD-HIV (5-09).PDF
GADD-PAR (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Accidental Death & Dismemberment Paralysis Rider	Initial	50.500	GADD-PAR (5-09).PDF
GADD-REPT (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Accidental Death & Dismemberment Repatriation Rider	Initial	52.900	GADD-REPT (5-09).PDF
GADD-SBAB (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Accidental Death & Dismemberment Seat Belt - Air Bag Rider	Initial	51.200	GADD-SBAB (5-09).PDF
GADD-SE (5-09)	Certificate Amendment, Insert	Accidental Death & Dismemberment Special Education	Initial	58.400	GADD-SE (5-09).PDF

	Page, Endorsement or Rider	Rider			
GADD-ST (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Accidental Death & Dismemberment Spouse Training Rider	Initial	56.300	GADD-ST (5-09).PDF
GRP-DP-RDR (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Domestic Partner Rider	Initial	53.000	GRP-DP-RDR (5-09).PDF
GRP-PORT-RDR (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Change Rider - Portability	Initial	57.200	GRP-PORT-RDR (5-09).PDF
1000 (5-09)	Application/Enrollment Form	Group Enrollment or Change Form	Initial	58.900	1000 (5-09).PDF
GMAPP (5-09)	Application/Enrollment Form	Group Insurance Master Application	Initial	50.400	GMAPP (5-09).PDF
GRP-PORT-APP (5-09)	Application/Enrollment Form	Application for Portability of Group Term Life	Initial	50.400	GRP-PORT-APP (5-09).PDF
GRP-PORTC-APP (5-09)	Application/Enrollment Form	Application for Portability of Group Term Life	Initial	51.500	GRP-PORTC-APP (5-09).PDF
VPB-APP (5-09)	Application/Enrollment Form	Voluntary Products Enrollment Form (GTL, STD, LTD, & AD&D)	Initial	50.200	VPB-APP (5-09).PDF

VGLAS-APP (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Voluntary Products Enrollment Form (GTL, AD&D, STD)	Initial	51.200	VGLAS-APP (5-09).PDF
VGLA-APP (5-09)	Application/Enrollment Form	Voluntary Products Enrollment Form (GTL, AD&D)	Initial	55.100	VGLA-APP (5-09).PDF
VDP-APP (5-09)	Application/Enrollment Form	Voluntary Disability Products Enrollment Form (LTD & STD)	Initial	50.000	VDP-APP (5-09).PDF
VGTL-APP (5-09)	Application/Enrollment Form	Voluntary Group Term Life Enrollment Form	Initial	54.500	VGTL-APP (5-09).PDF
VIP-APP (5-09)	Application/Enrollment Form	Voluntary STD Income Protection (VIP) Enrollment Form	Initial	50.500	VIP-APP (5-09).PDF
VADD-APP (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Voluntary Accidental Death & Dismemberment Enrollment Form	Initial	51.700	VADD-APP (5-09).PDF
EOI (5-09)	Application/Enrollment Form	Evidence of Insurability Application	Initial	52.900	EOI (5-09).PDF
GLABDSCLR (5-09)	Other	Group Life Accelerated Benefit Disclosure	Initial	59.300	GLABDSCLR (5-09).PDF
GRP-RLB-RDR (5-09)	Certificate Amendment, Insert Page, Endorsement or Rider	Change Rider - Reduced Life Benefit	Initial	53.300	GRP-RLB-RDR (5-09).PDF

USAble Life

[320 W. Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

POLICYHOLDER:
[Group Name]

POLICY NUMBER:
[10000000-L]

EFFECTIVE DATE:
[October 1, 2008]

PREMIUM DUE DATE:
[First Day of Each Policy Month]

ANNIVERSARY DATE:
[October 1, 2009 and Each Succeeding October 1]

STATE OF DELIVERY
[Arkansas]

USAble Life agrees with the policyholder to insure covered persons who are entitled to the insurance provided by this policy. This policy is issued in consideration of the application of the policyholder, and the payment of the first premium. The first premium is due and payable on the effective date of the policy. Subject to the policy's grace period provision, all premiums after the first must be paid when or before they are due.

This policy is a legal contract between the policyholder and USAble Life. PLEASE READ THIS POLICY CAREFULLY.

Signed for USAble Life:

Secretary

President

Nonparticipating
Renewable
[Group Term Life, Accidental Death & Dismemberment, Dependent Life, Short Term Disability Insurance Policy]

Table of Contents

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Section 1 – Schedule of Insurance

Policyholder: [TEST AR]

Policy Number: [19999999-L]

Policy Effective Date: [October 1, 2008]

Renewal Date: [October 1, 2010]

The Schedule(s) of Insurance for the [Group Term Life, Accidental Death & Dismemberment, Dependent Life, Short Term Disability Insurance Policy] are shown in the Certificate(s) of Insurance.

The Schedule of Insurance will control the:

1. benefit amounts and maximum limits;
2. eligibility and effective date rules; and
3. other schedule amounts and limits,

which apply to the employees of the policyholder.

Section 2 –Associated Company

We will insure the eligible employees of the policyholder's affiliates or subsidiaries listed on the Group Insurance Application.

Newly Acquired Organizations

The policy applies only to the policyholder as composed on the effective date of the policy or as thereafter amended.

New employees acquired through merger, stock purchase, exchange of stock, or otherwise may be covered under the policy. Their coverage is subject to the following conditions:

1. that the policyholder report to us the name of the newly acquired organization along with any underwriting data we may need to determine the correct premium;
2. that we accept the newly acquired organization for coverage; and
3. that the policyholder pays the correct additional premium.

Coverage will start in accordance with the "Eligibility and Effective Date" provisions in the certificate. In no case, however, will coverage continue for more than 60 days after the acquisition or merger unless:

1. the required report has been made; and
2. the newly acquired organization has been accepted for coverage and the additional premium has been agreed on and paid.

The policyholder must pay for any period in which coverage is in effect.

Section 3 – Incorporation Provision

Certificate

The certificate(s) and the endorsement(s) or rider(s), which are attached to this policy are hereby incorporated in, and made a part of, this policy. If there is any conflict between the terms and conditions of this policy and an attachment, this policy shall be controlling.

The terms found in the certificate(s) include:

1. the benefit plan provisions;
2. the eligibility and effective date of insurance rules;
3. the termination of insurance rules; and
4. exclusions.

Section 4 – Premium Provisions

Premium Payments

The policyholder must pay all premiums in advance at our Home Office or to one of our agents in accordance with the policy application, which is incorporated as the signature page of this policy upon acceptance and issuance of this policy by USAble Life.. The policyholder may request on any policy anniversary that the frequency of premium payment be changed to any frequency we offer for such policy.

Calculation of Premiums

The first premium is due on the policy effective date. Payment of that premium shall constitute acceptance of the policy. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the policyholder with an explanation of how to apply them.

Our Right to Change Premium Rates

We may change the premium rate:

1. after the [first renewal date];
2. at the end of any rate guarantee period; or
3. when our liability changes.

Payment of the changed premium rate shall constitute acceptance of that change.

Unless our liability changes:

1. we will not change the rates more than once in any period of [12] consecutive months; and
2. we will give the policyholder [31] days advance written notice of an increase in rates.

Section 5 – Policy Provisions

Entire Contract

The contract between the parties consists of:

1. the policy, any amendments and addenda; and
2. the application of the policyholder, a copy of which is attached to and made a part of the policy when issued, as may be amended during the term of this policy; and
3. the certificates, and the endorsements or riders which is attached to and made a part of the policy when issued; as may be amended during the term of this policy; and
4. the enrollment forms, if any, of each covered person.

All statements made by the policyholder and persons insured under the policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his authorized representative.

Incontestability

Except for non-payment of premium, the insurance provided to each covered person by the policy cannot be contested after a period of two (2) years from the effective date of each covered person.

Changes to the Policy

The policyholder owns the policy. We may change any or all of the provisions of this policy by notifying the policyholder. We must give the policyholder at least [31] days advance written notice of any change, unless the policyholder accepts an amendment during that period. The policy may also be changed in whole or in part when there is any change in laws or regulations which affect our obligations under the policy. A change must be approved by one of our executive officers. No agent can change the policy or waive any of its provisions. Payment of the applicable premium following any change of this policy in accordance with this section shall constitute acceptance of that change.

Grace Period

We will allow the policyholder a [31] day grace period for the payment of all premiums after the first. During this [31] day period, the policy will stay in force. If the owed premium is not paid by day [31], the policy will automatically terminate retroactive to the last day that the applicable premiums had been paid. If the policyholder gives us written advance notice of an earlier cancellation date, the policy will terminate on the earlier date.

Termination of Policy

<u>For Cause</u>

1. We may terminate this policy if we do not receive any premium when due in accordance with the Grace Period provision of the policy.
2. Either party may terminate this policy upon [30-60] days advance written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that [30-60] day notice period.
3. Either party may terminate this policy, with or without prior notice, effective as of midnight prior to the date that the other party:
   a. ceases doing business as a going concern;
   b. makes an assignment for the benefit of creditors;
   c. admits in writing that it is unable to pay debts as they come due; or

d. consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.

4. We may terminate this policy, upon not less than [30-60] days written notice if the employer fails to comply with a material plan provision relating to the employer's premium contribution or group participation rules or if we determine there has been a material change affecting the risk assumed under this policy.
5. Upon written notice, we may terminate or rescind the policy or the coverage on a covered person for fraud or misrepresentation by the employer or a covered person of material fact concerning the employer or covered person.

Because of Inability to Perform Obligations

The policy may be immediately suspended or terminated by written notice to the other party if either party is unable to perform its obligations for reasons beyond its control, including:

1. complete or partial destruction of facilities or equipment;
2. lockout, strike, riot, war, act of God, or any ordinance, law, order or decree of any governmental authority.

Neither party will be required to perform its duties nor be liable for any damages arising from the suspension or termination of this policy pursuant to this provision.

Certificate

We will give the policyholder an individual certificate for distribution to each covered employee. The certificate is part of the policy, and will explain the important features of the policy.

Data to Be Furnished

The policyholder will give us all information we need regarding matters pertaining to the insurance. At any reasonable time while the policy is in force and for one year after that, we may inspect any of the policyholder's documents, books, or records which may affect the insurance or premiums of this policy.

If the policyholder gives us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the policyholder or covered individual. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

No Replacement for Workers' Compensation

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

Time Period

All periods begin and end at 12:01 a.m., standard time, at the policyholder's address.

Jurisdiction

The laws of the state where it is delivered govern this policy.

[Section 6 – Self-Administered Provisions

The Parties to this provision are USAble Life and the policyholder.

Statement of Work

As a Self-Administered Group with respect to this policy, it is the responsibility of the policyholder to properly enroll its eligible employees for insurance coverage; to accurately collect premium for each employee's coverage; to remit that premium to us, and to maintain all documentation necessary for the administration of the coverages shown on the Schedule of Insurance.

The Policyholder's Obligation

The policyholder agrees to perform, while this policy is in force, the following functions:

1. verify eligibility, as defined under the policy;
2. obtain enrollment documentation for its eligible employees on forms approved and acceptable to us, such documentation to contain sufficient information to establish proof of coverage;
3. forward all enrollment documentation for coverage that requires underwriting approval to us immediately upon receipt and inform employees that coverage is not effective until approved in writing by us;
4. maintain enrollment documentation containing proof of coverage and beneficiary designations and changes thereto;
5. provide us [on an annual basis, or] as requested, and no less than [90] days prior to the Anniversary Date of the policy a census of all covered persons including the following data:
    a. Full name;
    b. Date of birth;
    c. Gender;
    d. Salary, if coverage is based on salary;
    e. Class or coverage amount by type of coverage;
    f. Occupation[, if coverage based on occupation class or for Short Term Disability coverage];
6. remit timely payment of premiums in accordance with the policy's premium provisions;
7. enforce all policy provisions including, but not limited to, guaranteed issue (GI) amount of coverage, if applicable; late enrollee requirements; Eligibility and Effective Date provisions; limits of coverage, and changes in coverage;
8. deliver certificates of insurance to each eligible employee within 30 days of the covered person's effective date of coverage. We reserve the right to review and modify, if necessary, any and all materials pertaining to the benefits provided by us, to ensure accuracy and compliance with the policy, the certificate of insurance, and any applicable federal or state law.

Terms

1. As a Self-Administered Group, the policyholder will cooperate in audits performed by us and will provide all documentation required within the requested time frame. Such audits not to occur more frequently than once per 12-month period.
2. As a Self-Administered Group, the policyholder shall be responsible for proper deductions and administration of payroll functions for benefits that are funded partially or wholly by employees. Failure to deduct the proper amount, the calculation of which is determined by the Premium provisions of the policy, and duties listed in this Section of the policy will in no way increase our liability. We do not retain or exercise the right to direct, control or supervise the policyholder as to the policyholder's procedures for premium collection and reporting.
3. As a Self-Administered Group, the policyholder agrees to make an equitable adjustment of premiums, upon our approval, based on either or both of the following factors:
   a. the amount of premium due based on the covered person's coverage;
   b. the difference between the premium paid and the premium which would have been paid if the covered person's coverage had been correctly stated.
4. As a Self-Administered Group, the policyholder is responsible for compliance with applicable federal and state laws and specifically assumes exclusive responsibility for collection of premiums and the reporting of accurate premiums to us.
5. Enrollment periods and the period of time for any enrollment must be approved in writing by us. Enrollment documentation submitted after such approved enrollment period will require Evidence of Insurability (EOI) on a form acceptable to us, and coverage will not be effective until approved in writing by our Underwriting Department.

Underwriting Approval

The policyholder may not alter, amend or expand the underwriting approval limits specified in the policy or certificate of insurance. All individual applications that require underwriting approval, as identified in item 3 of The Policyholder's Obligations provision above, must receive our written approval before coverage shall become effective.

Records

All enrollments, beneficiary and premium records, and supplies kept by the policyholder relating to this Section of the policy shall be opened for inspection/audit by us or our representative at all reasonable times during the continuance of this policy. All such records and supplies shall be retained until authorization for their destruction is obtained from us.

Assignment

The obligations of the policyholder set out in this Section shall not be assignable, nor may any of its functions or duties be delegated without our prior written consent.

Termination

Either party may terminate self-administration of the policy by providing 30 days written notice to the other party. Notice shall be sent by certified mail and shall be effective upon receipt. The provisions of this Section shall terminate at the end of the month following the expiration of the 30 days.

Notice

Notice required to be given to us under this Section shall be sent to our address [Attention: Corporate Document Manager.] Notice required to be given under this Section to the policyholder shall be sent to the address shown in our records.

Hold Harmless and Indemnification

As a Self Administered Group, the policyholder shall indemnify and hold harmless USAble Life, its parents, affiliates, officers, directors, agents, successors, assigns and employees against any and all claims, demands and expenses of all kinds made against or incurred by us, resulting from or arising out of any act, negligence or misconduct of the policyholder or any agent, employee or representative of the policyholder in connection with the policyholder's duties hereunder.

Confidentiality

The Financial Services Modernization Act (Gramm-Leach-Bliley Act), hereinafter “GLB” requires that all parties that perform services on behalf of the Insurer and receive nonpublic personal, financial or health information, with respect to any applicant or insured of the Insurer, for use or disclosure during the service performance, are prohibited from disclosing or using such information for any reason other than to carry out the business purposes for which the information was disclosed.

Relationship of the Parties

In regards to this Section of the policy, the relationship between the parties shall be that of independent contractors. The parties further acknowledge that the policyholder is not our agent and shall not hold itself out as such and that the policyholder acts solely on behalf of its employees in the performance of its obligations under this Section of the policy.]

USAble Life

[320 W. Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

POLICYHOLDER:
[Group Name]

POLICY NUMBER:
[10000000-L]

EFFECTIVE DATE:
[October 1, 2008]

PREMIUM DUE DATE:
[First Day of Each Policy Month]

ANNIVERSARY DATE:
[October 1, 2009 and Each Succeeding October 1]

STATE OF DELIVERY
[Arkansas]

USAble Life agrees with the policyholder to insure covered persons who are entitled to the insurance provided by this policy. This policy is issued in consideration of the application of the policyholder, and the payment of the first premium. The first premium is due and payable on the effective date of the policy. Subject to the policy's grace period provision, all premiums after the first must be paid when or before they are due.

This policy is a legal contract between the policyholder and USAble Life. PLEASE READ THIS POLICY CAREFULLY.

Signed for USAble Life:

Secretary

President

Nonparticipating
Renewable
[Group Term Life, Accidental Death & Dismemberment, Dependent Life, Short Term Disability Insurance Policy]

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Section 1 – Schedule of Insurance

Policyholder: [TEST AR]

Policy Number: [19999999-L]

Policy Effective Date: [October 1, 2008]

Renewal Date: [October 1, 2010]

The Schedule(s) of Insurance for the [Group Term Life, Accidental Death & Dismemberment, Dependent Life, Short Term Disability Insurance Policy] are shown in the Certificate(s) of Insurance.

The Schedule of Insurance will control the:

1. benefit amounts and maximum limits;
2. eligibility and effective date rules; and
3. other schedule amounts and limits,

which apply to the employees of the policyholder.

Section 2 –Associated Company

We will insure the eligible employees of the policyholder's affiliates or subsidiaries listed on the Group Insurance Application.

Newly Acquired Organizations

The policy applies only to the policyholder as composed on the effective date of the policy or as thereafter amended.

New employees acquired through merger, stock purchase, exchange of stock, or otherwise may be covered under the policy. Their coverage is subject to the following conditions:

1. that the policyholder report to us the name of the newly acquired organization along with any underwriting data we may need to determine the correct premium;
2. that we accept the newly acquired organization for coverage; and
3. that the policyholder pay the correct additional premium.

Coverage will start in accordance with the "Eligibility and Effective Date" provisions in the certificate. In no case, however, will coverage continue for more than 60 days after the acquisition or merger unless:

1. the required report has been made; and
2. the additional premium has been agreed on and paid.

The policyholder must pay for any period in which coverage is in effect.

Section 3 – Incorporation Provision

Certificate

The certificate(s) and the endorsement(s) or rider(s) enclosed therein, attached to this policy are hereby incorporated in, and made a part of, this policy.

The terms found in the certificate(s) will control:

1. the benefit plan provisions;
2. the eligibility and effective date of insurance rules;
3. the termination of insurance rules;
4. exclusions; and
5. other general policy provisions pertaining to state insurance law requirements.

Section 4 – Premium Provisions

Premium Payments

The policyholder must pay all premiums in advance at our Home Office or to one of our agents. The policyholder may request on any policy anniversary that the frequency of premium payment be changed to any frequency we offer for such policy.

Calculation of Premiums

The first premium is due on the policy effective date. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the policyholder with an explanation of how to apply them.

Our Right to Change Premium Rates

We may change the premium rate:

1. after the [first renewal date];
2. at the end of any rate guarantee period; or
3. when our liability changes.

Unless our liability changes:

1. we will not change the rates more than once in any period of [12] consecutive months; and
2. we will give the policyholder [31] days advance written notice of an increase in rates.

Section 5 – Policy Provisions

Entire Contract

The contract between the parties consists of:

1. the policy, any amendments and addenda; and
2. the application of the policyholder, a copy of which is attached to and made a part of the policy when issued; and
3. the certificates, and the endorsements or riders enclosed therein; and
4. the enrollment forms, if any, of each covered person.

All statements made by the policyholder and persons insured under the policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his authorized representative.

Incontestability

Except for non-payment of premium, the insurance provided to each covered person by the policy cannot be contested after a period of two (2) years from the effective date of each covered person.

Changes to the Policy

The policyholder owns the policy. We may change any or all of the provisions of this policy by notifying the policyholder. We must give the policyholder at least [31] days advance written notice of any change. The policy may be changed at any time by an amendment agreed upon by the policyholder and us. The policy may also be changed in whole or in part when there is any change in laws or regulations which affect our obligations under the policy. A change must be approved by one of our executive officers. No agent can change the policy or waive any of its provisions.

Grace Period

We will allow the policyholder a [31] day grace period for the payment of all premiums after the first. During this [31] day period, the policy will stay in force. If the owed premium is not paid by the [31st] day, the policy will automatically terminate. The policyholder is liable, however, for the payment of any premium due while coverage remained in force. If the policyholder gives us written advance notice of an earlier cancellation date, the policy will terminate on the earlier date.

Termination of Policy

<u>For Cause</u>

1. We may terminate this policy if we do not receive any premium when due in accordance with the Grace Period provision of the policy.
2. Either party may terminate this policy upon [30-60] days advance written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that [30-60] day notice period.
3. Either party may terminate this policy, with or without prior notice, effective as of midnight prior to the date that the other party:
   a. ceases doing business as a going concern;
   b. makes an assignment for the benefit of creditors;
   c. admits in writing that it is unable to pay debts as they come due; or
   d. consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.

4. We may terminate this policy, upon not less than [30-60] days written notice if the employer fails to comply with a material plan provision relating to the employer's premium contribution or group participation rules or if we determine there has been a material change in the plan or eligible persons.
5. Upon written notice, we may terminate or rescind the policy or the coverage on a covered person for fraud or misrepresentation by the employer or a covered person of material fact concerning the employer or covered person.

For No Cause

The employer may terminate this policy upon providing [10-30] days advance written notice. We may, at our option, agree to allow the employer to retroactively terminate the policy.

Because of Inability to Perform Obligations

The policy may be immediately suspended or terminated by written notice to the other party if either party is unable to perform its obligations by reason of:

1. complete or partial destruction of facilities;
2. lockout, strike, riot, war, act of God, or any ordinance, law, order or decree of any governmental authority.

Neither party will be required to perform its duties nor be liable for any damages arising from the suspension or termination of this policy pursuant to this provision.

Certificate

We will give the policyholder an individual certificate for each covered employee. The certificate is part of the policy, and will explain the important features of the policy.

Data to Be Furnished

The policyholder will give us all information we need regarding matters pertaining to the insurance. At any reasonable time while the policy is in force and for one year after that, we may inspect any of the policyholder's documents, books, or records which may affect the insurance or premiums of this policy.

If the policyholder gives us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the policyholder. Any required adjustment may be made in premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

No Replacement for Workers' Compensation

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

Time Period

All periods begin and end at 12:01 a.m., standard time, at the policyholder's address.

Jurisdiction

The laws of the state where it is delivered govern this policy.

[Section 6 – Self-Administered Provisions

The Parties to this provision are USAble Life and the policyholder.

Statement of Work

As a Self-Administered Group with respect to this policy, it is the responsibility of the policyholder to properly enroll its eligible employees for insurance coverage; to accurately collect premium for each employee's coverage; to remit that premium to us, and to maintain all documentation necessary for the administration of the coverages shown on the Schedule of Insurance.

The Policyholder's Obligation

The policyholder agrees to perform, while this policy is in force, the following functions:

1. verify eligibility, as defined under the policy;
2. obtain enrollment documentation for its eligible employees on forms approved and acceptable to us, such documentation to contain sufficient information to establish proof of coverage;
3. forward all enrollment documentation for coverage that requires underwriting approval to us immediately upon receipt and inform employees that coverage is not effective until approved in writing by us;
4. maintain enrollment documentation containing proof of coverage and beneficiary designations and changes thereto;
5. provide us [on an annual basis, or] as requested, and no less than [90] days prior to the Anniversary Date of the policy a census of all covered persons including the following data:
    a. Full name;
    b. Date of birth;
    c. Gender;
    d. Salary, if coverage is based on salary;
    e. Class or coverage amount by type of coverage;
    f. Occupation[, if coverage based on occupation class or for Short Term Disability coverage];
6. remit timely payment of premiums in accordance with the policy's premium provisions;
7. enforce all policy provisions including, but not limited to, guaranteed issue (GI) amount of coverage, if applicable; late enrollee requirements; Eligibility and Effective Date provisions; limits of coverage, and changes in coverage;
8. deliver certificates of insurance to each eligible employee within 30 days of the covered person's effective date of coverage. We reserve the right to review and modify, if necessary, any and all materials pertaining to the benefits provided by us, to ensure accuracy and compliance with the policy, the certificate of insurance, and any applicable federal or state law.

Terms

1. As a Self-Administered Group, the policyholder will cooperate in audits performed by us and will provide all documentation required within the requested time frame. Such audits not to occur more frequently than once per 12-month period.
2. As a Self-Administered Group, the policyholder shall be responsible for proper deductions and administration of payroll functions for benefits that are funded partially or wholly by employees. Failure to deduct the proper amount, the calculation of which is determined by the Premium provisions of the policy, and duties listed in this Section of the policy will in no way increase our liability. We do not retain or exercise the right to direct, control or supervise the policyholder as to the policyholder's procedures for premium collection and reporting.
3. As a Self-Administered Group, the policyholder agrees to make an equitable adjustment of premiums, upon our approval, based on either or both of the following factors:
   a. the amount of premium due based on the covered person's coverage;
   b. the difference between the premium paid and the premium which would have been paid if the covered person's coverage had been correctly stated.
4. As a Self-Administered Group, the policyholder is responsible for compliance with applicable federal and state laws and specifically assumes exclusive responsibility for collection of premiums and the reporting of accurate premiums to us.
5. Enrollment periods and the period of time for any enrollment must be approved in writing by us. Enrollment documentation submitted after such approved enrollment period will require Evidence of Insurability (EOI) on a form acceptable to us, and coverage will not be effective until approved in writing by our Underwriting Department.

Underwriting Approval

The policyholder may not alter, amend or expand the underwriting approval limits specified in the policy or certificate of insurance. All individual applications that require underwriting approval, as identified in item 3 of The Policyholder's Obligations provision above, must receive our written approval before coverage shall become effective.

Records

All enrollments, beneficiary and premium records, and supplies kept by the policyholder relating to this Section of the policy shall be opened for inspection/audit by us or our representative at all reasonable times during the continuance of this policy. All such records and supplies shall be retained until authorization for their destruction is obtained from us.

Assignment

The obligations of the policyholder set out in this Section shall not be assignable, nor may any of its functions or duties be delegated without our prior written consent.

Termination

Either party may terminate self-administration of the policy by providing 30 days written notice to the other party. Notice shall be sent by certified mail and shall be effective upon receipt. The provisions of this Section shall terminate at the end of the month following the expiration of the 30 days.

Notice

Notice required to be given to us under this Section shall be sent to our address [Attention: Corporate Document Manager.] Notice required to be given under this Section to the policyholder shall be sent to the address shown in our records.

Hold Harmless and Indemnification

As a Self Administered Group, the policyholder shall indemnify and hold harmless USAble Life, its parents, affiliates, officers, directors, agents, successors, assigns and employees against any and all claims, demands and expenses of all kinds made against or incurred by us, resulting from or arising out of any act, negligence or misconduct of the policyholder or any agent, employee or representative of the policyholder in connection with the policyholder's duties hereunder.

Confidentiality

The Financial Services Modernization Act (Gramm-Leach-Bliley Act), hereinafter “GLB” requires that all parties that perform services on behalf of the Insurer and receive nonpublic personal, financial or health information, with respect to any applicant or insured of the Insurer, for use or disclosure during the service performance, are prohibited from disclosing or using such information for any reason other than to carry out the business purposes for which the information was disclosed.

Relationship of the Parties

In regards to this Section of the policy, the relationship between the parties shall be that of independent contractors. The parties further acknowledge that the policyholder is not our agent and shall not hold itself out as such and that the policyholder acts solely on behalf of its employees in the performance of its obligations under this Section of the policy.]

USAble Life

[320 W. Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

CERTIFICATE OF INSURANCE

[Group Term Life, Accidental Death & Dismemberment, Dependent Life, Short Term Disability]

Policyholder: [GROUP_NAME]

Class: [CLASS_NUMBER]

State of Residence: [ARKANSAS]

This is to certify that USAble Life has issued and delivered the [Group Term Life, Accidental Death & Dismemberment, Dependent Life, and Short Term Disability] Insurance Policy to the Policyholder.

The policy insures the employees and their dependents, if elected, of the policyholder who:

1. are eligible for the insurance;
2. become insured; and
3. continue to be insured;

according to the terms of the policy.

The terms of the policy that affect your insurance are contained in the following pages.

This Certificate of Insurance is a part of the policy. This certificate replaces any other that USAble Life may have issued to the policyholder to give to you under the Group Insurance Policy specified herein.

Signed for USAble Life:

Secretary

President

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Schedule of Insurance

Policyholder: [A-Z Services, Inc.]

Group Policy Number: [12345678-GL]

Policy Effective Date: [October 1, 2008*]
*This certificate replaces any certificate issued before the date shown.

[Associated Company: John Doe & Associates]

Eligible Class: [Class 1 All Active Full-time Employees]

Waiting Period: [You will be eligible for coverage on [the first of the policy month or the day] following completion of the following period of continuous active work:

1. If you are working for the employer on the policy effective date – [none – 365 days]
2. If you start working for the employer after the policy effective date – [none – 365 days]

[Annual Enrollment Date:] [January 1 of each year]

Full-time Employment: [20-40] hours weekly

Benefits amounts for eligible employees shall be determined in accordance with the following schedule:

[Class # Class Description]

Benefit	**Benefit Amount**
[Employee Basic Life]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Employee Basic Accidental Death & Dismemberment]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Employee Supplemental Life]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Employee Supplemental Accidental Death & Dismemberment]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Dependent Life – Option 1 Spouse Amount Children Amount]	 [$10,000 - $25,000] [$100 - $1,000] – age [live birth to 6 months] [$ 1,000 - $10,000] – [age 6 months and over]
[Dependent Life – Option 2 Spouse Amount Children Amount]	 [$10,000 - $25,000] [$100 - $1,000] – age [live birth to 6 months] [$ 1,000 - $10,000] – [age 6 months and over]
[Employee Voluntary Life]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]
[Spouse Voluntary Dependent Life]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]

[Class # Class Description]

Benefit	Benefit Amount
[Children Voluntary Dependent Life]	[Age 1 year and over: $5,000 or $10,000 as elected by you on your enrollment form.] [Age live birth to 6 months:] [$1,000] [Age 6 months to 1 year:] [$2,500]
[Employee Voluntary Accidental Death & Dismemberment]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]
[Spouse Voluntary Accidental Death & Dismemberment]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]
[Children Voluntary Accidental Death & Dismemberment]	[Age 1 year and over: $5,000 or $10,000 as elected by you on your enrollment form.] [Age live birth to 6 months:] [$1,000]
[Basic Short Term Disability] [Core Plan]	[60% of weekly earnings to a maximum of $500 per week.] Elimination Periods: [Accident - 0 days Sickness - 7 days] Benefit Begins: [Accident – Day 1 and Sickness – Day 8] Maximum Benefit Period: [26 weeks]
[Basic Short Term Disability] [Buy-Up Plan]	[60% of weekly earnings to a maximum of $500 per week.] Elimination Periods: [Accident - 0 days Sickness - 7 days] Benefit Begins: [Accident – Day 1 and Sickness – Day 8] Maximum Benefit Period: [26 weeks]
[Voluntary Short Term Disability]	[The weekly amount elected by you on your enrollment form. Elected in $10 increments up to a maximum of 70% of weekly earnings or $750 per week, whichever is less.] Elimination Periods: [Accident - 0 days Sickness - 7 days] Benefit Begin: [Accident – Day 1 and Sickness – Day 8] Maximum Benefit Period: [26 weeks]
[Group Life Accelerated Benefits]	[75% up to $250,000]
[Life Insurance - Portability Option]	[Voluntary Life Only or Basic Life and Supplemental Life]
[Domestic Partner Rider]	[Included]
[AD&D Coma Rider]	[5% per month for 11 months]
[AD&D Exposure & Disappearance Rider]	[AD&D benefit payable after 1 year of accidental disappearance]
[AD&D Repatriation Rider]	[10% up to $5,000]
[AD&D Seat Belt & Air Bag Rider]	[Seat Belt: 10% up to $10,000] [Air Bag: 10% up to $10,000]

[Class # Class Description]

Benefit	Benefit Amount
[AD&D Felonious Assault Rider]	[25% up to $50,000]
[AD&D HIV Rider]	[20% paid over 24 months in equal monthly installments]
[AD&D Paralysis Rider]	[Quadriplegia – 100% Paraplegia – 75% Hemiplegia – 50%]
[AD&D Special Education Rider]	[5% up to $2,500 per year for 4 years]
[AD&D Child Care Center Rider]	[3% up to $5,000 per year for 4 years]
[AD&D Common Carrier Rider]	[Double AD&D benefit]
[AD&D Spouse Training Benefit]	[5% up to $2,500 per year for 4 years]

If a covered person is eligible for any amount in excess of the guaranteed issue amount shown below, the employee must furnish evidence of insurability, which is subject to our approval.

Benefit	Guaranteed Issue Amounts
[Employee Basic Life]	[$300,000]
[Employee Basic Accidental Death & Dismemberment]	[$300,000]
[Employee Supplemental Life]	[$300,000]
[Employee Supplemental Accidental Death & Dismemberment]	[$300,000]
[Dependent Life Spouse Amount Children Amount]	 [$10,000] [$ 5,000]
[Employee Voluntary Life Through age 64 Age 65 to 69 Age xx to xx]	 [$100,000] [$ 20,000] [$ 5,000]
[Spouse Voluntary Dependent Life Through age 64 Age xx to xx]	 [$50,000] [$20,000]
[Children Voluntary Dependent Life]	[$5,000 or $10,000]
[Employee Voluntary Accidental Death & Dismemberment]	[$300,000]
[Spouse Voluntary Accidental Death & Dismemberment]	[$300,000]
[Children Voluntary Accidental Death & Dismemberment]	[$5,000 or $10,000]

Benefit	Guaranteed Issue Amounts
[Basic Short Term Disability]	[$750]
[Voluntary Short Term Disability]	[$750]

Reductions, Terminations, and Special Provisions

[Employee Basic Life]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Employee Basic Accidental Death & Dismemberment]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Employee Supplemental Life]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Employee Supplemental Accidental Death & Dismemberment]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Dependent Life]	[Spouse coverage terminates at spouse's age 65.]
[Employee Voluntary Life]	[Reduces to 66 2/3% at age 65 and to 33 1/3% at age 70. Terminates at retirement.]
[Spouse Voluntary Dependent Life]	[Coverage terminates at spouse's age 65.]
[Employee Voluntary Accidental Death & Dismemberment]	[Reduces to 66 2/3% at age 65 and to 33 1/3% at age 70. Terminates at retirement.]
[Spouse Voluntary Accidental Death & Dismemberment]	[Coverage terminates at spouse's age 65.]
[Voluntary Short Term Disability]	[Reduces to 66 2/3% at age 65 and terminates at age 70].
[Short Term Disability Minimum Benefit]	[Benefits may be reduced by Eligible Offsets. If so, the minimum weekly benefit payment amount will be $10.]

Definitions

The terms listed, if used, will have these meanings.

Accident or Injury mean accidental bodily injury sustained by the covered person while insured under the policy which is the direct cause of the loss, independent of disease or bodily infirmity or any other cause.

Active Work or Actively at Work mean the expenditure of time and energy for the policyholder or an associated company at your usual place of business on a full-time basis. If you are not working on a day your coverage would otherwise take effect, you will be considered to be at active work on that day only if:

1. when that work day begins, it would be reasonable to expect that you would be physically and mentally able to complete a full-time week of work in your regular occupation; and
2. you are not disabled; and
3. your contract of employment, if applicable, remains active; and
4. you are not on an unapproved, administrative or disciplinary leave; and
5. you return to work at the end of a paid break or vacation period.

[**Annual Enrollment Period** means the 60 days prior to and the 30 days immediately following the Annual Enrollment Date shown in the Schedule of Insurance.]

[**Annual Salary** means your annual base rate of pay, excluding any overtime pay, [bonuses,] or other extra pay. If your pay is from [commissions,] your annual salary will be based on your average [commissions] for the prior [12] months.]

Associated Company means any company shown in the application which is owned by or affiliated with the policyholder.

Beneficiary means the person or entity you choose to receive your amount of insurance at your death.

Contributory means you pay part of the premium.

Covered Person means an eligible employee or the employee's dependents whose insurance has become and remains effective under all the conditions and provisions of the policy. Covered persons do not include contract, temporary, seasonal, or part-time workers.

Dependent means an eligible person who is:

1. your spouse, if not legally separated from you;
2. any unmarried child less than age[25], who is:
   a. not working on a full-time basis, and
   b. depends upon you for more than 50% of his support; or
3. a handicapped child, as defined in the Continuation of Insurance for a Handicapped Child section, age [25] years or over, who was insured under this policy before reaching age [25.]

The term "child" also includes a legally adopted child or child placed for adoption, stepchild, foster child, or any child who lives with you, and depends on you for more than 50% of his support.

Eligible Class means a class of persons eligible for insurance under the policy. This class is based on employment or membership in a group.

Eligible Persons means a person who:

1. is a citizen of the United States of America (U.S.) or Canada, who either:
   a. resides in the U.S. or Canada; or
   b. is stationed outside the U.S. or Canada for a period of less than 6 months; or
2. is a foreign national residing in the U.S. and meets all of the following requirements:
   a. has a valid permanent residency visa;
   b. participates in U.S. Social Security; and
   c. is covered by Workers' Compensation.

Employee means an eligible person who is:

1. directly employed in the normal business of the employer; and
2. paid for services by the employer; and
3. actively at work for the policyholder or an associated company; or
4. a retiree, if listed as eligible in the policy.

No director, officer, consultant or other person not actively at work on behalf of the employer will be considered an employee unless he meets the above conditions.

Employer means the policyholder.

Evidence of Insurability means a signed health and medical history form provided by us, a medical examination, if requested, and any additional information and attending physicians' statements that we may require.

Family Member means a person who is a parent, spouse, child, sibling, domestic partner, grandparent, grandchild, step-child, step-parent, step-sister, step-brother, father-in-law, or mother-in-law of the covered person; or spouses, as applicable, of any of these.

[Full-time means working at least the number of hours indicated in the Schedule of Insurance for Full-time employment.**]**

Gender – The use of the male pronoun also includes the female.

Home Office means the principal office of USAble Life in Little Rock, Arkansas.

Hospital means a facility supervised by one or more physicians and operated under state and local laws. It must have 24-hour nursing service by registered graduate nurses. It may specialize in treating alcoholism, drug addiction, chemical dependency, or mental disease, but it cannot be a rest home, convalescent home, or a home for the aged.

Hospital Confined and Hospital Confinement mean staying in a hospital as a registered inpatient for 24 hours a day.

Material Duty or Material Duties mean the sets of tasks or skills required generally by employers from those engaged in an occupation. We will consider one material duty of your regular occupation to be the ability to work for an employer on a full-time basis as defined in the policy.

Noncontributory means the policyholder pays the premium.

Occupation means a group of jobs:

1. in which a common set of tasks is performed; or
2. which are related in terms of similar objectives and methodologies, and which may be related in terms of materials, products, worker actions, or worker characteristics.

Physician means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. This includes a person whom we are required to recognize

as a physician by the laws or regulations of the governing jurisdiction. However, neither you nor a family member will be considered a physician.

Plan means the policy and certificates of insurance provided for covered persons.

Plan Administrator means the employer that sponsors the plan for the benefit of its employees and eligible dependents.

Policy means the group policy issued by us to the policyholder that describes the benefits for which you may be eligible.

Policyholder means the entity to which the policy is issued.

Regular Care means you personally visit a physician as often as is medically required to effectively manage and treat your disabling condition(s), according to generally accepted medical standards; and you are receiving appropriate treatment and care, according to generally accepted medical standards. Treatment and care for the sickness or injury causing your disability must be given by a physician whose specialty or experience is appropriate.

Regular Occupation means the occupation in which you were working immediately prior to becoming disabled.

Retiree or Retirement means you begin receiving retirement benefits from either:

1. a retirement plan sponsored by your employer, the policyholder, or an associated company, or
2. a government plan.

Sickness means a disease or illness, including pregnancy.

United States of America means the fifty (50) states of the United States and the District of Columbia. It does not include territories of the United States.

Waiting Period is the number of continuous [days] of service during which you must be an active, full-time employee in a class eligible for insurance before you become eligible for coverage.

We, Us, and Our mean USAble Life.

You and Your mean an employee of the policyholder or an associated company who has met all the eligibility requirements for coverage, and is:

1. directly employed in the normal business of the employer; and
2. paid for services by the employer; and
3. actively at work for the employer, or associated company covered under the policy; or
4. a retiree, if listed as eligible in the group Policy.

No director, officer, consultant or other person not actively at work on behalf of the employer will be considered an employee unless he meets the conditions listed above.

Eligibility and Effective Date Provisions

Eligible Employee

If you are working on a full-time basis for the employer, you are eligible for insurance after completion of the required waiting period, provided you are in a class of employees who are included.

Employee Eligibility Date

If you are working for your employer in an eligible class, the date you are eligible for coverage is the latest of the following dates:

1. the policy effective date;
2. the day after you complete any waiting period shown in the Schedule of Insurance by continuous service with the employer, the policyholder, or an associated company;
3. the date the policy is changed to include your class; or
4. the date you become a member of a class eligible for insurance.

[For voluntary coverage only if you do not apply when you are first eligible, you will again be eligible on the first Annual Enrollment Date as shown in the Schedule of Insurance which immediately follows the date noted in items 2, 3, or 4 above.]

[The term "voluntary coverage" refers to [Voluntary Group Term Life, Voluntary Accidental Death & Dismemberment, or Voluntary Short Term Disability.]

[**Rehires:** If you were insured under this policy and your insurance terminated due to termination of employment or eligibility, and you again become an eligible employee within [12] months, there is no waiting period.]

Effective Date of Employee Insurance

You must use forms approved by us when applying for insurance.

[[<u>For Benefit Amounts Not Requiring Evidence of Insurability:</u>]

1. When your Employer pays 100% of the cost of your coverage under the policy, you will be covered at 12:01 a.m. at your employer's address on your eligibility date.
2. When you and your Employer share the cost of your coverage under the policy or when you pay 100% of the cost yourself, you will be covered at 12:01 a.m. at your employer's address on the latest of the following dates:
   a. on your eligibility date, if you enroll for insurance within 31 days after the date you first become eligible for coverage; or
   b. on the first day of the policy month following the date we approve your application if you do not apply for insurance within 31 days after your eligibility date; [or
   c. for voluntary coverage only, on the Annual Enrollment Date as shown in the Schedule of Insurance if you enroll during the annual enrollment period. If you do not apply for voluntary coverage during the first annual enrollment period following your eligibility date, you will be required to submit satisfactory evidence of insurability.]]

[<u>For Benefit Amounts Requiring Satisfactory Evidence of Insurability,</u> your coverage will be effective on the first day of the policy month following the date we approve your application.]

Delayed Effective Date

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, it will take effect on the day you return to active work. If your insurance

is scheduled to take effect on a non-working day, your active work status will be based on the last working day before the scheduled effective date of your insurance.

[Dependent Eligibility]

[Dependents are eligible for insurance on the latest of the following dates:

1. the date you become eligible for dependent insurance;
2. the date a person becomes a dependent; or
3. the date the policy is amended to include your class as being eligible for dependent insurance.

[For voluntary coverage only if you do not apply when you are first eligible for dependent coverage, you will again be eligible on the first Annual Enrollment Date as shown in the Schedule of Insurance which immediately follows the date noted in items 1, 2, or 3 above.]

[Your spouse or child will not be eligible for dependent insurance if either is insured under the policy as an employee.]

[If both you and your spouse are insured as employees, your eligible children may be insured as dependents of only one of you.]

Effective Date of Dependent Insurance

You must use forms approved by us when applying for dependent insurance.

[Dependents will not be insured until you are insured.]

[[For Benefit Amounts Not Requiring Evidence of Insurability:]

1. When your Employer pays 100% of the cost of your dependent coverage under the policy, your dependents will be covered at 12:01 a.m. at your employer's address on your dependent's eligibility date.
2. When you and your Employer share the cost of your dependent coverage under the policy or when you pay 100% of the cost yourself, your dependents will be covered at 12:01 a.m. at your employer's address on the latest of the following dates:
   a. on your dependent's eligibility date, if you enroll for dependent coverage within 31 days after the date your dependent first becomes eligible for coverage; or
   b. on the first day of the policy month following the date we approve your application for dependent coverage if you do not apply for dependent coverage within 31 days after your dependent's eligibility date; [or
   c. for voluntary coverage only, on the Annual Enrollment Date as shown in the Schedule of Insurance if you enroll during the annual enrollment period. If you do not apply for voluntary dependent coverage during the first annual enrollment period following your dependent's eligibility date, you will be required to submit satisfactory evidence of insurability.]]

[For Benefit Amounts Requiring Satisfactory Evidence of Insurability, your dependent's coverage will be effective on the first day of the policy month following the date we approve your application for dependent coverage.]

You must furnish satisfactory evidence of the dependent's insurability at your own expense if you have previously terminated dependent coverage while in an eligible class.

Delayed Effective Date

Coverage for a dependent, other than a newborn child, who is confined in a hospital on the day dependent insurance or an increase in insurance is scheduled to take effect will not become effective until the 10th day following final discharge from the hospital.]

[Newborn Child Coverage (including children placed for adoption)]

[This section applies to the Voluntary Accidental Death & Dismemberment Benefit only.]

[Any child of yours born while this benefit is in force will be immediately covered as a dependent from the moment of birth for 90 days. Any newly adopted child or child placed for adoption will be immediately covered from the moment of placement for 90 days. In order for coverage to continue beyond 90 days we must receive: (1) written notice of the birth of the newborn child or the date of placement for adoption; and (2) payment of any required additional premium within 31 days of our notifying the policyholder of the amount. Additional premium, if any, will begin on the premium due date following the child's date of birth or date of placement, if later.

Written notice should include the child's name, date of birth, and, if applicable, date placed for adoption. We must receive this notice by the end of the 90-day period following the date of birth or adoption placement. Notice is NOT required if you are already paying the premium for children's coverage.

If the required written notice is not received by us during the 90-day period, a newborn child or child placed for adoption may be covered after this date only if the following conditions are met: (1) your written application for coverage is approved by us; and (2) the payment of any required premium is made.]

Changes in Coverage Provisions

When Coverage Amounts Change (Redetermination Date)

The policy redetermines your amount of insurance on [the policy anniversary date.] [the date a change occurs.] [the first day of the policy month after a change occurs.] [If benefits are based on your salary, [the policyholder must report current earnings for all covered persons under the policy on the policy anniversary.] [the policyholder must report updates to all covered person's earnings as they occur.] Changes to a covered person's earnings are subject to any proof of insurability requirements of the policy. As of the policy's redetermination date, we use a covered person's salary or earnings on record with us to: (a) set rates; (b) set benefit amounts and limits; and (c) calculate premium payable under the policy.]

Delayed Effective Date of Change

You must be actively at work on a full-time basis on the redetermination date. If you are not, your coverage amount will not change until the date you return to active work on a full-time basis. [Changes in salary or earnings will not apply to a recurring disability.]

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

Changes to the Policy

Any increase or decrease in coverage because of a change in the plan of insurance will become effective on the date of the change. The Delayed Effective Date provision [and the Pre-existing Condition Exclusion provision] will apply to an increase.

Termination Provisions

Termination of Employee Insurance

Your insurance will terminate at 12:00 midnight 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 the policy terminates, or the date a specified benefit terminates;
3. the date you cease to be a member of a class eligible for insurance;
4. the date you cease to be actively at work;
5. if your coverage is continued under the Waiver of Premium provision, the date specified under "Termination of the Extended Insurance Benefit."

[Continuation of Insurance]

[If you are unable to perform active work for a reason shown below, the policyholder may continue your insurance, except for any Accidental Death and Dismemberment coverage, on a premium-paying basis provided you remain in other respects a member of an eligible class. The continuance cannot be more than the maximum continuance shown below. The employer must act so as not to discriminate unfairly among employees in similar situations.

The maximum continuance for insurance is the longest applicable period described below:

1. [three] months following the date active work stopped due to lay-off or approved leave of absence, or
2. [twelve] months following the date active work stopped due to your total disability.

Total Disability for Continuation of Insurance means that you are under the regular care of a physician, and prevented by injury or sickness from performing all of the material duties of your regular occupation.]

[Termination of Dependent Insurance]

[Insurance on a dependent will terminate at 12:00 midnight on the earliest of the following dates:

1. the date he ceases to be a dependent as defined in the Definitions section;
2. the date you cease to be an employee or a member of a class eligible for dependent insurance;
3. [[except for Voluntary Life,] the date your insurance under the policy terminates;]
4. the last day of the period for which a required dependent premium payment is made, if the next payment is not made; or
5. the date the policy terminates, or a specific benefit terminates.]

[Continuation of Insurance for a Handicapped Dependent Child]

[If an unmarried dependent child is not capable of self-sustaining employment due to mental or physical handicap, his insurance will not terminate at age [25]. The insurance will continue as long as the child remains handicapped, unless coverage terminates as described in the Termination of Dependent Insurance section, if you give us proof that the child is:

1. incapable of self-sustaining employment; and
2. chiefly dependent on you for support and maintenance.

To keep this coverage in force, we may require proof at our expense of the child's incapacity and dependence. We may require proof from time to time, but not more than once a year after the two years that follow the date the child reaches age [25.]]

Claim Provisions

Notice of Loss

Written notice of claim must be given to us at our Home Office within 30 days after a loss occurs or begins, or as soon after the loss as is reasonably possible to do so, but not later than one (1) year from the time notice is required. The notice should identify the covered person and the nature of the loss.

Within 15 days after the date of your notice, we will send you claim forms. The forms must be completed and sent to our Home Office. If you do not receive the claim forms within 15 days, we will accept a written description of the exact nature and extent of the loss.

Proof of Loss

For any loss for which the policy provides periodic payment contingent upon continuing loss, written proof of loss must be given to us within 90 days after the termination of the period for which we are liable. For any other loss covered by the policy, written proof of loss must be given to us within 90 days after the date of such loss. Failure to furnish proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time. Such proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one (1) year from the time proof was otherwise required.

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.

Payment of Claims

All benefits payable under this policy will be payable immediately upon receipt of due written proof of such loss.

[When we receive proof of disability, Short Term Disability benefits payable under the policy will be paid during any period for which we are liable. Any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.]

If included, [Short Term Disability, Dependent Life, and Dismemberment] benefits will be paid to you. [Employee Life insurance and Accidental Death benefits will be paid to the person(s) named by you to receive them.]

[If you failed to name a beneficiary or if no named beneficiary is living at your death, refer to the “Beneficiary” provision below. At our option, up to the maximum allowable by the state laws of the covered person’s state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the covered person.]

[Beneficiary]

[Your beneficiary will be the person(s) you name in writing to receive any amount of insurance payable due to your death. The beneficiary's name is on record in our Home Office, or in the policyholder's office if the group is self-administered. [You are the beneficiary of the Dependent Life Insurance if you are living. If you and your dependent die in the same accident, the dependent benefit will be paid to your estate.]]

You may name or change a beneficiary by giving us written notice at our Home Office (or by giving the policyholder written notice if the group is self-administered) 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 there is no named beneficiary living at your death, we may pay, at our discretion, any amount due to one of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother and/or father; (4) your brother and/or sister; or (5) your estate.]

Assignment

You may transfer your rights to name or change the beneficiary to someone else by assignment. An assignment will affect us only if it is in writing on a form acceptable to us, and is received at our Home Office. When we record it, the assignment will take effect as of the date you made it. The assignment will be subject to any action we may have taken before we record it. We take no responsibility for the validity of any assignment.

Claims of Creditors**:** To the extent allowed by law, proceeds will not be subject to any claims of a beneficiary's creditors.

Authority

The policyholder delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the policy.

We decide: (a) if a covered person is eligible for this insurance; (b) if a covered person meets the requirements for benefits to be paid; and (c) what benefits are to be paid by the policy. We also interpret how the policy is to be administered. What we pay and the terms for payment are explained in this certificate.

Limit on Legal Action

No action at law or in equity may be brought against the policy until at least 60 days after you file proof of loss. No action can be brought after the statute of limitations has expired, but, in any case, not after three (3) years from the date of loss.

Review Procedure

You must request, in writing, a review of a denial of your claim within 180 days after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision within 45 days after we receive your request, or within 90 days if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the policy. We will also advise you of your further appeal rights, if any.

Subrogation and Right of Reimbursement

The plan assumes and is subrogated to your legal rights to recover any payments the plan makes for benefits, when a covered sickness or injury resulted from the action or fault of a third party. The plan’s subrogation rights include the right to recover the amount of benefits paid to you.

The plan has the right to recover any and all amounts equal to the plan’s payments from:

1. the insurance of the injured party;

2. the person, company (or combination thereof) that caused the sickness or injury, or any insurance company; or
3. any other source, including disability benefit coverage.

This right of recovery under this provision will apply whether recovery was obtained by suit, settlement, mediation, arbitration, or otherwise. The plan's recovery will not be reduced by your negligence, nor by attorney fees and costs you incur.

Priority Right of Reimbursement

Separate and apart from the plan's right of subrogation, the plan shall have first lien and right to reimbursement. This priority right of reimbursement supersedes your right to be made whole from any recovery, whether full or partial. You agree to reimburse the plan 100% first for any and all benefits provided through the plan, and for any costs of recovering such amounts from those third parties from any and all amounts recovered through:

1. any settlement, mediation, arbitration, judgment, suit, or otherwise, or settlement from your own insurance and/or from the third party (or their insurance);
2. any auto or recreational vehicle insurance coverage or benefits including, but not limited to disability benefit coverage; and
3. business and homeowner disability insurance coverage or payments.

The plan may notify those parties of its lien and right to reimbursement without notice to or consent from any covered person.

This priority right of reimbursement will not be reduced by attorney fees and costs you incur.

The plan may enforce its rights of subrogation and recovery against, without limitation, any tortfeasors, other responsible third parties or against available disability insurance coverages. Such actions may be based in tort, contract or other cause of action to the fullest extent permitted by law.

Notice and Cooperation

You are required to notify us promptly if you are involved in an incident that gives rise to such subrogation rights and/or priority right of reimbursement, to enable us to protect the plan's rights under this section. You are also required to cooperate with us and to execute any documents that we, acting on behalf of the policyholder, deems necessary to protect the plan's rights under this section.

You shall not do anything to hinder, delay, impede or jeopardize the plan's subrogation rights and/or priority right of reimbursement. Failure to cooperate or to comply with this provision shall entitle the plan to withhold any and all benefits due you under the plan. This is in addition to any and all other rights that the plan has pursuant to the provisions of the plan's subrogation rights and/or priority right of reimbursement.

If the plan has to file suit, or otherwise litigate to enforce its subrogation rights and/or priority right of reimbursement, you are responsible for paying any and all costs, including attorneys' fees, the plan incurs in addition to the amounts recovered through the subrogation rights and/or priority right of reimbursement.

Legal Action and Costs

If a covered person settles any claim or action against any third party, that covered person shall be deemed to have been made whole by the settlement and the plan shall be entitled to collect the present value of its rights as the first priority claim from the settlement fund immediately. The covered person shall hold any such proceeds of settlement or judgment in trust for the benefit of the plan. The plan shall also be entitled to recover reasonable attorneys' fees incurred in collecting proceeds held by the covered person in such circumstances.

Additionally, the plan has the right to sue on the covered person's behalf, against any person or entity considered responsible for any condition resulting in benefits paid or to be paid by the plan.

Settlement or Other Compromise

The covered person must notify the plan prior to settlement, resolution, court approval, or anything that may hinder, delay, impede or jeopardize the plan's rights so that the plan may be present and protect its subrogation rights and/or priority right of reimbursement.

The plan's subrogation rights and priority right of reimbursement attach to any funds held, and do not create personal liability against the covered person.

The right of subrogation and the right of reimbursement are based on the plan language in effect at the time of judgment, payment, or settlement.

The plan, or its representative, may enforce the subrogation and priority right of reimbursement.

Alternate Dispute Resolution Procedures

This dispute resolution procedure ("procedure") is intended to provide a fair, quick and inexpensive method of resolving any and all disputes with us. Such disputes include any matters that cause you to be dissatisfied with any aspect of your relationship with us, including any claim, controversy, or potential cause of action you may have against us. Please contact the Dispute Resolution office at [800-648-0271] if you have any questions about this section of the certificate or to begin the dispute resolution process.

The following terms are applicable to all disputes:

1. This procedure is the exclusive method of resolving any disputes.
2. The procedure can only resolve disputes that are subject to our control.
3. This procedure will be governed by the Employee Retirement Income Security Act of 1974 ("ERISA"); Rules and Regulations for Administration and Enforcement; Claims Procedure (the "Claims Regulation"). That includes the definition of an adverse benefit determination, which is defined as any denial, reduction, termination or failure to provide or make payment for what you believe should be a covered benefit.
4. You may request a form from our Dispute Resolution office to authorize another person to act on your behalf concerning a dispute.
5. We may elect to skip one or more of the steps of this procedure if it is determined that step will not help to resolve the dispute.
6. Any dispute will be resolved in accordance with the terms of this certificate, applicable state or Federal laws and regulations.
7. You must begin the dispute process within 180 days from the date you receive notice of an adverse benefit determination. If you do not initiate the dispute process within that 180 day period, you give up the right to take any action based on that Dispute.

Description of the Procedure

Inquiry

You should contact our Dispute Resolution office to discuss and attempt to resolve any issues regarding a dispute. We hope that this informal process will resolve your questions or concerns.

Appeals

If you are not satisfied with the response to your inquiry, you may submit a written request (an "appeal") to the Office of the Appeals Coordinator, USAble Life, PO Box 1650, Little Rock AR 72203-1650, asking that we reconsider an adverse benefit determination. Please contact the Dispute Resolution office if you have any questions about how to submit an appeal to us. You are not required to use a specific form, but you may request that the Dispute Resolution office

send you a blank appeal form to ensure that you provide the information that will be needed to review your appeal.

We will assign a coordinator to review your appeal. The appeal coordinator is an individual with appropriate expertise who is neither the individual who made the adverse benefit determination, nor a subordinate of that individual.

The appeal coordinator may request that you submit additional information concerning your grievance. The appeal coordinator will also consider information submitted by others, including information requested from other USAble Life representatives. The appeal coordinator will have full discretionary authority to make eligibility, benefit or claim determinations and construe the terms of the policy. Such determinations shall be subject to the review standards applicable to ERISA plans, even if the policy is not governed by ERISA.

We will make a decision within 60 days after receiving your appeal concerning a claim determination.

The appeal coordinator will send you a written decision concerning your appeal. The appeal coordinator's decision will include: a statement of the coordinator's understanding of your appeal; a statement explaining the basis of the decision; and a list of the documents or information upon which that decision was based. We will send you a copy of the listed documents, without charge, if you make a written request for such documents.

Post Appeal Procedure

If you are still not satisfied after completing the appeal procedure, you have the right to bring a civil action against us to obtain the remedies available pursuant to Sec. 502(a) of ERISA (an "ERISA Action") after completing the mandatory appeal process. Those ERISA remedies will apply to this policy even if your plan is not otherwise governed by ERISA. If you agree to arbitrate a dispute, we agree to suspend (or toll) any time periods affecting your right to bring an ERISA Action against us related to that dispute, until the arbitration has been completed.

You may request that the dispute be submitted for resolution by arbitration. That arbitration request must be submitted, in writing, to USAble Life's General Counsel within sixty (60) days after you receive the appeal coordinator's decision.

The dispute will be submitted to arbitration in accordance with the rules of the American Arbitration Association, unless we both agree to use an alternative dispute resolution administrator or procedure. The arbitration will be conducted before a single arbitrator.

We will pay the filing fee charged by the administrator and the arbitrator. You will be solely responsible for any other costs that you incur to participate in the arbitration process, including your attorney's fees. The filing fee and arbitrator's fees may be reallocated as part of an arbitration award, in whole or in part, at the discretion of the arbitrator.

The arbitration will be conducted in a location where it is reasonably convenient for you to participate. If we can not agree concerning a convenient location, the administrator or arbitrator, if appointed, shall have the discretion to decide where the arbitration will be conducted.

The arbitrator: (a) shall consider the dispute individually and shall not certify or consider multiple disputes as part of a class action; (b) shall be required to issue a reasoned written decision explaining the basis of his or her decision and the manner of calculating any award; (c) shall limit his or her decision to deciding if our adverse benefit decision was arbitrary or capricious based on ERISA standards; (d) may not award punitive, extra-contractual, treble or exemplary damages unless permitted to do so by applicable statutes or regulations; (e) may not vary or

disregard the terms of the policy; and (f) shall be bound by controlling law; when issuing a decision concerning the dispute.

The arbitrator shall limit discovery to the extent possible consistent with the objective of completing the arbitration in a fair, prompt, and cost effective manner. Emergency relief such as injunctive relief may be awarded by the arbitrator.

Contact Information

General Counsel
USAble Life
P. O. Box 1650
Little Rock, AR 72203-1650
Telephone: [1-800-648-0271]
Email: [AppealCoordinator@usablelife.com]

Office of the Dispute Resolution Coordinator
P. O. Box 1650
Little Rock, AR 72203-1650
Telephone: [1-800-648-0271]
Email: [AppealCoordinator@usablelife.com]

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Email: [AppealCoordinator@usablelife.com]

General Provisions

Entire Contract

This certificate is furnished in accordance with and subject to the terms of the policy. The entire contract consists of the policy, which includes the application, any amendments and addenda; this certificate; your enrollment form, if required; and any riders or endorsements. No change in the policy will be effective until approved by one of our officers. This approval can only be in writing and must be noted on or attached to the policy. No agent has authority to change the policy or certificate or to waive any of their provisions.

Any statement made by you or the policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about you or the policyholder's plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Incontestability

Unless the premiums have not been paid, the validity of the policy cannot be contested after it has been in force for two years.

Any statement made by the policyholder or a covered person will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the covered person or the beneficiary.

No statement, except fraudulent misstatement, made by a covered person about insurability will be used to deny a claim for a loss incurred or disability starting after coverage has been in effect for two years.

No claim for loss starting two or more years after the covered person's effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

Agency

Neither the policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Unpaid Premium

We may deduct any unpaid premium then due from the payment of a claim under this certificate.

Refund of Premium

On the death of the covered person, proceeds payable hereunder shall include the amount of unearned premium paid beyond the end of the policy month in which death occurred. Payment shall be made in one lump sum no later than 30 days after proof of the covered person's death has been furnished to us.

Conformity with State Statutes

If the provisions of this certificate do not conform with the laws of the state in which you reside on the certificate effective date, they are hereby amended to conform with the minimum requirements of the statutes of that state.

Policy Management

Efficient management of the policy requires the joint efforts of the policyholder, USAble Life, and each covered person. Each party has certain duties to bring about the effective administration of the policy.

Duties of the Policyholder: The policyholder's primary duties under the policy are listed below.

1. Give us prompt, written notice of any change in business of the policyholder and employer. This includes, but is not limited to: (a) the type of business; (b) addition or deletion of an associated company; or (c) financial status due to bankruptcy; merger; acquisition; or dissolution.
2. Give us pertinent records for all covered persons. This includes, but is not limited to: (a) hire dates; (b) eligibility dates; (c) salaries; (d) occupations; and (e) birth dates. Give us updates of such records as needed.
3. Give us prompt notice of a covered person's disability. This notice should be given as soon as possible after the date of injury or start of sickness. The most effective time for such notice is when the covered person has not been able to perform active work for 30 days.
4. Give us occupational data for all disabled covered persons. This includes, but is not limited to: (a) job descriptions and analyses; and (b) environmental factors.

Duties of Covered Persons and Beneficiaries: Your and your beneficiary's primary duties under the policy are listed below:

1. Give notice and proof of loss as soon as possible after the date of your injury or sickness, or the date of your death, or the death of a covered dependent, if applicable.
2. Give a complete account of the details of your injury or sickness or the death on a form approved by us.
3. Provide any other official documents to review the loss such as a certified death certificate, investigating officer's report, or medical records.
4. Allow release of medical and income data needed to adjudicate your claim.
5. Provide evidence of the regular care of a physician, if necessary.
6. Promptly report to us any changes in your status such as your address or telephone number, or if you return to work or are no longer disabled.
7. If benefits are overpaid, reimburse such overpayment within 60 days of the date benefits were overpaid.
8. Provide proof of your earnings for the period prior to a loss.
9. [Apply for other income benefits to which you may be entitled.]
10. [Promptly report to us any amount of income received while you are disabled.]

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid.

Employee Term Life Insurance

[This section applies to [the Basic Life Insurance Benefit, the Supplemental Life Insurance Benefit, and the Voluntary Life Insurance Benefit.]]

Death Benefit

We will pay your beneficiary the amount of insurance in force on the date of death, as shown in the Schedule of Insurance, when we receive all required proof of loss, including written proof of your death acceptable to us and a completed claim form.

[Suicide]

[[This provision applies to Supplemental or Voluntary Life only.] If you, whether sane or insane, die by suicide within [one year] of your original effective date of insurance, the death benefit will be limited to the amount of premiums paid for your insurance.

After having been insured for [one year], if you, whether sane or insane, die by suicide within [one year] of the effective date of an increase in coverage, the death benefit will be limited to the amount of insurance in effect prior to the increase in coverage, plus the amount of premiums paid for the increase in coverage.

With respect to employees insured on the effective date of the policy:

1. if the policy replaces another group life policy, the [one] year limitation on death by suicide shall be reduced by the number of months you were continuously insured by the prior policy; and
2. the benefit payable shall be the lesser of the amount otherwise payable under this policy or the amount provided by the prior policy.]

Dependent Term Life Insurance

[This section applies to [the Dependent Life Insurance Benefit and the Voluntary Life Insurance Benefit.]]

Death Benefit

We will pay the amount of insurance in force on the date of death, as shown in the Schedule of Insurance, when we receive all required proof of loss, including written proof of your covered dependent's death acceptable to us and a completed claim form.

[Suicide]

[[This provision applies to Supplemental or Voluntary Dependent Life only.] If a covered dependent, whether sane or insane, dies by suicide within [one year] of his original effective date of insurance, the death benefit will be limited to the amount of premiums paid for this insurance.

After having been insured for [one year], if the covered dependent, whether sane or insane, dies by suicide within [one year] of the effective date of an increase in coverage, the death benefit will be limited to the amount of insurance in effect prior to the increase in coverage, plus the amount of premiums paid for the increase in coverage.

With respect to dependents insured on the effective date of the policy:

1. if the policy replaces another group life policy providing similar dependent life insurance, the [one] year limitation on death by suicide shall be reduced by the number of months you were continuously insured for dependent life by the prior policy; and
2. the benefit payable shall be the lesser of the amount otherwise payable under this policy or the amount provided by the prior policy.]

Conversion Privilege for Life Insurance

Conversion upon Termination of Employment or Eligibility

For Employees
You may convert all or part of your life insurance to an individual policy of life insurance, other than Term,

1. if all or part of it stops for any reason; unless
2. it stops because you did not pay any required premiums.

The amount you may apply for may not be more than:

1. the life amount then in force; or
2. that part of the life amount which has stopped, whichever is less.

Accidental death and dismemberment, disability or any other supplemental coverage for which you are eligible under this policy may not be converted.

[For Dependents]
[Your covered dependent spouse or child may convert all or part of his life insurance to an individual life policy, other than Term, if the insurance on his life ends because:

1. you stopped working full-time for your employer; or
2. you ceased to be a member of a class eligible for insurance; or
3. the dependent ceased to be an eligible family member; or
4. of your death.

Conversion upon Termination or Amendment of Group Policy

Any covered person may convert a limited amount of life insurance if he has been continuously insured under the policy for at least five (5) years and his insurance ends due to termination or amendment of the policy.

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

1. the amount of life insurance which terminates, less the amount you became eligible for under any group policy within 31 days after this insurance terminated; or
2. $10,000.

Conversion Coverage

Any covered person may convert his life insurance to any policy we are issuing for the purpose of conversions other than Term. The conversion policy will not have disability or other supplementary benefits. No evidence of insurability will be required. The premium will be based on the amount and the form of the conversion policy, and on the covered person's class of risk and age on the date the conversion takes effect.

A conversion policy is in lieu of all other benefits under this policy. If you qualify for the Extended Insurance Benefit, any conversion policy issued will be canceled. Premiums paid for the converted policy will be returned.

The conversion policy will take effect on the 32nd day after the insurance terminates.

Notice and Application Required

Written application and the first premium payment for the conversion policy must be received in our Home Office within 31 days after the covered person's insurance terminates. If you are not given notice of the right to convert by the 16th day of the 31 day conversion period, you will have an additional period in which to apply for conversion. The additional period will end 15

days after you are given notice, but not more than 61 days after the date the insurance under the policy ended.

Nothing in the policy will continue coverage for more than 31 days following the date coverage ends under the policy. Written notice, contained in this certificate of insurance and given to you at any time, or mailed by the policyholder to your last known address will be considered sufficient written notice to you. It is the responsibility of the policyholder to give such notice to you.

Conversion Period Death Benefit

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.

Life Insurance – Waiver of Premium

[This section applies to [the Basic Life Insurance Benefit, the Supplemental Life Insurance Benefit, the Dependent Life Insurance Benefit, and the Voluntary Life Insurance Benefit] only.]

Extended Insurance Benefit (Waiver of Premium)

We will continue the term life insurance in force on you and your covered dependents without premium payment if you become totally disabled provided:

1. you are insured under this plan and are actively at work on or after the effective date of the plan; and
2. your total disability begins before age [60]; and
3. total disability has continued without interruption for at least [six (6) months] during which time premiums have been paid; and
4. you provide us with proof of total disability as required; and
5. you are still totally disabled when you submit the proof of disability. [and
6. this policy remains in force.]

[Dependent premiums will only be waived if the employee is also covered and his premiums are waived.]

Amount of Life Insurance

The amount of life insurance continued will be the amount in force on the date you became totally disabled. This amount will be reduced or terminated based on the Schedule of Insurance in effect on the date of total disability. This amount will not be increased while you remain totally disabled.

Definition of Total Disability

For the purposes of waiver of premium, “total disability” or “totally disabled” means that you are under the regular care of a physician, and prevented by injury or physical or mental sickness from performing the material duties of any gainful occupation.

Gainful Occupation means any employment that exists in the national economy that you may be expected to follow based on your education, training, experience, age, and physical and mental capacity, and from which you are expected to earn at least [80%] of your pre-disability earnings within 12 months of your return to active work.

Proof of Total Disability

Upon receipt of Notice of Loss, we will provide forms which you must use when giving us proof of total disability. (See “Notice of Loss” under the Claim Provisions.) You must give us proof no later than 12 months after the date you became totally disabled. We may at any time require proof that total disability continues. You must give us proof of continuing disability within 60 days after our request. After you have been totally disabled for more than two years from the date of total disability, we will not request proof more than once a year. We may require that you be examined at our expense by a physician of our choice.

Death While Totally Disabled

If you die while your life insurance is being continued under this provision, we will pay the amount of insurance if we receive proof:

1. of your death; and
2. that total disability was continuous from the date it began to the date of death.

Termination of the Extended Insurance Benefit

You will no longer be eligible for the Extended Insurance Benefit and your life insurance will terminate on the earliest of the following dates:

1. the date you cease to be totally disabled. But, if you are still eligible for life insurance when you return to active work, your life insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of life insurance you 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 you do not give us proof or you refuse to take a medical exam; or
3. [the date you attain age [65]]; [or
4. the date this policy is terminated.]

If your life insurance terminates while you are covered under this provision, you will be eligible to convert that coverage as of the termination date. You may convert no more than the amount of term life insurance that was in force on you on that date. (See "Conversion Privilege for Life Insurance" provision.)

[Termination of the Extended Insurance Benefit for the Covered Dependent]

[Your covered dependent will no longer be eligible for the Extended Insurance Benefit and the dependent's life insurance will terminate on the earliest of the following dates:

1. the date the dependent ceases to be a dependent as defined in the Definition section; or
2. the date you cease to be eligible for coverage under the Extended Insurance Benefit (Waiver of Premium) provision. But, if the dependent is still eligible for dependent life insurance when you return to active work, the dependent life insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of dependent life insurance the dependent may then be eligible for will take effect as described in the Effective Date of Dependent Insurance provision; [or
3. [12] months from the date your total disability began.]

Your covered dependent whose insurance terminates while covered under this provision will be eligible to convert that coverage as of the termination date. He may convert no more than the amount of dependent life insurance that was in force on that date. (See "Conversion Privilege for Life Insurance" provision.)]

[Continuity of Coverage for Waiver of Premium upon Transfer of Insurance Carriers]

[In order to prevent loss of coverage because of a transfer of insurance carriers, this policy will provide waiver of premium benefits for certain employees and covered dependents, if applicable, who meet the following qualifications if a transfer of carriers would result in loss of group life insurance coverage.

We will continue your group life insurance in force without premium payment if you become totally disabled provided:

1. you were insured under the prior carrier at the time of transfer; and
2. your total disability began before age [60]; and
3. your total disability has continued without interruption for at least [six (6) months] during which time premiums were paid to the prior carrier and us; and
4. you provide us with proof of total disability as required; and
5. you are still totally disabled when you submit proof of disability; [and
6. this policy remains in force.]

Amount of Life Insurance Provided Through Continuity of Coverage for Waiver of Premium

The amount of insurance continued will be the lesser of the amount in force under the prior carrier at time of transfer or the amount of group life insurance you would have been eligible for under this policy.

All other provisions under the Life Insurance – Waiver of Premium section of this policy will apply if you are eligible for continuity of coverage under this provision.]

Life Insurance – Portability

[This section applies to [the Basic Life Insurance Benefit] [, the Supplemental Life Insurance Benefit] [, the Dependent Life Insurance Benefit] [and] [the Voluntary Life Insurance Benefit [only].]]

Portability Benefit

You may continue your [and your spouse's] [voluntary] term life insurance if your employment terminates and you meet the following requirements on the date your employment terminates:

1. you are not disabled; and
2. you either:
   a. are not retired and are under age [70]; or
   b. you are retired and are under age [65].

Coverage will be continued under the policy for employees who elect continuation of coverage under this portability provision. Portability is not available upon policy cancellation.

[Your [spouse's] term life insurance may not be continued if your term life insurance is not continued.] [Dependent children are not eligible for the Portability provision; however, the dependent children's coverage may be converted under the "Conversion Privilege" provisions of the policy.]

"Retired" means you are a former employee who has begun receiving one of the following:

1. retirement pension benefits under any plan of a federal, state, county or municipal retirement system, if such pension benefits include any credit for employment with the policyholder;
2. retirement pension benefits under any plan which the policyholder sponsors or makes or has made contributions; or
3. retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

Application and Premium Payment

You must apply for portability in writing to USAble Life within 31 days after the date your employment ends.

You must pay the required premium quarterly, semi-annually, or annually directly to USAble Life. The premium rate will be determined by us. The first premium payment must be made no later than 31 days after the date the insurance would otherwise terminate under the policy.

Amount of Insurance

The amount of insurance that you and your [spouse] may continue is the amount in effect on the date your employment terminates. The reduction and termination provisions stated in the Change Rider – Portability will apply to insurance continued under this provision.

When Portability Ends

Your continued coverage under this provision will end automatically on the earliest of the following:

1. the date the last period ends for which you made a premium payment;
2. [the premium due date after the covered person has continued coverage under this provision for [3] years;]
3. the premium due date following your attainment of age [70];

4. if your coverage continued due to your retirement prior to age [65], on the premium due date following your attainment of age [65];
5. the date you become a full-time member of the armed forces of any country; [or
6. [spouse] coverage will end on the premium due date following the date the [spouse] ceases to be a dependent as defined in the policy, or
7. [spouse coverage will end on the premium due date following the spouse's attainment of age [65.]]

When your insurance under the portability provision ends, you [and your [spouse]] will be eligible to convert your insurance to an individual policy under the "Conversion Privilege" provisions.

Coverage continued under the portability provision is in lieu of all other benefits under the policy, including conversion. If you return to work with the employer and again become eligible for Term Life coverage under the policy, continued coverage under the portability provision will cancel on the date coverage is resumed under the policy.

Other Policy Provisions

The Life Insurance – Waiver of Premium and the Group Life Accelerated Benefit provisions will not apply to insurance continued under the Portability provision.

With respect to any notice you are required to provide to the employer under other provisions of the policy, you must provide such notice to USAble Life while the insurance is continued under the Portability provision.

Group Life Accelerated Benefit

[This section applies to [the Basic Life Insurance Benefit, the Supplemental Life Insurance Benefit, the Dependent Life Insurance Benefit and the Voluntary Life Insurance Benefit.]]

Notice of Possible Tax Consequences

Please be advised that receipt of the accelerated benefits may be taxable. Any person who receives accelerated benefits should consult his personal tax advisor.

The receipt of accelerated benefit payments may adversely affect the covered person's eligibility for Medicaid or other government benefits or entitlements.

Definitions

"Terminal Illness" means a medical condition:

1. which is expected to result in the covered person's death within 12 months; and
2. from which the covered person is not expected to recover.

Eligibility

All covered employees [and covered dependents] [under age [70]] who are insured for a minimum of [$10,000] of life insurance under the policy are eligible.

A covered employee [or dependent] is eligible for the accelerated benefit only if he becomes and remains insured for life insurance under the policy.

Accelerated Benefit

The accelerated benefit is an advance payment to the covered person who:

1. is terminally ill; and
2. elects to receive part of his life insurance benefit payable under the group policy, subject to the maximum benefit amounts stated on the Schedule of Insurance.

We will pay an accelerated benefit to you when we receive the following:

1. a written request for payment of the accelerated benefit; and
2. proof that the covered person is terminally ill and his illness is expected to result in his death within 12 months.

The accelerated benefit will be paid only once for each eligible covered person, and in one lump sum to you before death occurs.

Cost of Providing the Accelerated Benefit

There is no cost associated with providing the accelerated benefit.

Amount of Accelerated Benefit

The maximum accelerated benefit will be the lesser of:

1. [75%] of the covered person's life insurance amount; or
2. [$250,000.]

If the covered person's life insurance amount is scheduled for a reduction within 12 months after the date you request the payment of the accelerated benefit, the maximum accelerated benefit will be based on the reduced amount.

Irrevocable Beneficiary

For the purpose of the Accelerated Benefit provision, an irrevocable beneficiary is a named beneficiary whose rights to the employee's life insurance proceeds are vested and whose rights cannot be cancelled by the employee unless the irrevocable beneficiary consents.

Conditions and Requirements for Payment of the Accelerated Benefit

You must request payment of an accelerated benefit in writing.

Proof that the covered person is terminally ill must be provided to us. The proof must be certified by a licensed physician and in a form that is satisfactory to us. We are not obligated to ask for any proof. Any delay in submitting proof will not cause a request to be denied if the proof is given to us as soon as reasonably possible.

After receipt of such proof, we may require the covered person to be examined by a licensed physician of our choice, at our expense. If there is a disagreement between the two physicians, we may require the covered person to be examined by another licensed physician of our choice, at our expense. The decision of the third physician will be final.

Effect of Payment of an Accelerated Benefit on Policy Provisions

The covered person's amount of life insurance under the policy will be reduced by the amount of any accelerated benefit that has been previously paid.

The following will be based on the reduced life insurance amount:

1. the amount of life insurance payable to the beneficiary when the covered person dies;
2. the amount of life insurance the covered person can convert under the policy; and
3. the premiums payable for the covered person's life insurance under the policy after an accelerated benefit is paid to you, if such premiums are not waived.

[The payment of an accelerated benefit will not affect the amount of the covered person's Accidental Death and Dismemberment Benefits under the group policy, if any.]

Exclusions

We will not pay an accelerated benefit if:

1. the covered person has made an absolute assignment of his life insurance under the policy and we do not receive written consent by the absolute assignee;
2. all or part of the covered person's life insurance under the group policy is to be paid to his children or former spouse as part of a court approved divorce agreement;
3. the covered person has made an irrevocable beneficiary designation of his life insurance under the policy and we do not receive written consent by the irrevocable beneficiary; or
4. the terminal illness is a result of intentional self-inflicted injury or attempted suicide, committed while sane or insane.

Date Insurance Ends under this Benefit

A covered person's insurance under this benefit will end at the earliest of:

1. the date the accelerated benefit is paid to you on the covered person's behalf;
2. the date the covered person's life insurance ends under the policy; [or
3. the policy anniversary on which the covered person is age [70].]

Accidental Death & Dismemberment Insurance

[This section applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental AD&D Benefit, and the Voluntary Accidental Death & Dismemberment Benefit.]]

[For Basic AD&D [or Supplemental AD&D], you are the only covered person under this benefit.]

[For Voluntary AD&D, you and any dependents covered under the Voluntary AD&D benefit are covered persons under this benefit.]

If a covered person suffers a loss described below, we will pay the amount of insurance that applies. You or your beneficiary must give us proof that:

1. injury occurred while the insurance was in force under this section;
2. loss occurred within [365] days after the injury; and
3. loss was due to injury independent of all other causes.

Amount of Insurance

If a covered person suffers a specified loss, we will pay the benefit set opposite such loss; provided, however, that if the covered person sustains more than one such loss as the result of any one accident, we will pay only the one largest amount to which the covered person is entitled. In paying the benefit, we will consider only losses sustained while insured under this benefit.

Loss of Life	100% of the AD&D Amount
Loss of Two or More Members	100% of the AD&D Amount
Loss of One Member	[50%] of the AD&D Amount
Loss of Thumb and Index Finger of the Same Hand	[25%] of the AD&D Amount

Member means hand, foot, sight, speech, or hearing.

Loss of sight means total and irrecoverable loss of sight.

Loss of hands or feet means total and irrecoverable loss due to at or above the wrist or ankle, unless the state in which the policy is issued defines the loss differently.

Need Loss of Thumb and Index Finger means total and irrecoverable loss at the proximal phalanx.

Loss of speech means a total and irrecoverable loss of audible communication.

Loss of hearing means permanent total deafness in both ears such that it cannot be corrected to any functional degree by any aid or device.

Exclusions

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

1. [disease, bodily or mental infirmity, or infection (except bacterial infection of a visible injury);]
2. [war or any act of war, or while serving in the armed forces of any country or international authority;]
3. [suicide or intentional, self-inflicted injury, whether sane or insane;]
4. [your active participation in a riot or insurrection;]
5. [your voluntary commission of, or attempting to commit, [an assault or] felony; or participating in an illegal occupation;]

6. [your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;]
7. [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;]
8. [your being intoxicated as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.]

[Participation in a riot shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.]

[Riot shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.]

[War means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.]

Basic Short Term Disability Insurance

Definitions

Date of Disability means the first day that you are under the regular care of a physician and meet the definition of disability as defined below.

Disability or Disabled means an injury or sickness that requires you to be under the regular care of a physician, and prevents you from performing one or more of the material duties of [your regular] occupation with reasonable accommodations, and as a result of which you are earning less than 80% of your covered weekly earnings.

[If your professional or occupational license or your certification is suspended, revoked or surrendered, loss of your license or certification, by itself, does not mean you are disabled.]

Elimination Period means the number of days during a period of disability that must pass before benefits are payable. No benefits are payable for the Elimination Period. You cannot satisfy any part of the elimination period with any period of non-covered disability. The elimination period is shown on the Schedule of Insurance and begins on the first day of your disability.

[Gainful Occupation means any employment that exists in the national economy that you may be expected to follow based on your education, training, experience, age, and physical and mental capacity.]

Reasonable Accommodation(s) means any modification(s) to the worksite, the job or employment practices, which would allow you to perform the material duties of the occupation and which would not create an undue hardship for the employer.

[Regular Occupation means the occupation in which you were working immediately prior to becoming disabled.]

[Weekly Earnings means your normal weekly rate of pay in effect on the day before you became disabled, excluding any overtime pay[, bonuses] or any other extra pay. If your pay is from [commissions], the weekly earnings will be based on your average [commissions] for the prior [12] months.]

Weekly Benefit

We will pay the weekly benefit as determined in the Weekly Benefit Calculations provision, if you become disabled while insured and are under the regular care of a physician due to sickness or injury. We will begin payment on the day following completion of the elimination period as shown in the Schedule of Insurance. The weekly payments will continue as long as you remain disabled, up to the Maximum Benefit Period shown in the Schedule of Insurance.

If you are disabled for only part of a week, your weekly payment from us is pro-rated, and you will receive a payment equal to [1/7th] of a full weekly payment for each day of the week you are disabled.

Successive periods of disability will be considered as one continuous period of disability if they:

1. resulted from, or are contributed to by, the same or related causes; and
2. are not separated by your return to full-time, active work for at least the number of days equal to two of your normal work weeks.

Disabilities due to accidental injuries under the Short Term Disability benefit means the covered accident must occur while you are insured under this benefit, [and the disability must

begin within [30] days of the date of the accident. If the disability begins after [30] days, it will be considered a sickness.]

Weekly Benefit Calculations

Your Weekly Benefit If You Are Disabled and Not Working, or You Are Disabled and Working but Earning Less Than 20% of Your Covered Weekly Earnings

[Your weekly benefit will be determined by using the following steps:

Step 1: Multiply your covered weekly earnings by the benefit percentage shown in the Schedule of Insurance.

Step 2: Compare this amount to the maximum weekly benefit shown in the Schedule of Insurance.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your [gross] weekly benefit.

Step 4: [Subtract from the gross weekly benefit in Step 3 any eligible offsets, except any income you earn or receive from any form of employment. This is your weekly benefit.]

Your Weekly Benefit If You Are Disabled and Working, Earning Between 20% and [80%] of Your Covered Weekly Earnings

[Your weekly benefit will be determined by using the following steps:

Step 1: Multiply your covered weekly earnings by the benefit percentage shown in the Schedule of Insurance.

Step 2: Compare this amount to the maximum weekly benefit shown in the Schedule of Insurance.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your gross weekly benefit.

Step 4: Add to the gross weekly benefit in step 3 the amount of [all eligible offsets, including] any income you earn or receive from any form of employment. If this amount exceeds 100% of your covered weekly earnings, subtract the amount over 100% from your gross weekly benefit in Step 3. This is your weekly benefit.

If the total from Step 4 does not exceed 100% of your covered weekly earnings, your weekly benefit will not be reduced. Your weekly benefit will be as determined in Step 3.]

Your loss of earnings must be as a result of or due to the same sickness or injury from which you are disabled.

[Minimum Benefit: If you are eligible for a benefit under the policy, we will never pay less than the minimum benefit shown in the Schedule of Insurance.]

If You Are Disabled and Working, Earning More Than [80%] of Your Covered Weekly Earnings, you are not eligible for a weekly benefit and no benefit will be paid.

[Eligible Offsets]

[If you or your family are eligible for any of the following benefits for loss of income as a result of the period of disability for which you are claiming benefits under this plan, the total of all weekly benefits and other amounts will be subtracted from your weekly benefit. This includes any such benefits for which you or your family are eligible or that are paid to you, to your family, or to a third party on your behalf, pursuant to any of the following:

1. [governmental law or program that provides disability or unemployment benefits as a result of your job with the employer;]

2. [a plan or arrangement of coverage, whether insured or not, as a result of employment by or association with the employer or as a result of membership in or association with any group, association, union or other organization;]
3. [any income you received from the employer as a result of any accumulated sick time, salary continuation, or paid time off], [which causes the Weekly Benefit, plus Eligible Offsets to exceed [100%] of your covered weekly earnings. The amount in excess of [100%] of your covered weekly earnings will be used to reduce the Weekly Benefit;]
4. [an individual insurance policy where the premium is wholly or partially paid by the employer;]
5. [mandatory "no-fault" automobile insurance plan;]
6. [disability benefit from the Veteran's Administration, or any other foreign or domestic governmental agency:
   a. that begins after you become disabled; or
   b. if you were receiving the benefit before becoming disabled, the amount of any increase in the benefit that is attributed to your disability.]

Eligible Offsets also include any payments that are made to you, your family, or to a third party on your behalf, pursuant to any of the following:

1. [disability benefit under the Employer's Retirement Plan;]
2. [portion of a settlement or judgment, minus associated costs, of a lawsuit that represents or compensates for your loss of earnings;] or
3. [the amount you earn or receive from any form of employment except as allowed in the benefit calculation under the policy.]

If you are paid benefits under any of the Eligible Offsets in a lump sum or settlement, you must provide proof satisfactory to us of:

1. the amount attributed to loss of income; and
2. the period of time covered by the lump sum or settlement. We will pro-rate the lump sum or settlement over this period of time. If you can not or do not provide this information, we will assume the entire sum to be for loss of income, and the time period to be [24] months. We may make a retroactive allocation of any retroactive Eligible Offset. A retroactive allocation may result in an overpayment of your claim.

The amount of any increase in any of the Eligible Offsets will not be included as an Eligible Offset if such increase:

1. takes effect after the date benefits become payable under [this] plan; and
2. is a general increase which applies to all persons who are entitled to such benefits.]

Waiver of Premium Benefit

If a covered disability for which weekly benefits are payable has continued for 90 consecutive days, future payments will be waived as they fall due as long as benefits are payable. Premiums will not be waived beyond the Maximum Benefit Period. If coverage is to be continued, premium payments must be resumed following the period for which they were waived.

Termination of Benefit Payments

We will terminate benefit payments on the earliest of the following:

1. the date you are no longer disabled as defined; or
2. the date you fail to furnish Proof of Loss, when requested by us; or
3. the date you are no longer under the regular care of a physician, or refuse our request that you submit to an examination by a physician; or
4. the date you die; or

5. the date you are earning more than 80% of your pre-disability earnings; or
6. the date determined by the Maximum Benefit Period shown in the Schedule of Insurance.

Extension of Benefit Payments

If you are entitled to benefits while disabled and the policy terminates, benefits:

1. will continue as long as you remain disabled by the same disability; but
2. will not be provided beyond the date we would have ceased to pay benefits had the insurance remained in force.

Termination of the policy for any reason will have no effect on our liability under this provision.

Exclusions

We will not pay benefits for any disability caused by:

1. [war or any act of war, or while serving in the armed forces of any country or international authority;]
2. [attempted suicide or intentional self-inflicted injury, while sane or insane;]
3. [your active participation in a riot or insurrection;]
4. [your voluntary commission of, or attempting to commit, [an assault or] felony; or participating in an illegal occupation;]
5. [injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;]
6. [your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;]
7. [injury occurring while intoxicated;]
8. [alcoholism or drug addiction;]
9. [elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness; or]
10. [your acting as an organ donor.]

[No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of [30] or more consecutive days.]

[**Intoxicated** means that you were under the influence of alcohol as determined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.]

[**Participation in a riot** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in your own defense, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.]

[Riot shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together; whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.]

[**War** means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.]

Voluntary Short Term Disability Insurance

Definitions

Date of Disability means the first day that you are under the regular care of a physician and meet the definition of disability as defined below.

Disability or Disabled means an injury or sickness that requires you to be under the regular care of a physician, and prevents you from performing one or more of the material duties of [your regular] occupation with reasonable accommodations, and as a result of which you are earning less than 80% of your covered weekly earnings.

[If your professional or occupational license or your certification is suspended, revoked or surrendered, loss of your license or certification, by itself, does not mean you are disabled.]

Elimination Period means the number of days during a period of disability that must pass before benefits are payable. No benefits are payable for the elimination period. You cannot satisfy any part of the elimination period with any period of non-covered disability. The elimination period is shown on the Schedule of Insurance and begins on the first day of your disability.

[Gainful Occupation means any employment that exists in the national economy that you may be expected to follow based on your education, training, experience, age, and physical and mental capacity.]

Reasonable Accommodation(s) means any modification(s) to the worksite, the job or employment practices, which would allow you to perform the material duties of the occupation and which would not create an undue hardship for the employer.

[Regular Occupation means the occupation in which you were working immediately prior to becoming disabled.]

[Weekly Earnings means your normal weekly rate of pay in effect on the day before you became disabled, excluding any overtime pay[, bonuses] or any other extra pay. If your pay is from [commissions], the weekly earnings will be based on your average [commissions] for the prior [12] months.]

Weekly Benefit

We will pay the weekly benefit as determined in the Weekly Benefit Calculations provision, if you become disabled while insured and are under the regular care of a physician due to sickness or injury. We will begin payment on the day following completion of the elimination period as shown in the Schedule of Insurance. The weekly payments will continue as long as you remain disabled, up to the Maximum Benefit Period shown in the Schedule of Insurance.

If you are disabled for only part of a week, your weekly payment from us is pro-rated, and you will receive a payment equal to [1/7th] of a full weekly payment for each day of the week you are disabled.

Successive periods of disability will be considered as one continuous period of disability if they:

1. resulted from, or are contributed to by, the same or related causes; and
2. are not separated by your return to full-time, active work for at least the number of days equal to two of your normal work weeks.

Disabilities due to accidental injuries under the Short Term Disability benefit means the covered accident must occur while you are insured under this benefit, [and the disability must

begin within [30] days of the date of the accident. If the disability begins after [30] days, it will be considered a sickness.]

Weekly Benefit Calculations

Your Weekly Benefit If You Are Disabled and Not Working, or You Are Disabled and Working but Earning Less Than 20% of Your Covered Weekly Earnings

[Your weekly benefit will be determined by using the following steps:

Step 1: Multiply your covered weekly earnings by the benefit percentage shown in the Schedule of Insurance.

Step 2: Compare this amount to the maximum weekly benefit shown in the Schedule of Insurance.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your [gross] weekly benefit.

Step 4: [Subtract from the gross weekly benefit in Step 3 any eligible offsets, except any income you earn or receive from any form of employment. This is your weekly benefit.]

Your Weekly Benefit If You Are Disabled and Working, Earning Between 20% and [80%] of Your Covered Weekly Earnings

[Your weekly benefit will be determined by using the following steps:

Step 1: Multiply your covered weekly earnings by the benefit percentage shown in the Schedule of Insurance.

Step 2: Compare this amount to the maximum weekly benefit shown in the Schedule of Insurance.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your gross weekly benefit.

Step 4: Add to the gross weekly benefit in step 3 the amount of [all eligible offsets, including] any income you earn or receive from any form of employment. If this amount exceeds 100% of your covered weekly earnings, subtract the amount over 100% from your gross weekly benefit in Step 3. This is your weekly benefit.

If the total from Step 4 does not exceed 100% of your covered weekly earnings, your weekly benefit will not be reduced. Your weekly benefit will be as determined in Step 3.]

Your loss of earnings must be as a result of or due to the same sickness or injury from which you are disabled.

[Minimum Benefit: If you are eligible for a benefit under the policy, we will never pay less than the minimum benefit shown in the Schedule of Insurance.]

If You Are Disabled and Working, Earning More Than [80%] of Your Covered Weekly Earnings, you are not eligible for a weekly benefit and no benefit will be paid.

[Eligible Offsets]

[If you or your family are eligible for any of the following benefits for loss of income as a result of the period of disability for which you are claiming benefits under this plan, the total of all weekly benefits and other amounts will be subtracted from your weekly benefit. This includes any such benefits for which you or your family are eligible or that are paid to you, to your family, or to a third party on your behalf, pursuant to any of the following:

1. [governmental law or program that provides disability or unemployment benefits as a result of your job with the employer;]

2. [a plan or arrangement of coverage, whether insured or not, as a result of employment by or association with the employer or as a result of membership in or association with any group, association, union or other organization;]
3. [any income you received from the employer as a result of any accumulated sick time, salary continuation, or paid time off], [which causes the Weekly Benefit, plus Eligible Offsets to exceed [100%] of your covered weekly earnings. The amount in excess of [100%] of your covered weekly earnings will be used to reduce the Weekly Benefit;]
4. [an individual insurance policy where the premium is wholly or partially paid by the employer;]
5. [mandatory "no-fault" automobile insurance plan;]
6. [disability benefit from the Veteran's Administration, or any other foreign or domestic governmental agency:
   a. that begins after you become disabled; or
   b. if you were receiving the benefit before becoming disabled, the amount of any increase in the benefit that is attributed to your disability.]

Eligible Offsets also include any payments that are made to you, your family, or to a third party on your behalf, pursuant to any of the following:

1. [disability benefit under the Employer's Retirement Plan;]
2. [portion of a settlement or judgment, minus associated costs, of a lawsuit that represents or compensates for your loss of earnings;] or
3. [the amount you earn or receive from any form of employment except as allowed in the benefit calculation under the policy.]

If you are paid benefits under any of the Eligible Offsets in a lump sum or settlement, you must provide proof satisfactory to us of:

1. the amount attributed to loss of income; and
2. the period of time covered by the lump sum or settlement. We will pro-rate the lump sum or settlement over this period of time. If you can not or do not provide this information, we will assume the entire sum to be for loss of income, and the time period to be [24] months. We may make a retroactive allocation of any retroactive Eligible Offset. A retroactive allocation may result in an overpayment of your claim.

The amount of any increase in any of the Eligible Offsets will not be included as an Eligible Offset if such increase:

1. takes effect after the date benefits become payable under [this] plan; and
2. is a general increase which applies to all persons who are entitled to such benefits.]

Waiver of Premium Benefit

If a covered disability for which weekly benefits are payable has continued for 90 consecutive days, future payments will be waived as they fall due as long as benefits are payable. Premiums will not be waived beyond the Maximum Benefit Period. If coverage is to be continued, premium payments must be resumed following the period for which they were waived.

Termination of Benefit Payments

We will terminate benefit payments on the earliest of the following:

1. the date you are no longer disabled as defined; or
2. the date you fail to furnish Proof of Loss, when requested by us; or
3. the date you are no longer under the regular care of a physician, or refuse our request that you submit to an examination by a physician; or
4. the date you die; or

5. the date you are earning more than 80% of your pre-disability earnings; or
6. the date determined by the Maximum Benefit Period shown in the Schedule of Insurance.

Extension of Benefit Payments

If you are entitled to benefits while disabled and the policy terminates, benefits:

1. will continue as long as you remain disabled by the same disability; but
2. will not be provided beyond the date we would have ceased to pay benefits had the insurance remained in force.

Termination of the policy for any reason will have no effect on our liability under this provision.

Pre-Existing Condition Exclusion

Benefits will not be paid if your disability begins in the first [12] months following the effective date of your coverage and your disability is caused by, contributed to by, or the result of a pre-existing condition.

Pre-Existing Condition means any condition for which you have done any of the following at any time during the [12] months just prior to your effective date of coverage:

1. received medical treatment or consultation;
2. taken or were prescribed drugs or medicine; or
3. received care or services, including diagnostic measures,

whether or not that condition is diagnosed at all or is misdiagnosed during that period of time.

Exclusions

We will not pay benefits for any disability caused by:

1. [war or any act of war, or while serving in the armed forces of any country or international authority;]
2. [attempted suicide or intentional self-inflicted injury, while sane or insane;]
3. [your active participation in a riot or insurrection;]
4. [your voluntary commission of, or attempting to commit, [an assault or] felony; or participating in an illegal occupation;]
5. [injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;]
6. [your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;]
7. [injury occurring while intoxicated;]
8. [alcoholism or drug addiction;]
9. [elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness; or]
10. [your acting as an organ donor.]

[No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of [30] or more consecutive days.]

[**Intoxicated** means that you were under the influence of alcohol as determined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.]

[**Participation in a riot** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in your own defense, if such actions of defense are not

taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.]

[Riot shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together; whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.]

[**War** means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.]

[Continuity of Coverage]

[If you were insured by the prior group insurance plan for short term disability benefits just before you became eligible for coverage under this plan; and you are in active employment; and you are insured under this plan, then you may be eligible for payments from us under this plan if your disability is due to a pre-existing condition.

In order to receive payments from us, you must satisfy the pre-existing condition exclusion of:

1. this plan; or
2. the prior group insurance plan, had the plan stayed in effect.

We will consider the total amount of time you were continuously insured under both the prior group insurance plan and this plan to determine if you satisfy the pre-existing condition exclusion. If you cannot satisfy the pre-existing condition exclusion of either plan then we will not pay you a disability benefit.

We will determine our payment to you using the provisions of this plan with respect to eligibility, elimination period, benefit amount and maximum benefit duration, but your weekly payment will not be more than the maximum weekly payment of the prior group insurance plan. Your weekly payments will end on the earlier of the following dates:

1. the end of the maximum payment duration under this plan; or
2. the date benefits would have ended under the prior group insurance plan if the plan had stayed in effect.]

Important Notice

The following information is provided to assist you in answering any questions you might have:

Soliciting Agent
The name, address and telephone number of our soliciting agent is available to you, if needed, by calling our Customer Service Department at [501-375-7200].

USAble Life

USAble Life
P. O. Box 1650
Little Rock, AR 72203-1650
Phone [(501) 375-7200 or
Toll Free (800) 648-0271]

If we fail to provide you with reasonable and adequate service, you may contact:

Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
Phone (501) 371-2640 or
Toll Free 1-800-852-5494

We appreciate the opportunity to serve your insurance needs.

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment Child Care Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

[For Basic AD&D [and Supplemental AD&D], you are the only covered person under this rider.]

[For Voluntary AD&D, you and your spouse, if covered under the Voluntary AD&D benefit, are covered persons under this rider.]

Child Care Center Benefit

We will pay this benefit if the covered person:

1. dies as a result of a covered accident; and
2. is survived by a dependent child who:
   a. on the date of the covered accident was enrolled in a legally licensed Child Care Center; or
   b. is enrolled in a legally licensed Child Care Center within [365] continuous days from the date of the accidental death; and
   c. is under 13 years of age.

The Child Care Center Benefit is payable for each child who qualifies:

1. in an amount equal to [3%] of the covered person's Accidental Death and Dismemberment full benefit, but not more than [$5,000] per year; and
2. only while the dependent child continues to be enrolled in a legally licensed Child Care Center.

We will pay this benefit once a year for not more than [4] consecutive years, or until the dependent child's 13th birthday, whichever happens first.

Child Care Center Benefits will be payable to the surviving spouse, if the spouse has custody of the child. If there is no surviving spouse, or the child does not live with the spouse, then the benefit will be paid to the child's legally appointed guardian.

If, at the time of the accident, there is no dependent child who qualifies, we will pay an additional benefit of [$1,000] to the covered person's designated beneficiary.

"Child Care Center" means a facility which:

1. is run according to law, including laws and regulations applicable to child care facilities; and
2. provides care and supervision for children in a group setting, on a regular, daily basis.

A Child Care Center does not include:

1. a hospital; or
2. a child's home; or

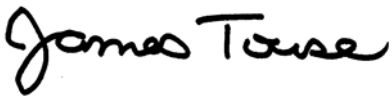
3. care provided during normal school hours while a child is attending grades one through twelve.

At the end of each [twelve-month] period following the covered person's death, we will pay the [annual] benefit to the claimant. Bills must be submitted to us at the end of the [twelve-month] period. A [twelve-month] period starts:

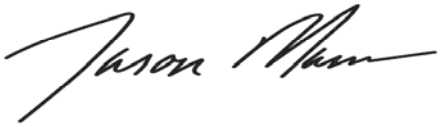
1. when the dependent child enters a Child Care Center for the first time after the covered person's death; or
2. on the first of the month following the covered person's death, if the dependent child was enrolled in a child Care Center before the covered person's death.

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:



Secretary



President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment Coma Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

[For Basic AD&D [and Supplemental AD&D], you are the only covered person under this rider.]

[For Voluntary AD&D, you and any dependents covered under the Voluntary AD&D benefit are covered persons under this rider.]

Coma Benefit

If as a result of a covered accident, a covered person is injured, we will pay a benefit if the covered person becomes comatose within 31 days of the accident, and remains comatose beyond the elimination period.

Covered person will be considered "Comatose" or in a "Coma", if covered person is in a profound stupor or state of complete and total unconsciousness, as the result of an accident.

The "Elimination Period" is the 31-day period from the day the covered person becomes comatose.

We will pay this benefit from the end of the elimination period, based upon the covered person's full [Basic, Supplemental and Voluntary] AD&D benefit amount, at the rate of [5%] of the full benefit amount per month [or [5%] of the difference between the full benefit amount and the amount of any benefits paid for loss arising out of the same accident, whichever is less.] We will cease payment on the earliest of:

1. the end of the month in which the covered person dies;
2. the end of the [11th] month for which this benefit is payable; or
3. the end of the month in which the covered person recovers from the coma.

Monthly coma benefit payments will be payable to the covered person's legal guardian, or in the event no legal guardian is appointed, to the person who in our opinion is responsible for the covered person's care. In the event of the covered person's death, any Accidental Death benefits payable will be paid to the covered person's beneficiary.

If the covered person dies as a result of the covered accident while the monthly Coma Benefit is payable, benefits will be paid under the policy for Accidental Death; however, in no event shall the total amount paid for all benefits exceed the covered person's full AD&D benefit amount.

If the covered person remains comatose after this Coma Benefit is payable for [11 straight months], benefits will be paid under the policy for Accidental Death; however, in no event shall the total amount paid for all benefits exceed the covered person's full [Basic, Supplemental, and Voluntary] AD&D benefit amount.

Additional Exclusions

In addition to the Limitations listed in the certificate, the following exclusion is added. Benefits will not be paid for loss covered by or resulting from sickness, disease, bodily infirmity or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

Date Coverage Ends under This Rider

Coverage under this rider will end upon your attainment of age [70]; however, termination only applies to accidents occurring after your attainment of age [70].

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:

Secretary	President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment Common Carrier Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

[For Basic AD&D [and Supplemental AD&D], you are the only covered person under this rider.]

[For Voluntary AD&D, you and any dependents covered under the Voluntary AD&D benefit are covered persons under this rider.]

Common Carrier Benefit

Accidental Death Loss of Life benefits which are otherwise payable under the policy will be [doubled] if accidental death results as a consequence of riding as a passenger (not as a pilot or crew member) in or boarding or alighting from or being struck by:

1. any air, land or water conveyance operated under a license for the transportation of passengers for hire; or
2. any type of aircraft transport operated by the United States military or by the similar air transport service of any duly constituted government authority recognized by the government of the United States.

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:

Secretary

President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment Exposure and Disappearance Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

[For Basic AD&D [and Supplemental AD&D], you are the only covered person under this rider.]

[For Voluntary AD&D, you and any dependents covered under the Voluntary AD&D benefit are covered persons under this rider.]

Exposure and Disappearance Benefit

Coverage is provided for the applicable accidental death benefit if, due to an accident for which the policy provides AD&D coverage, a covered loss results from exposure to the elements due to the forced landing, stranding, sinking, or wrecking of a vehicle in which the covered person was traveling.

Presumption that the covered person has died will be made if:

1. the vehicle in which he is traveling disappears, sinks, is stranded, or is wrecked as a result of a covered accident; and
2. the body is not found within one year of the occurrence of the disappearance.

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:

Secretary

President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment Felonious Assault Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

You are the only covered person under this rider.]

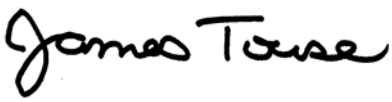
Felonious Assault Benefit

An additional benefit equal to [25]% of the AD&D amount shown in the Schedule of Insurance not to exceed [$50,000] will be paid if:

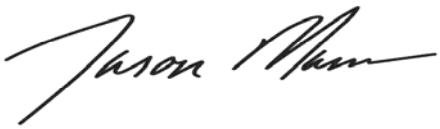
1. due to an accident for which the policy provides coverage, an accidental death results while you are on any premises owned or operated by the employer; and
2. the accidental death is the direct result of felonious assault inflicted by persons other than fellow employees or members of your family or household.

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:



Secretary



President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment
Human Immunodeficiency Virus (HIV) Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

You are the only covered person under this rider.

HIV Benefit

We will pay a benefit for exposure to Human Immunodeficiency Virus (HIV) if you sustain an injury in the performance of your occupational duties for the policyholder causing you to acquire and test positive for HIV and/or AIDS Related Complex (ARC) within one year of the date of the injury.

This benefit will be equal to [20%] of the AD&D Benefit in effect on the date of the injury. The benefit will be paid in 24 equal monthly installments and will be paid in addition to any other benefits that may be payable because of the injury. Payment of the HIV Benefit will reduce the total AD&D Benefit.

In order to receive the HIV Benefit you must:

1. submit a workers compensation injury report to the policyholder within 48 hours of the injury; and
2. submit a blood test for the Human Immunodeficiency Virus (HIV) and AIDS related complex (ARC) within 48 hours of the injury. If the initial blood test is negative and you subsequently test positive for HIV or ARC within one year of the injury, we will begin monthly payments.

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:

Secretary

President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment Paralysis Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

[For Basic AD&D [and Supplemental AD&D], you are the only covered person under this rider.]

[For Voluntary AD&D, you and any dependents covered under the Voluntary AD&D benefit are covered persons under this rider.]

Paralysis Benefit Payable

We will pay the covered person, subject to the policy limitations, a Paralysis Benefit if we receive due proof that paralysis occurred:

1. while this rider is in force; and
2. as the direct and sole result of injuries sustained from a covered accident; and
3. within 90 days from the date of that covered accident.

A Paralysis Benefit will not be payable if the covered person is experiencing paralyses before his effective date under this benefit rider.

Paralysis Benefit Amount

If the covered person suffers one of the paralyses named below, we will pay the covered person the Benefit Amount shown.

Paralysis **Benefit Amount**

Quadriplegia .....[100%] of the AD&D amount
(The complete and irreversible paralysis of both upper and lower limbs)

Paraplegia..... [75%] of the AD&D amount
(The complete and irreversible paralysis of both lower limbs)

Hemiplegia..... [50%] of the AD&D amount
(The complete and irreversible paralysis of the upper and lower limbs on one side of the body)

"Paralysis" means loss of use, without severance, of a limb. The loss must be determined by a physician to be complete and not reversible.

Physical Examinations

We may require, at our expense, that the covered person have a physical examination by a physician of our choice before payment of a Paralysis Benefit.

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:

Secretary	President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment Repatriation Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

[For Basic AD&D [and Supplemental AD&D], you are the only covered person under this rider.]

[For Voluntary AD&D, you and any dependents covered under the Voluntary AD&D benefit are covered persons under this rider.]

Repatriation Benefit

We will pay a Repatriation benefit if the covered person dies:

1. as the result of an accident for which an AD&D benefit is payable; and
2. while traveling beyond 100 miles from his permanent residence or outside the territorial boundaries of the United States. Mileage will be measured as map miles from his residence.

We will pay the expenses incurred for the preparation and transportation of the covered person's remains to a mortuary as follows:

1. minimum of $250;
2. up to a maximum of [10%] of the covered person's AD&D benefit not to exceed [$5,000].

Benefit Limitations

In addition to the policy limitations, benefits will not be paid under this Repatriation Benefit for:

1. charges which exceed the amount shown above;
2. expenses paid by any Worker's Compensation, occupational disease or similar law that paid benefits in the absence of this coverage.

Payment of Benefits

All benefits are payable in U.S. currency at the exchange in force on the date the expense was incurred. Benefits will be paid to the beneficiary when we receive valid proof of the expense incurred.

Date Coverage Ends under This Rider

Coverage under this rider will end upon your attainment of age [70]; however, termination only applies to accidents occurring after your attainment of age [70].

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:

Secretary	President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment Seat Belt – Air Bag Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

[For Basic AD&D [and Supplemental AD&D], you are the only covered person under this rider.]

[For Voluntary AD&D, you and any dependents covered under the Voluntary AD&D benefit are covered persons under this rider.]

Seat Belt Benefit

We will pay an additional accidental death benefit of [10%] of the covered person's accidental death benefit not to exceed [$10,000]. We will pay this benefit if the covered person suffers loss of life, as the result of a covered accident which occurs while he is driving or riding in a private passenger car, if:

1. The private passenger car is equipped with seat belts; and
2. The seat belt was in actual use and properly fastened* at the time of the covered accident; and
3. The position of the seat belt is certified in the official report of the covered accident; or by the investigating officer. A copy of the police accident report must be submitted with the claim.

*****An automatic harness seat belt is not considered fastened unless a lap belt is also used.***

If the official report reflects that the covered person was not wearing the seat belt(s) or was not correctly wearing the seat belt(s), we will not pay a benefit under this provision. If such certification is not available, and it is unclear whether the covered person was properly wearing a seat belt, then we will pay a fixed benefit of $1,000 to the designated beneficiary.

No benefit will be paid if the covered person was the driver of the private passenger car and did not hold a current and valid driver's license.

Private Passenger Car means any of the following validly registered vehicles: four-wheel private passenger cars (including policyholder-owned cars); station wagons; and sports utility cars, pick-up trucks and vans that are used only as a private passenger car.

Air Bag Benefit

We will pay an additional benefit if a Seat Belt Benefit is payable under this rider and if the covered person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable under this Benefit is [10%] of the covered person's accidental death benefit not to exceed [$10,000].

Verification of the actual use of the seat belt, at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:

Secretary	President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment Special Education Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

[For Basic AD&D [and Supplemental AD&D], you are the only covered person under this rider.]

[For Voluntary AD&D, you and your spouse, if covered under the Voluntary AD&D benefit, are covered persons under this rider.]

Special Education Benefit

We will pay Special Education Benefits if the covered person:

1. dies as a result of a covered accident; and
2. is survived by a dependent child who:
   a. on the date of the accident, was enrolled as a full-time student in any school beyond the twelfth grade level; or
   b. was at the twelfth grade level and later enrolls as a full-time student at a school of higher learning within 365 days after the accident

The Special Education Benefit is payable for each child who qualifies:

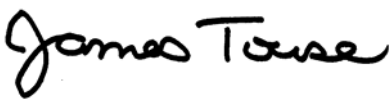
1. in an amount equal to [5%] of the covered person's Accidental Death benefit, but not more than [$2,500] per year;
2. once a calendar year for not more than [4] consecutive years;
3. only while the child continues as a full-time student at a school of higher learning; and
4. in addition to all other policy benefits.

Prior to any annual payment, the dependent child or his guardian must furnish evidence to us from the registrar of the school of higher learning that the dependent child is a full-time student.

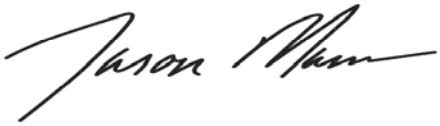
If, at the time of accident, there is no dependent child who qualifies, we will pay an additional benefit of [$1000] to the covered person's designated beneficiary.

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:



Secretary



President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Accidental Death & Dismemberment Spouse Training Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

This rider applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental Accidental Death & Dismemberment Benefit, and the Voluntary Accidental Death & Dismemberment (AD&D) Benefit.]

You are the only covered person under this rider.

Spouse Training Benefit

Spouse Training Benefits will be payable if you have a surviving spouse who:

1. enrolls within one year after your death in any accredited school for the purpose of retaining or refreshing skills needed for employment; and
2. incurs expenses payable directly to, or approved and certified by such school.

We will pay the cost of such incurred expense:

1. in an amount equal to [5%] of your Accidental Death benefit, but not to exceed [$2,500] per year;
2. once a calendar year for not more than [4] consecutive years.

If, at the time of the accident there is no surviving spouse who is eligible for Spouse Training Benefits, we will pay an additional benefit of [$1,000] to your designated beneficiary.

Payment will be in addition to all other policy benefits.

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:

James Torse — Secretary

Jason Pham — President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Domestic Partner Rider

This rider is made part of the policy and certificate issued by USAble Life to which it is attached.

It takes effect [on January 1, 2009] and expires at the same time as the policy or certificate.

Definitions

The following definitions are added to the policy, and the definition of dependent in the policy will include an eligible domestic partner [and his child(ren]:

Domestic Partner means a person of the same or opposite sex with whom you have established a domestic partnership.

Domestic Partnership means a relationship between you and one other person of the same or opposite sex which meets all of the following requirements:

1. for at least [12] consecutive months prior to the effective date, you and the domestic partner have resided together continuously and openly under an exclusive mutual interpersonal commitment; and
2. you and the domestic partner intend to live together permanently in accordance with your mutual interpersonal commitment; and
3. neither the you nor the domestic partner is married or a domestic partner to any other person; and
4. you and the domestic partner are not related by blood to a degree which is legally prohibited in marriage in the state in which you reside; and
5. you and the domestic partner are legally competent to enter into a contract in the state in which you reside; and
6. you and the domestic partner have provided for your common welfare during the time you have resided together.

Eligible Domestic Partners

If you and the domestic partner have satisfied at least two (2) of the following criteria, your domestic partner [and his child(ren)] [is/are] eligible for dependent coverage:

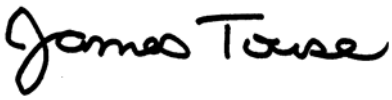
1. One of you has legally changed his surname to that of the other.
2. You and your domestic partner share responsibility for raising children who reside with you and are either adopted, legal wards, the issue of either of you or otherwise the legal responsibility of you or the domestic partner.
3. You and your domestic partner have executed either a joint will or separate wills setting for the other as beneficiary.
4. You and your domestic partner maintain any joint insurance, such as property or automobile.
5. You or your domestic partner or both have assigned or otherwise conveyed any right, title or interest in property to the other.
6. You and your domestic partner jointly own property such as an automobile or residence.

7. You and your domestic partner jointly share or are responsible for any of the following: lease; mortgage; investment account; banking accounts; or utilities such as phone, gas, electricity or water.

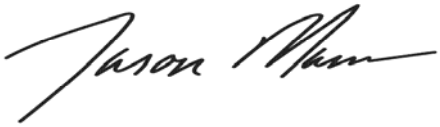
You have an obligation to notify the employer if there is a change in your domestic partner status or if you fail to meet the definition or eligibility requirements of a domestic partnership.

This rider is subject to all provisions of the policy and certificate which are not inconsistent with the terms of this rider.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:



Secretary



President

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

CHANGE RIDER – PORTABILITY

Policy Number: [10000000]

Policyholder: [Policyholder's Name]

Effective Date of Change: [January 1, 2007]

Insured Former Employee:

[Individual Billing: Number]

Your Certificate is hereby amended as follows:

[Voluntary] Life Insurance – Schedule of Benefits

[Former Employee	$100,000]
[Spouse	$ 50,000]
[Children	$ 10,000]

The rate basis for the employee and spouse coverage will change as follows:

Age	Annual per $1,000	Age	Annual per $1,000	Age	Annual per $1,000
[0 - 29	$1.104	45 - 49	$5.796	65 - 69	$36.984
30 - 34	$1.656	50 - 54	$9.384	70 - 74	$60.720
35 - 39	$2.208	55 - 59	$16.008	75 +	$101.016
40 - 44	$3.588	60 - 64	$22.908		]

[Insured Dependent Child(ren) Annual Rate per $1,000 of coverage: [$36.00]

Reductions, Termination, and Special Provisions

[Employee Voluntary Group Term Life: Benefits reduce to 66 2/3% of the pre-age 65 amount at age 65, to 50% of the pre-age 65 amount at age 70, and terminate at retirement.]

[Dependent Voluntary Group Term Life: Coverage for the dependent spouse terminates at the spouse's age 65. Coverage for dependent children terminates on the date the employee's coverage terminates or the date as defined under Termination of Dependent Insurance. Reduced benefits for children ages 15 days to 6 months will be $1,000.]

Premiums Subject to Change: The premiums charged may be changed with 60 days notice. We will write you at the address shown on our records. Please notify us of any change in address so our records are updated.

This Change Rider is a part of the certificate to which it is attached. Nothing herein contained shall be held to vary, alter, waive, or extend any of the provisions, conditions, limitations, exceptions, or other terms of the certificate to which this rider is attached other than as herein stated.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:

Secretary	President

USAble Life
P.O. Box 1650
Little Rock, Arkansas 72203

Group Enrollment or Change Form

(Please print or type in Black ink.)

☐ New Employee ☐ Declination ☐ Class or Salary Change
☐ Beneficiary Change ☐ Change of Name ☐ Termination Date: _____
☐ Dependent Status Change (Indicate reason_____)
☐ Reinstatement (Complete Date of Rehire as Employment Date)

Group # _____
Class _____
Dept/Location _____
Eff Date _____

SECTION 1 - APPLICANT INFORMATION

Employee Legal Name (First, M.I., Last)			For Name Change, Give Prior Last Name	
Home Address	City	State	Zip	Telephone No.
Social Security #	Date of Birth	Gender ☐ Male ☐ Female		Marital Status
Occupation	Hours worked weekly		Date Employed Full-time	
Employer's Name			Salary $ _____ ☐ Weekly ☐ Monthly ☐ Annual	

SECTION 2 - Complete this Section if applying for Optional Coverage(s). Evidence of Insurability (EOI) may be required when applying for these coverage(s).

Dependent Life	Add ☐	Delete ☐	Indicate Date of: Marriage/Divorce_____ Birth of Child_____			
Supp Life	☐	☐	Dependents to be Covered	Relationship	Birthdate	SSN
Supp AD&D	☐	☐				
STD	☐	☐				
LTD	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				

SECTION 3 - BENEFICIARY DESIGNATION /CHANGE ■ Check if Change Only

This will revoke any existing beneficiary designations you may have for these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For those coverages I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and a denial of insurance benefits in accordance with applicable state law.

_____ Date

_____ Signature of Employee

Date Received - Home Office

USAble Life
P.O. Box 1650
Little Rock, Arkansas 72203

GROUP INSURANCE APPLICATION

Type or Print In Black Ink

For Home Office use only
Group #:

SECTION I. GROUP INFORMATION

1. Legal Name of Policyholder | 2. Taxpayer ID#

3. Type of Company: ☐ Corporation ☐ LLC ☐ PC ☐ S-Corp ☐ Sole Proprietor ☐ Partnership

4. Mailing Address of Policyholder | City | State | Zip+4

5. Street Address of Policyholder (if different from above) | City | State | Zip+4

6. Contact Information at Company:
Benefits Contact Person: _____
Phone Number: ( ) _____ Fax Number: ( ) _____
Email Address: _____ Web Address: _____
Billing Contact Person: _____
Phone Number: ( ) _____ Fax Number: ( ) _____
Email Address: _____ Web Address: _____

7. Name of Subsidiary or Affiliate Companies to be Covered | 8. Nature of Business | 9. SIC Code

10. Do you have any employees located in states other than the Policyholder's main address? If yes, please list states below. ☐ Yes ☐ No

11. Number of eligible Employees

12. Billing Method:
☐ Self Administration ☐ Billed by Blue Plan
☐ Benefit Focus ☐ List Bill

13. Changes in Benefits will Become Effective on:
☐ First day of the following month ☐ The next anniversary date ☐ The date of change

14. Do you allow Domestic Partner Coverage under the existing Blue Cross Blue Shield Medical Plan? ☐ Yes ☐ No

15. Eligibility Waiting Period *(Should an employee enter another class, he will not be eligible for any additional benefits until he has completed a 30-day waiting period and has been actively at work one full day in the new class.)*
☐ First of Policy Month following: (a) ☐ completion of _____days of continuous active work, or (b) ☐ hire date
☐ Day following: (a) ☐ completion of _____days of continuous active work, or (b) ☐ hire date
Does Waiting Period apply to employees rehired within 12 months of their termination date? ☐ Yes ☐ No

16. Eligibility Waiting Period Applies to:
☐ Future Employees only ☐ Present & Future Employees

17. Minimum hours worked per week to be eligible:
Basic benefits: _____ Voluntary benefits: _____

18. Annual Enrollment date for Voluntary Coverage: _____

19. Class Definitions (if more than one class, definitions must be specific)
(The insurer reserves the right to review and terminate all classes insured under this policy if any class ceases to be covered.)

Class	Description of Class	Waiting Period, if Different
1		
2		
3		
4		

Employees working less than the minimum hours per week are not eligible for coverage unless otherwise noted in class description above and approved by us. If more than four classes, use a separate sheet.

SECTION II. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
☐ Basic Life				
☐ Basic AD&D*				
☐ Supplemental Life*				
☐ Supplemental AD&D*				
☐ Dependent Life* (Option 1)				
☐ Dependent Life* (Option 2)				
☐ Voluntary Life				
☐ Voluntary AD&D				

**Cannot be purchased as stand alone coverage.*

Multiple of salary benefits will be rounded to the ☐ nearest ☐ lower ☐ higher $_____, if not already a multiple

SECTION II. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT CONTINUED

Basic Life and/or AD&D

Class	Flat Amount n	Multiple of Salary n	(Complete if Multiple of Salary)	
			Min Amount of Coverage	Max Amount of Coverage
1				
2				
3				
4				

Supplemental Life and/or AD&D

Class	Flat Amount n	Multiple of Salary n	Elected in Increments of n	(Complete if Multiple of Salary or Increments)	
				Min Amount of Coverage	Max Amount of Coverage
1					
2					
3					
4					

Voluntary Life and/or AD&D

☐ Employee and Spouse coverage elected in $10,000 increments: $10,000 min $_____ Max

☐ Employee coverage elected as multiple of salary schedule: _____ times annual salary $_____ Maximum.
Spouse coverage 50% of employee amount.

Are Voluntary Life rates smoker distinct rates: ☐ Yes ☐ No Children - $5,000 and $10,000 only

Dependent Life

Class	Option 1			Option 2 (if available)		
	Spouse Amount	Child Amount	Reduced Infant Amount	Spouse Amount	Child Amount	Reduced Infant Amount
1						
2						
3						
4						

Infant Ages: ☐ from live birth to 6 months ☐ from 15 days to 6 months

Child Ages: ☐ 6 months to 25 years ☐ 6 months to age _____

AD&D Riders		Reductions & Termination Benefit reduction due to age will be effective on the employee's birthday*				
			Reduction at Age of Employee			
Standard Riders*	☒		65	70	75	80
Special Education	☐	☐	66 2/3%	33 1/3%	N/A	N/A
Paralysis	☐	☐	65%	50%	N/A	N/A
Common Carrier	☐	☐	65%	50%	25%	N/A
Felonious Assault	☐	☐				
Child Care Center	☐					
Spouse Training	☐					
HIV	☐					
	☐					

**Employee benefits terminate at retirement, unless termination age is noted. Termination age _____. Spouse benefits terminate at employee's retirement or spouse age 65, whichever is earlier. All reductions apply to the pre-age 65 amount.*

**AD&D Standard Riders:* Seat Belt/Air Bag, Coma, Repatriation, Exposure and Disappearance

Portability:

☐ Voluntary Life ☐ Basic Life (Underwriting approval and rate adjustment required)

Replacement: Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
☐	☐	Basic Life		
☐	☐	Supplemental Life		
☐	☐	Voluntary Life		

If prior coverage, include a copy of the prior carrier's plan.

SECTION III. SHORT TERM DISABILITY

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
☐ Basic/Core STD				
☐ Buy Up STD*				
☐ Voluntary STD (VIP)				

**Cannot be purchased as stand alone coverage.*

SECTION III. SHORT TERM DISABILITY CONTINUED

Basic Short Term Disability

Class	Core/Buy Up	n Flat Amount	n Percent of Salary	Max. benefit	Benefit Plan*
1	☐ Core				
	☐ Buy Up				
2	☐ Core				
	☐ Buy Up				
3	☐ Core				
	☐ Buy Up				
4	☐ Core				
	☐ Buy Up				

**Example of a Benefit Plan: 1-8-13; This means disabilities due to accidents begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for a 13 week duration.*

Voluntary STD Income Protection (VIP)

Amount of insurance selected by the employee in increments of $10 not to exceed _____% of weekly earnings.

Minimum: $100 Maximum: ☐ $750 ☐ _____

Benefit Plan*: _____ Industry Class: _____

Reduction & Termination: Benefit reduction due to age will be effective on the anniversary following the insured's birthday. Benefits reduce to 66 2/3% at age 65, and terminate at age 70 or upon retirement, whichever occurs first.

Are premiums sheltered under a Section 125 Cafeteria plan? ☐ Yes ☐ No

**Example of a Benefit Plan: 1-8-13; This means disabilities due to accidents begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for a 13 week duration*

Replacement: Is VIP a Replacement from Another Carrier? ☐ Yes ☐ No

Previous Carrier _____ Termination Date _____

If prior coverage, include a copy of the prior carrier's plan.

SECTION IV. LONG TERM DISABILITY

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
☐ Basic LTD				
☐ Buy Up LTD*				
☐ Voluntary LTD				

**Cannot be purchased as stand alone coverage.*

Basic and Buy Up Features

Class	Elimination Period	Own Occupation Monthly Period	Salary Includes		SS Integration		Benefit Calculation	
			Bonuses	Commissions	Primary Only	Primary/ Family	Direct	70% all Sources
1			☐	☐	☐ Yes	☐ Yes	☐ Yes	☐ Yes
2			☐	☐	☐ Yes	☐ Yes	☐ Yes	☐ Yes
3			☐	☐	☐ Yes	☐ Yes	☐ Yes	☐ Yes
4			☐	☐	☐ Yes	☐ Yes	☐ Yes	☐ Yes

Class	Basic		Buy Up	
	% of Salary	Monthly Max	% of Salary	Monthly Max
1				
2				
3				
4				

Maximum Benefit Period	Class 1	Class 2	Class 3	Class 4
Reducing Benefit Duration	☐	☐	☐	☐
SS Normal Retirement Age (SSNRA)	☐	☐	☐	☐
2 Year benefit (ADEA)	☐	☐	☐	☐
3 Year benefit (ADEA)	☐	☐	☐	☐
5 Year benefit (ADEA)	☐	☐	☐	☐

Minimum Monthly Benefit

☐ Flat amount $ _____; or ☐ Flat amount of $ _____ or 10%, whichever is greater

Optional LTD Riders

☐ Education Benefit ☐ Medical and COBRA Premium $ _____ ☐ Cost of Living Adjustment

☐ Activities of Daily Living ☐ Accidental Dismemberment _____# of Adjustments _____%

SECTION IV. LONG TERM DISABILITY CONTINUED

Disability Definition: ☐ Earnings & Occupation Test ☐ Occupation Test Only
☐ Earnings, Occupation, and Contagious Disease (Only available for Medical Groups)

Pre-Existing Condition Exclusion
☐ 3/3/12 ☐ 3/6/12 ☐ 12/6/24 ☐ 6/12 ☐ 6/6/12 ☐ 12/12 ☐ _____

Voluntary Long Term Disability (VLTD)
Industry Class: _____ Elimination Period: ☐ 90 Days ☐ 180 Days

Maximum Benefit Period:
☐ 2 years Sickness or Accident ☐ 5 years Sickness or Accident ☐ SSNRA Sickness or Accident

a. Amount of Insurance: Selected by the employee in increments of $100 not to exceed 60% of monthly salary.
b. Pre-existing Condition Exclusion: 12/6/24 (unless state law requires otherwise)
c. The Minimum Monthly Benefit is $ 50.00 or 10% of the Monthly Disability Benefit, whichever is less (unless state law requires otherwise)
d. Policy Features include: Ÿ 24 Month Own Occupation Ÿ Three month Survivor Benefit Ÿ Waiver of Premium
Ÿ 24 Month Special Conditions Limitation Ÿ Primary and Family Social Security Integration
e. Are premiums sheltered under a Section 125 Cafeteria plan? ☐ Yes ☐ No

Replacement: Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
☐	☐	LTD		
☐	☐	Voluntary Life		

If prior coverage, include a copy of the prior carrier's plan.

W-2 Service Options for LTD:

☐ Option 1: Withhold federal income taxes and the employee's portion of FICA. Prepare and file W-2 Forms.
☐ Option 2: Withhold federal income taxes and the employee's portion of FICA. Policyholder waives W-2 Forms services.

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

SECTION V. AUTHORIZATION

REMARKS OR SPECIAL PROVISIONS:

The undersigned employer and/or authorized representative hereby request that it be approved for insurance coverage through USAble Life and agrees to comply with all terms and provisions of the Group Policy(ies) issued in response to this application.

It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by the Company at its Home Office.

Warning: It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines or a denial of insurance benefits in accordance with applicable state law.

_____	_____	_____
Dated at (City, State)	Date	Signature of Policyholder and Title
_____	_____	_____
Signature of Marketing Representative	Signature of Marketing Manager	Signature of Broker, if applicable

Please Print Using Dark Ink

USAble Life

P.O. Box 1650
Little Rock, Arkansas 72203

Application for Portability of Group Term Life

Office Use Only	
Policy #	
Effective Date	
Group #	

SECTION A - APPLICANT INFORMATION

Name (First, MI, Last)				Social Security No.	
Home Address	City	State		Zip	County
Date of Birth	Age	Sex ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married	Home Phone ( )	
Date of Termination of Employment	Reason for termination: ☐ Disabled ☐ Retired ☐ _____			Are you a fulltime member of the armed forces of any country? ☐ Yes ☐ No	

Have you or your spouse used tobacco products in the past year?
Employee ☐ Yes ☐ No Spouse (if applying for coverage) ☐ Yes ☐ No

SECTION B - EMPLOYER INFORMATION (This section is to be completed by the Employer)

1. Employer Name | Group Policy Number

2. Did the Insured Employee terminate his employment due to disability? ☐ Yes ☐ No
Did the Insured Employee terminate his employment due to retirement? ☐ Yes ☐ No
Date Applicant's Employment Terminated

SECTION C – PLAN INFORMATION

1. Current Amount of Term Life on Employee: $_____
2. Current Amount of Term Life on Spouse: $_____ Continue Spouse's Term Life? ☐ Yes ☐ No
3 Premium Mode: ☐ Quarterly ☐ Semi-Annually ☐ Annually

SECTION D – SPOUSE INFORMATION (Complete only if applying for Portability of Spouse's Group Life Coverage)

Name (First, MI, Last)	Social Security No.	Date of Birth	Sex

SECTION E – BENEFICIARY This will revoke any existing beneficiary designations you may have under these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at applicant's death):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

In signing below, I represent that the statements and answers given in this application are true, complete and correctly recorded. Further, my signature below acknowledges that I have received a copy of this application. I hereby designate the above beneficiaries under this certificate and revoke the appointment of any existing beneficiary.

Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and a denial of insurance benefits in accordance with applicable state law.

Signed at _____ (City) _____ (State) on _____ (Month Day Year) X _____ (Signature of Applicant)

EMPLOYER'S STATEMENT: I represent the above information is true, complete, and correctly recorded. X _____ (Employer's Signature)

SECTION F - DECLINATION

I have been informed of my option to continue my group term life coverage. The Portability provision has been explained to me, and I have been given the opportunity to continue this coverage. I understand my option and decline such coverage.

_____ Signature of Terminating Employee

_____ Signature of Witness

Please Print Using Dark Ink

USAble Life

P.O. Box 1650
Little Rock, Arkansas 72203

Application for Portability of Group Term Life

Office Use Only	
Policy #	
Effective Date	
Group #	

SECTION A - APPLICANT INFORMATION

Name (First, MI, Last)				Social Security No.	
Home Address	City		State	Zip	County
Date of Birth	Age	Sex ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married	Home Phone ( )	
Date of Termination of Employment	Reason for termination: ☐ Disabled ☐ Retired ☐ _____			Are you a fulltime member of the armed forces of any country? ☐ Yes ☐ No	

Have you or your spouse used tobacco products in the past year?
Employee ☐ Yes ☐ No Spouse (if applying for coverage) ☐ Yes ☐ No

SECTION B - EMPLOYER INFORMATION (This section is to be completed by the Employer)

1. Employer Name | Group Policy Number

2. Did the Insured Employee terminate his employment due to disability? ☐ Yes ☐ No
   Did the Insured Employee terminate his employment due to retirement? ☐ Yes ☐ No
   Date Applicant's Employment Terminated

SECTION C – PLAN INFORMATION

1. Current Amount of Term Life on Employee: $_____
2. Current Amount of Term Life on Spouse: $_____ Continue Spouse's Term Life? ☐ Yes ☐ No
3. Current Amount of Term Life on Children $_____ Continue Children's Term Life? ☐ Yes ☐ No
4. Premium Mode: ☐ Quarterly ☐ Semi-Annually ☐ Annually

SECTION D – SPOUSE INFORMATION (Complete only if applying for Portability of Spouse's Group Life Coverage)

Name (First, MI, Last)	Social Security No.	Date of Birth	Sex

SECTION E – BENEFICIARY This will revoke any existing beneficiary designations you may have under these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at applicant's death):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

In signing below, I represent that the statements and answers given in this application are true, complete and correctly recorded. Further, my signature below acknowledges that I have received a copy of this application. I hereby designate the above beneficiaries under this certificate and revoke the appointment of any existing beneficiary.

Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and a denial of insurance benefits in accordance with applicable state law.

Signed at _____ (City) _____ (State) on _____ (Month Day Year) X _____ (Signature of Applicant)

EMPLOYER'S STATEMENT: I represent the above information is true, complete, and correctly recorded. X _____ (Employer's Signature)

SECTION F - DECLINATION

I have been informed of my option to continue my group term life coverage. The Portability provision has been explained to me, and I have been given the opportunity to continue this coverage. I understand my option and decline such coverage.

_____ Signature of Terminating Employee

_____ Signature of Witness

USAble Life

P.O. Box 1650 · Little Rock, Arkansas 72203

VOLUNTARY PRODUCTS ENROLLMENT FORM

(PLEASE PRINT)

q New Enrollee	q Change	q Decline all coverages	Group #:

Employer: If Evidence of Insurability (EOI) is required, please submit the Evidence of Insurability form along with this enrollment form to us.

Employer's Name

SECTION I. EMPLOYEE INFORMATION

Employee's Legal Name (First, MI, Last)				Social Security No.
Home Address	City	State	Zip	Telephone No.
Date of Birth	Gender ☐ M ☐ F	Salary $ _____	☐ Weekly ☐ Monthly ☐ Annual	
Occupation (Be Exact)		Dept/Location		
Hours Worked Weekly		Date Employed Full-time		

PLAN INFORMATION - Your non-medical group insurance program may not include all the benefits listed below. Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to complete Evidence of Insurability (EOI).

SECTION II. VOLUNTARY COVERAGE(S) – SEE INSTRUCTIONS ON REVERSE OR PAGE 2

Complete this Section if applying for these coverages. Evidence of Insurability may be required.			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☐ Yes ☐ No	☐	☐	☐	☐		
	Spouse	☐ Yes ☐ No	☐	☐	☐	☐		
	Children	☐ Yes ☐ No	☐	☐	☐	☐		
B. Voluntary AD&D:	**Employee**	☐ Yes ☐ No	☐	☐	☐	☐		
(EOI not required)	**Spouse**	☐ Yes ☐ No	☐	☐	☐	☐		
	Children	☐ Yes ☐ No	☐	☐	☐	☐		
C. Voluntary STD Income Protection (VIP):		☐ Yes ☐ No	☐	☐	☐	☐	per week	
D. Voluntary Long Term Disability:		☐ Yes ☐ No	☐	☐	☐	☐	per month	

Do you presently have other disability coverage? ☐ Yes ☐ No
If yes, give monthly amount $ _____

Do you intend to replace existing coverage with this policy? ☐ Yes ☐ No

Dependents to be covered	Gender	Relationship	Social Security No.	Date of Birth
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			

Have you or your spouse (if applying for coverage) used tobacco products in the past year? **Employee** ☐ Yes ☐ No
Spouse ☐ Yes ☐ No

Are you actively at work on the date of this application? ☐ Yes ☐ No

PRE-EXISTING CONDITIONS

§ New Voluntary STD (VIP) plans and benefit increases: During the first year of your coverage, benefits will not be paid on any condition for which you received medical treatment or advice within 12 months before your effective date of coverage.

§ New Voluntary LTD plans and benefit increases: During the first 2 years of your coverage, benefits will not be paid on any condition for which you received medical treatment or advice within 12 months before your effective date of coverage, unless you go 6 consecutive months treatment free.

I represent that the information provided on all pages of this enrollment form is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For those coverages I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and a denial of insurance benefits in accordance with applicable state law.

Be sure to complete the Employee Beneficiary Designation on page 2/reverse side

Date Received - Home Office

_____ Employee's Signature

_____ Date

Employee's Name (First, MI, Last)	Social Security #	Employer Name

SECTION III. EMPLOYEE BENEFICIARY DESIGNATION ☐ Check if Change Only

This will revoke any existing beneficiary designations you may have for these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

INSTRUCTIONS – How to Complete Section II

Initial Enrollment –Adding Coverage:

Check "Yes" by each coverage you want. Check "No" by each coverage you do not want.
If you checked "Yes" by a coverage, check the "Add New" box, and complete the "Total Amount of Coverage" for which you are applying.
For Example, you are applying for:

- Voluntary Group Life: $50,000 on yourself, $20,000 on your spouse, and no coverage on your children
- Voluntary AD&D: $100,000 on yourself; $50,000 on your spouse, $5,000 on your children
- Voluntary LTD: $2,000 per month

SECTION II. VOLUNTARY COVERAGE(S)

Complete this Section if applying for these coverages. Evidence of Insurability may be required.

			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☒ Yes ☐ No	☒	☐	☐	☐	$50,000	
	Spouse	☒ Yes ☐ No	☒	☐	☐	☐	$20,000	
	Children	☐ Yes ☒ No	☐	☐	☐	☐		
B. Voluntary AD&D:	**Employee**	☒ Yes ☐ No	☒	☐	☐	☐	$100,000	
(EOI not required)	**Spouse**	☒ Yes ☐ No	☒	☐	☐	☐	$50,000	
	Children	☒ Yes ☐ No	☒	☐	☐	☐	$5,000	
C. Voluntary STD Income Protection (VIP):		☐ Yes ☒ No	☐	☐	☐	☐	per week	
D. Voluntary Long Term Disability:		☒ Yes ☐ No	☒	☐	☐	☐	$2,000 per month	

How To Change or Delete Coverage:

If you are changing any of your coverage, please complete the information for all of the coverage you have, so that we are sure we have everything correct. Be sure to check the appropriate "Add," "Delete," "Increase", or "Decrease" box.
For Example, you **currently** have:

- Voluntary Group Life: $60,000 on yourself, $30,000 on your spouse, and $10,000 coverage on your children
- Voluntary STD (VIP): $300 per week

You want to **change** your coverage to:

- Voluntary Group Life: $100,000 on yourself (increase), $20,000 on spouse (decrease), and no coverage for children (delete)
- Voluntary AD&D: $100,000 on yourself only (add)
- Voluntary STD (VIP): $300 per week (no change)

SECTION II. VOLUNTARY COVERAGE(S)

Complete this Section if applying for these coverages. Evidence of Insurability may be required.

			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☒ Yes ☐ No	☐	☐	☒	☐	$100,000	
	Spouse	☒ Yes ☐ No	☐	☐	☐	☒	$20,000	
	Children	☐ Yes ☒ No	☐	☒	☐	☐		
B. Voluntary AD&D:	**Employee**	☒ Yes ☐ No	☒	☐	☐	☐	$100,000	
(EOI not required)	**Spouse**	☐ Yes ☒ No	☐	☐	☐	☐		
	Children	☐ Yes ☒ No	☐	☐	☐	☐		
C. Voluntary STD Income Protection (VIP):		☒ Yes ☐ No	☐	☐	☐	☐	300 per week	
D. Voluntary Long Term Disability:		☐ Yes ☒ No	☐	☐	☐	☐	per month	

USAble Life
P.O. Box 1650 · Little Rock, Arkansas 72203

VOLUNTARY LIFE, AD&D, VIP ENROLLMENT FORM
(PLEASE PRINT)

q New Enrollee	q Change	q Decline all coverages	Group #:

Employer: If Evidence of Insurability (EOI) is required, please submit the Evidence of Insurability form along with this enrollment form to us.

Employer's Name

SECTION I. EMPLOYEE INFORMATION

Employee's Legal Name (First, MI, Last)				Social Security No.
Home Address	City	State	Zip	Telephone No.
Date of Birth	Gender ☐ M ☐ F	Salary $ _____ ☐ Weekly ☐ Monthly ☐ Annual		
Occupation (Be Exact)	Dept/Location			
Hours Worked Weekly	Date Employed Full-time			

PLAN INFORMATION - Ask your employer for the details about the cost, if any, and whether you will be required to complete Evidence of Insurability (EOI).

SECTION II. VOLUNTARY COVERAGE(S) – SEE INSTRUCTIONS ON REVERSE OR PAGE 2

Complete this Section if applying for these coverages. Evidence of Insurability may be required.			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☐ Yes ☐ No	☐	☐	☐	☐		
	Spouse	☐ Yes ☐ No	☐	☐	☐	☐		
	Children	☐ Yes ☐ No	☐	☐	☐	☐		
B. Voluntary AD&D:	**Employee**	☐ Yes ☐ No	☐	☐	☐	☐		
(EOI not required)	**Spouse**	☐ Yes ☐ No	☐	☐	☐	☐		
	Children	☐ Yes ☐ No	☐	☐	☐	☐		
C. Voluntary STD Income Protection (VIP):		☐ Yes ☐ No	☐	☐	☐	☐	per week	

Do you presently have other disability coverage? ☐ Yes ☐ No
If yes, give monthly amount $ _____

Do you intend to replace existing coverage with this policy? ☐ Yes ☐ No

Dependents to be covered	Gender	Relationship	Social Security No.	Date of Birth
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			

Have you or your spouse (if applying for coverage) used tobacco products in the past year? **Employee** ☐ Yes ☐ No
Spouse ☐ Yes ☐ No

Are you actively at work on the date of this application? ☐ Yes ☐ No

PRE-EXISTING CONDITIONS EXCLUSION

§ New Voluntary STD (VIP) plans and benefit increases: During the first year of your coverage, benefits will not be paid on any condition for which you received medical treatment or advice within 12 months before your effective date of coverage.

SECTION III. EMPLOYEE BENEFICIARY DESIGNATION ☐ Check if Change Only

This will revoke any existing beneficiary designations you may have for these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For those coverages I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay. **Warning**: It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

Date Received - Home Office

_____ Employee's Signature

_____ Date

INSTRUCTIONS – How to Complete Section II

Initial Enrollment –Adding Coverage:

Check "Yes" by each coverage you want. Check "No" by each coverage you do not want.

If you checked "Yes" by a coverage, check the "Add New" box, and complete the "Total Amount of Coverage" for which you are applying.

For Example, you are applying for:

- Voluntary Group Life: $50,000 on yourself, $20,000 on your spouse, and no coverage on your children
- Voluntary AD&D: $100,000 on yourself; $50,000 on your spouse, $5,000 on your children
- Voluntary STD (VIP): $500 per week

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. Evidence of Insurability may be required.			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☒ Yes ☐ No	☒	☐	☐	☐	$50,000	
	Spouse	☒ Yes ☐ No	☒	☐	☐	☐	$20,000	
	Children	☐ Yes ☒ No	☐	☐	☐	☐		
B. Voluntary AD&D:	**Employee**	☒ Yes ☐ No	☒	☐	☐	☐	$100,000	
(EOI not required)	**Spouse**	☒ Yes ☐ No	☒	☐	☐	☐	$50,000	
	Children	☒ Yes ☐ No	☒	☐	☐	☐	$5,000	
C. Voluntary STD Income Protection (VIP):		☒ Yes ☐ No	☒	☐	☐	☐	$500 per week	

How To Change or Delete Coverage:

If you are changing any of your coverage, please complete the information for all of the coverage you have, so that we are sure we have everything correct. Be sure to check the appropriate "Add," "Delete," "Increase", or "Decrease" box.

For Example, you **currently** have:

- Voluntary Group Life: $60,000 on yourself, $30,000 on your spouse, and $10,000 coverage on your children
- Voluntary STD (VIP): $300 per week

You want to **change** your coverage to:

- Voluntary Group Life: $100,000 on yourself (increase), $20,000 on spouse (decrease), and no coverage for children (delete)
- Voluntary AD&D: $100,000 on yourself only (add)
- Voluntary STD (VIP): $300 per week (no change)

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. Evidence of Insurability may be required.			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☒ Yes ☐ No	☐	☐	☒	☐	$100,000	
	Spouse	☒ Yes ☐ No	☐	☐	☐	☒	$20,000	
	Children	☐ Yes ☒ No	☐	☒	☐	☐		
B. Voluntary AD&D:	**Employee**	☒ Yes ☐ No	☒	☐	☐	☐	$100,000	
(EOI not required)	**Spouse**	☐ Yes ☒ No	☐	☐	☐	☐		
	Children	☐ Yes ☒ No	☐	☐	☐	☐		
C. Voluntary STD Income Protection (VIP):		☒ Yes ☐ No	☐	☐	☐	☐	$300 per week	

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VOLUNTARY LIFE AND AD&D ENROLLMENT FORM

(PLEASE PRINT)

q New Enrollee	q Change	q Decline all coverages	Group #:

Employer: If Evidence of Insurability (EOI) is required, please submit the Evidence of Insurability form along with this enrollment form to us.

Employer's Name

SECTION I. EMPLOYEE INFORMATION

Employee's Legal Name (First, MI, Last)				Social Security No.
Home Address	City	State	Zip	Telephone No.
Date of Birth	Gender ☐ M ☐ F	Salary $ _____ ☐ Weekly ☐ Monthly ☐ Annual		
Occupation (Be Exact)	Dept/Location			
Hours Worked Weekly	Date Employed Full-time			

PLAN INFORMATION - Ask your employer for the details about the cost, if any, and whether you will be required to complete Evidence of Insurability (EOI).

SECTION II. VOLUNTARY COVERAGE(S) – SEE INSTRUCTIONS ON REVERSE OR PAGE 2

Complete this Section if applying for these coverages. Evidence of Insurability may be required.			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☐ Yes ☐ No	☐	☐	☐	☐		
	Spouse	☐ Yes ☐ No	☐	☐	☐	☐		
	Children	☐ Yes ☐ No	☐	☐	☐	☐		
B. Voluntary AD&D	**Employee**	☐ Yes ☐ No	☐	☐	☐	☐		
(EOI not required)	**Spouse**	☐ Yes ☐ No	☐	☐	☐	☐		
	Children	☐ Yes ☐ No	☐	☐	☐	☐		

Do you intend to replace existing coverage with this policy? ☐ Yes ☐ No

Dependents to be covered	Gender	Relationship	Social Security No.	Date of Birth
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			

Have you or your spouse (if applying for coverage) used tobacco products in the past year? **Employee** ☐ Yes ☐ No **Spouse** ☐ Yes ☐ No

Are you actively at work on the date of this application? ☐ Yes ☐ No

SECTION III. EMPLOYEE BENEFICIARY DESIGNATION ☐ Check if Change Only

This will revoke any existing beneficiary designations you may have for these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For those coverages I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning: It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

Date Received - Home Office

_____ Employee's Signature

_____ Date

INSTRUCTIONS – How to Complete Section II

Initial Enrollment –Adding Coverage:

Check "Yes" by each coverage you want. Check "No" by each coverage you do not want.

If you checked "Yes" by a coverage, check the "Add New" box, and complete the "Total Amount of Coverage" for which you are applying.

For Example, you are applying for:

- Voluntary Group Life: $50,000 on yourself, $20,000 on your spouse, and no coverage on your children
- Voluntary AD&D: $100,000 on yourself; $50,000 on your spouse, $5,000 on your children

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. Evidence of Insurability may be required.			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☒ Yes ☐ No	☒	☐	☐	☐	$50,000	
	Spouse	☒ Yes ☐ No	☒	☐	☐	☐	$20,000	
	Children	☐ Yes ☒ No	☐	☐	☐	☐		
B. Voluntary AD&D:	**Employee**	☒ Yes ☐ No	☒	☐	☐	☐	$100,000	
(EOI not required)	**Spouse**	☒ Yes ☐ No	☒	☐	☐	☐	$50,000	
	Children	☒ Yes ☐ No	☒	☐	☐	☐	$5,000	

How To Change or Delete Coverage:

If you are changing any of your coverage, please complete the information for all of the coverage you have, so that we are sure we have everything correct. Be sure to check the appropriate "Add," "Delete," "Increase", or "Decrease" box.

For Example, you **currently** have:

- Voluntary Group Life: $60,000 on yourself, $30,000 on your spouse, and $10,000 coverage on your children
- Voluntary AD&D: $100,000 on yourself only

You want to **change** your coverage to:

- Voluntary Group Life: $100,000 on yourself (increase), $20,000 on spouse (decrease), and no coverage for children (delete)
- Voluntary AD&D: $100,000 on yourself (no change), $50,000 on spouse (add)

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. Evidence of Insurability may be required.			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☒ Yes ☐ No	☐	☐	☒	☐	$100,000	
	Spouse	☒ Yes ☐ No	☐	☐	☐	☒	$20,000	
	Children	☐ Yes ☒ No	☐	☒	☐	☐		
B. Voluntary AD&D:	**Employee**	☒ Yes ☐ No	☐	☐	☐	☐	$100,000	
(EOI not required)	**Spouse**	☒ Yes ☐ No	☒	☐	☐	☐	$50,000	
	Children	☐ Yes ☒ No	☐	☐	☐	☐		

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VOLUNTARY DISABILITY ENROLLMENT FORM

(PLEASE PRINT)

q New Enrollee	q Change	q Decline all coverages	Group #:

Employer: If Evidence of Insurability (EOI) is required, please submit the Evidence of Insurability form along with this enrollment form to us.

Employer's Name

SECTION I. EMPLOYEE INFORMATION

Employee's Legal Name (First, MI, Last)				Social Security No.
Home Address	City	State	Zip	Telephone No.

Date of Birth	Gender ☐ M ☐ F	Salary $ _____ ☐ Weekly ☐ Monthly ☐ Annual

Occupation (Be Exact)	Dept/Location
Hours Worked Weekly	Date Employed Full-time

PLAN INFORMATION - Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to complete Evidence of Insurability (EOI).

SECTION II. VOLUNTARY COVERAGE(S) – SEE INSTRUCTIONS ON REVERSE OR PAGE 2

Complete this Section if applying for these coverages. Evidence of Insurability may be required.		Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary STD Income Protection (VIP):	☐ Yes ☐ No	☐	☐	☐	☐	per week	
B. Voluntary Long Term Disability:	☐ Yes ☐ No	☐	☐	☐	☐	per month	

Do you presently have other disability coverage? ☐ Yes ☐ No If yes, give monthly amount $ _____

Do you intend to replace existing coverage with this policy? ☐ Yes ☐ No

Are you actively at work on the date of this application? ☐ Yes ☐ No

PRE-EXISTING CONDITIONS EXCLUSION

§ New Voluntary STD (VIP) plans and benefit increases: During the first year of your coverage, benefits will not be paid on any condition for which you received medical treatment or advice within 12 months before your effective date of coverage.

§ New Voluntary LTD plans and benefit increases: During the first 2 years of your coverage, benefits will not be paid on any condition for which you received medical treatment or advice within 12 months before your effective date of coverage, unless you go 6 consecutive months treatment free.

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For those coverages I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and a denial of insurance benefits in accordance with applicable state law.

_____ Employee's Signature

_____ Date

Date Received - Home Office

INSTRUCTIONS – How to Complete Section II

Initial Enrollment –Adding Coverage:

Check "Yes" by each coverage you want. Check "No" by each coverage you do not want.
If you checked "Yes" by a coverage, check the "Add New" box, and complete the "Total Amount of Coverage" for which you are applying.

For Example, you are applying for:

- Voluntary LTD: $2,000 per month

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. Evidence of Insurability may be required.		Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary STD Income Protection (VIP):	☐ Yes ☒ No	☐	☐	☐	☐	per week	
B. Voluntary Long Term Disability:	☒ Yes ☐ No	☒	☐	☐	☐	$2,000 per month	

How To Change or Delete Coverage:

If you are changing any of your coverage, please complete the information for all of the coverage you have, so that we are sure we have everything correct. Be sure to check the appropriate "Add," "Delete," "Increase", or "Decrease" box.

For Example, you **currently** have:

- Voluntary STD (VIP): $300 per week
- Voluntary LTD: $3,000 per month

You want to **change** your coverage to:

- Voluntary STD (VIP): $300 per week (no change)
- Voluntary LTD: $1,000 per month (decrease)

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. Evidence of Insurability may be required.		Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary STD Income Protection (VIP):	☒ Yes ☐ No	☐	☐	☐	☐	$300 per week	
B. Voluntary Long Term Disability:	☒ Yes ☐ No	☐	☐	☐	☒	$1,000 per month	

For Example, you **currently** have:

- Voluntary STD (VIP): $300 per week
- Voluntary LTD: $3,000 per month

You want to **change** your coverage to:

- Voluntary STD (VIP): $400 per week (increase)
- Voluntary LTD: no coverage (delete)

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. Evidence of Insurability may be required.		Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary STD Income Protection (VIP):	☒ Yes ☐ No	☐	☐	☒	☐	$400 per week	
B. Voluntary Long Term Disability:	☐ Yes ☒ No	☐	☒	☐	☐	per month	

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VOLUNTARY LIFE ENROLLMENT FORM

(PLEASE PRINT)

q New Enrollee	q Change	q Decline coverage	Group #:

Employer: If Evidence of Insurability (EOI) is required, please submit the Evidence of Insurability form along with this enrollment form to us.

Employer's Name

SECTION I. EMPLOYEE INFORMATION

Employee's Legal Name (First, MI, Last)				Social Security No.
Home Address	City	State	Zip	Telephone No.
Date of Birth	Gender ☐ M ☐ F	Salary $ _____ ☐ Weekly ☐ Monthly ☐ Annual		
Occupation (Be Exact)	Dept/Location			
Hours Worked Weekly	Date Employed Full-time			

PLAN INFORMATION - Ask your employer for the details about the cost, if any, and whether you will be required to complete Evidence of Insurability (EOI).

SECTION II. VOLUNTARY – SEE INSTRUCTIONS ON REVERSE OR PAGE 2

Complete this Section if applying for these coverages. Evidence of Insurability may be required.			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
Voluntary Group Life:	**Employee**	☐ Yes ☐ No	☐	☐	☐	☐		
	Spouse	☐ Yes ☐ No	☐	☐	☐	☐		
	Children	☐ Yes ☐ No	☐	☐	☐	☐		

Dependents to be covered	Gender	Relationship	Social Security No.	Date of Birth
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			

Have you or your spouse (if applying for coverage) used tobacco products in the past year? **Employee** ☐ Yes ☐ No **Spouse** ☐ Yes ☐ No

Are you actively at work on the date of this application? ☐ Yes ☐ No

SECTION III. EMPLOYEE BENEFICIARY DESIGNATION ☐ Check if Change Only

This will revoke any existing beneficiary designations you may have for these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For coverage I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning: It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

_____ Employee's Signature

_____ Date

Date Received - Home Office

INSTRUCTIONS – How to Complete Section II

Initial Enrollment –Adding Coverage:

Check "Yes" by each coverage you want. Check "No" by each coverage you do not want.

If you checked "Yes" by a coverage, check the "Add New" box, and complete the "Total Amount of Coverage" for which you are applying.

For Example, you are applying for:

- Voluntary Group Life: $50,000 on yourself, $20,000 on your spouse, and no coverage on your children

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. Evidence of Insurability may be required.			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☒ Yes ☐ No	☒	☐	☐	☐	$50,000	
	Spouse	☒ Yes ☐ No	☒	☐	☐	☐	$20,000	
	Children	☐ Yes ☒ No	☐	☐	☐	☐		

How To Change or Delete Coverage:

If you are changing any of your coverage, please complete the information for all of the coverage you have, so that we are sure we have everything correct. Be sure to check the appropriate "Add," "Delete," "Increase", or "Decrease" box.

For Example, you **currently** have:

- Voluntary Group Life: $60,000 on yourself, $30,000 on your spouse, and $10,000 coverage on your children

You want to **change** your coverage to:

- Voluntary Group Life: $100,000 on yourself (increase), $20,000 on spouse (decrease), and no coverage for children (delete)

SECTION II. VOLUNTARY COVERAGE(S) Complete this Section if applying for these coverages. Evidence of Insurability may be required.			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary Group Life:	**Employee**	☒ Yes ☐ No	☐	☐	☒	☐	$100,000	
	Spouse	☒ Yes ☐ No	☐	☐	☐	☒	$20,000	
	Children	☐ Yes ☒ No	☐	☒	☐	☐		

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VOLUNTARY STD INCOME PROTECTION (VIP) ENROLLMENT FORM

(PLEASE PRINT)

q New Enrollee	q Change	q Decline coverage	Group #:

Employer: If Evidence of Insurability (EOI) is required, please submit the Evidence of Insurability form along with this enrollment form to us.

Employer's Name

SECTION I. EMPLOYEE INFORMATION

Employee's Legal Name (First, MI, Last)				Social Security No.	
Home Address		City	State	Zip	Telephone No.
Date of Birth	Gender ☐ M ☐ F	Salary $ _____ ☐ Weekly ☐ Monthly ☐ Annual			
Occupation (Be Exact)		Dept/Location			
Hours Worked Weekly		Date Employed Full-time			

PLAN INFORMATION: Ask your employer for the details about the cost, if any, and whether you will be required to complete Evidence of Insurability (EOI). If you are a late applicant or if you are applying for an increase in coverage, you will be required to submit Evidence of Insurability.

SECTION II. VOLUNTARY STD INCOME PROTECTION (VIP)

Evidence of Insurability may be required when applying for this coverage.

I hereby apply for a Weekly Benefit of: $ _____ Premium (*to be completed by employer*): $ _____

(Instructions: If you are changing your benefit amount, list the new amount of coverage)

Your weekly benefit may not exceed the benefit percentage stated in the policy.

Are you actively at work on the date of this application? ☐ Yes ☐ No

Do you presently have other disability coverage? ☐ Yes ☐ No If yes, give monthly amount $ _____

Do you intend to replace existing coverage with this policy? ☐ Yes ☐ No

PRE-EXISTING CONDITIONS

§ Pre-existing Condition Exclusion: During the first year of your coverage, benefits will not be paid on any condition for which you received medical treatment or advice within 12 months before your effective date of coverage.

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For coverage I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning: It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

_____ Employee's Signature

_____ Date

Date Received - Home Office

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P.O. Box 1650 · Little Rock, Arkansas 72203

VOLUNTARY AD&D ENROLLMENT FORM

(PLEASE PRINT)

q New Enrollee	q Change	q Decline coverage	Group #:

Employer's Name

SECTION I. EMPLOYEE INFORMATION

Employee's Legal Name (First, MI, Last)				Social Security No.
Home Address	City	State	Zip	Telephone No.
Date of Birth	Gender ☐ M ☐ F	Salary $ _____ ☐ Weekly ☐ Monthly ☐ Annual		
Occupation (Be Exact)		Dept/Location		
Hours Worked Weekly		Date Employed Full-time		

PLAN INFORMATION - Ask your employer for the details about the cost, if any.

SECTION II. VOLUNTARY AD&D

			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage Applied for	Premium (Completed by Employer)
Voluntary AD&D:	**Employee**	☐ Yes ☐ No	☐	☐	☐	☐		
	Spouse	☐ Yes ☐ No	☐	☐	☐	☐		
	Children	☐ Yes ☐ No	☐	☐	☐	☐		

Do you intend to replace existing coverage with this policy?
☐ Yes ☐ No

Are you actively at work on the date of this application?
☐ Yes ☐ No

Dependents to be covered	Gender	Relationship	Social Security No.	Date of Birth
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			

SECTION III. EMPLOYEE BENEFICIARY DESIGNATION

☐ **Check if Change Only**

This will revoke any existing beneficiary designations you may have for these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage
				Total must equal 100%	=

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For coverage I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and a denial of insurance benefits in accordance with applicable state law.

_____ Employee's Signature

_____ Date

Date Received - Home Office

INSTRUCTIONS – How to Complete Section II

Initial Enrollment –Adding Coverage:

Check "Yes" by each coverage you want. Check "No" by each coverage you do not want.
If you checked "Yes" by a coverage, check the "Add New" box, and complete the "Total Amount of Coverage" for which you are applying.

For Example, you are applying for:

- Voluntary AD&D: $100,000 on yourself; $50,000 on your spouse, $5,000 on your children

SECTION II. VOLUNTARY COVERAGE(S)			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary AD&D:	**Employee**	☒ Yes ☐ No	☒	☐	☐	☐	$100,000	
	Spouse	☒ Yes ☐ No	☒	☐	☐	☐	$50,000	
	Children	☒ Yes ☐ No	☒	☐	☐	☐	$5,000	

How To Change or Delete Coverage:

If you are changing any of your coverage, please complete the information for all of the coverage you have, so that we are sure we have everything correct. Be sure to check the appropriate "Add," "Delete," "Increase", or "Decrease" box.

For Example, you **currently** have:

- Voluntary AD&D: $100,000 on yourself only and $50,000 on your spouse

You want to **change** your coverage to:

- Voluntary AD&D: $150,000 on yourself (increase) and no coverage on your spouse (delete)

SECTION II. VOLUNTARY COVERAGE(S)			Add New	Delete	Increase Existing	Decrease Existing	Total Amount of Coverage	Premium (Completed by Employer)
A. Voluntary AD&D:	**Employee**	☒ Yes ☐ No	☐	☐	☒	☐	$150,000	
	Spouse	☐ Yes ☒ No	☐	☒	☐	☐		
	Children	☐ Yes ☒ No	☐	☐	☐	☐		

USAble Life
P.O. Box 1650 Ÿ Little Rock, Arkansas 72203

EVIDENCE OF INSURABILITY (Please Print)

A completed Enrollment Form must accompany this form.

SECTION 1 –Completed By Employer

Group Name	Date of Hire	Telephone # (include area code)	Group Number

Amount of Insurance Applying for: Employee Life: $ Dependent Life $ Disability $ Other:	Employee's Annual Salary

SECTION 2 – Completed by Employee ☐ **Vol. Group Term Life** ☐ **Amount over Guarantee Issue** ☐ **Late Enrollee**

Name (First, MI, Last)	Social Security No.

Home Address	City	State	Zip	County

Date of Birth	Birth State or Country	Gender	Height (ft-in.)	Weight (lbs.)	Work Phone	Home Phone
		☐ M ☐ F			( )	( )

Spouse & Children Information – Complete if Applying for Dependent's Coverage.

Person Proposed for Insurance Show first, middle, last name	Occupation	Date of Birth & Place				Height	Weight	Marital Status	Sex
		Month	Day	Year	State or Country				
(Spouse)									
(Child)									
(Child)									
(Child)									
(Child)									

Spouse's Social Security No.: Spouse's Work Telephone #:

SECTION 3 – Insurability Questionnaire

	Yes	No
1. Has anyone to be covered used any tobacco products in the past year?	☐	☐
2. Does anyone to be covered have any condition for which consultation or treatment is contemplated or has been advised?	☐	☐
3. Has anyone to be covered been hospitalized for any reason during the past five (5) years?	☐	☐
4. Has anyone to be covered consulted a physician in the past one (1) year for any reason?	☐	☐

5. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for:

	Yes	No
a. Cancer, cancer related disease or benign tumor?	☐	☐
b. Disease of the heart or blood vessels, or had a stroke?	☐	☐
c. Kidney disease or diabetes?	☐	☐
d. Alcohol or drug abuse?	☐	☐
e. Lung, asthma, liver or blood disorder?	☐	☐
f. Emotional, nervous system, eating disorder, or mental health problems?	☐	☐
g. Ulcer, stomach or digestive disorder?	☐	☐
h. Arthritis, back, bones or joint disorder?	☐	☐
i. Bladder, urinary system or reproductive organs disorder?	☐	☐

6. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for: Acquired Immunodeficiency Syndrome ("AIDS") or AIDS Related Complex, or Human Immunodeficiency Virus ("HIV")?	☐	☐
7. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for hypertension (high blood pressure) or high cholesterol? If yes, list name of person(s), medications taken, medication dosage, last two blood pressure readings, and/or last two cholesterol readings in Section 4.	☐	☐
8. Is anyone to be covered currently taking medication(s)? If yes, list name of person, reasons, medications and dosage in Section 4.	☐	☐
9. Has anyone to be covered ever had any impairments, diseases or illnesses not covered in questions 2 – 8?	☐	☐
10a. Are you now pregnant? ☐ Yes ☐ No 10b. Have you ever had an ectopic pregnancy, a problem pregnancy, a miscarriage, a problem delivery, a therapeutic abortion, or a Cesarean section?	☐	☐
11. Are you actively at work on the date of this application and have you been actively at work for the 31 days prior to such date? If No, give full details in Section 4.	☐	☐

12. Names, addresses, and phone numbers of the personal physicians of all applicants:

_____

SECTION 4 – Give Details to "Yes" answers to questions 2 through 10 include dates of treatment: ☐ **Separate Sheet Attached**

Ques. No.& Individual	Illness/Reason for Checkup or Medication & Dosage or Doctor's Treatment/Consultation	Date & Duration	Full Name, Complete Address and Telephone Number of Doctors & Hospitals

Be Sure to Read the Important Disclosures and sign on Page 2/Reverse

EOI (5-09)

NOTICE OF INSURANCE INFORMATION PRACTICES

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

The above is a general description of our information practices. If you would like to receive a more detailed explanation of those practices, please send your request to the chief underwriter, P.O. Box 1650, Little Rock, AR 72203

FEDERAL FAIR CREDIT REPORTING ACT NOTICE

In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

Employee's Name (First, MI, Last)	Social Security #	Employer Name

NOTICE FOR PROPOSED INSURED

IMPORTANT NOTICE FOR DISABILITY COVERAGE

Acceptance of your application for disability income insurance will be based upon the information contained in the Evidence of Insurability, including the medical information disclosed and information obtained from your medical providers. **Your insurance coverage may not be issued as applied for.** If not, an "Exclusion of Coverage Amendment" will be attached to your certificate of coverage.

PLEASE READ YOUR CERTIFICATE OF COVERAGE CAREFULLY UPON ITS RECEIPT.

IMPORTANT NOTICE CONCERNING YOUR EFFECTIVE DATE

1. Insurance will not be effective until the application is approved by USAble Life.
2. Insurance will not be effective if there has been a change in the health of the proposed insured(s) after the date of the application and prior to the effective date.
3. For benefits sheltered under a Section 125 Cafeteria plan: To satisfy premium deduction requirements of your employer and dating requirements of the Section 125 Plan, your coverage will be dated and become effective on the first day of the month following the effective date (anniversary date for resolicitation) of the Section 125 agreement or on the first day of the month following underwriting approval, whichever is later. There is no coverage until the effective date of the policy.

In signing below, I: (a) represent that the statements and answers given in this application, are true, complete and correctly recorded; (b) understand that the insurance applied for is not effective until the application is approved by USAble Life; (c) authorize any physician, medical practitioner, hospital, clinic, or other medical facility, insurance or reinsurance company, or MIB, Inc., formerly known as Medical Information Bureau, Inc., having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to USAble Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (d) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (e) agree that this authorization shall be valid for two (2) years from the date the authorization is signed; (f) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (g) acknowledge I have read and understand all disclosures on this form; and (h) acknowledge receipt of written notification describing the use of the MIB as required by the Fair Credit Reporting Act and the Notice of Information Practices. I have read and understand the above statements and agreements.

Insurance Fraud Warning – It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

Date Received Home Office

Signed at: _____ Date of Application _____
City and State — Month, Day, Year

X _____ X _____
Agent's Signature — Employee's Signature

EOI (5-09)

MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. USAble Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Braintree, Massachusetts 02184-8734.

USAble Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

PLEASE READ YOUR CERTIFICATE OF COVERAGE CAREFULLY UPON ITS RECEIPT.

Check to see if it includes an Exclusion of Coverage amendment.

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Disclosure for Group Life Accelerated Benefit

This disclosure provides a very brief description of the important features of your Group Life Accelerated Benefit. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and USAble Life. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.

Accelerated Benefit Plan

The accelerated benefit is an advance payment of your amount of life insurance payable under the group policy, subject to the maximum benefit amounts stated on the Schedule of Insurance. You may request payment of an accelerated benefit in the event that you are diagnosed with a terminal illness which is expected to result in your death within 12 months, and from which you are not expected to recover.

The receipt of accelerated benefit payments may adversely affect your eligibility for Medicaid or other government benefits or entitlements.

On Your Tax Status

The payment of an accelerated benefit may result in a taxable event to you. You should consult a tax advisor before requesting such benefit payment.

Cost of Providing the Accelerated Benefit

There is no cost associated with providing the accelerated benefit.

Amount of Accelerated Benefit

The accelerated benefit will be paid only once and in one lump sum to you. The maximum accelerated benefit will be the lesser of:

1. [75%] of your life insurance amount; or
2. [$250,000].

If your life insurance amount is scheduled for a reduction within 12 months after the date you request the payment of the accelerated benefit, the maximum accelerated benefit will be based on the reduced amount.

Effect of Payment of an Accelerated Benefit Payment on Policy Provisions

Your amount of life insurance under the group policy will be reduced by the amount of an accelerated benefit that has been previously paid. The following will be based on such reduced life insurance amount:

1. the amount of life insurance payable to the beneficiary when you die;
2. the amount of life insurance you can convert under the group policy; and
3. the premiums payable for your life insurance under the group policy after an accelerated benefit is paid to you, if such premiums are not waived.

[The payment of an accelerated benefit will not affect the amount of your Accidental Death and Dismemberment Benefits under the group policy, if any.]

Illustration of Death Benefit and Premium Reduction

Assumptions:
- you are insured for $30,000 of group term life insurance
- life rate of $.50 per $1,000 ($10.00 monthly premium)

Reduction:		
	$30,000	• your life insurance amount
	-15,000	• the accelerated benefit paid to you
	$15,000	• your reduced life insurance amount
	x .50	• rate per $1,000
	$ 7.50	• your reduced monthly premium

Exclusions

We will not pay an accelerated benefit if:

1. you have made an absolute assignment of your life insurance under the group policy and we do not receive written consent by the absolute assignee;
2. all or part of your life insurance under the group policy is to be paid to your child(ren) or former spouse as part of a court approved divorce agreement;
3. you have made an irrevocable beneficiary designation of your life insurance under the group policy and we do not receive written consent by the irrevocable beneficiary; or
4. the terminal illness is a result of intentional self-inflicted injury or attempted suicide, committed while sane or insane.

Date Insurance Ends under this Benefit

Your insurance under this benefit will end at the earliest of:

1. the date the accelerated benefit is paid to you or on your behalf;
2. the date your life insurance ends under the group policy; [or
3. the policy anniversary on which you are age [70]].

USAble Life

P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

CHANGE RIDER – REDUCED LIFE BENEFIT

Policy Number:	[10000000]
Policyholder:	[Policyholder's Name]
Effective Date of Change:	[January 1, 2007]
[Certificateholder:]	[John Doe]
[Certificate Number:]	[xxxxxxx]

Your Certificate is hereby amended as follows:

The Accelerated Benefit, having been paid to you according to the provisions of the policy, the death benefit shown on the Schedule of Insurance has been reduced to:

[xxxxxxx]

Premiums for the life benefit will be reduced as stated in the certificate under the Effect of Payment of an Accelerated Benefit on Policy Provisions under the Group Life Accelerated Benefit section.

This Change Rider is a part of the certificate to which it is attached. Nothing herein contained shall be held to vary, alter, waive, or extend any of the provisions, conditions, limitations, exceptions, or other terms of the certificate to which this rider is attached other than as herein stated.

Signed for USAble Life at Little Rock, Arkansas, as of the effective date:

James Tuse — Secretary

Jason Pham — President

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Applications are included under the forms section of this filing.

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR - READABILITY CERTIFICATION.PDF

Item Status: **Status Date:**

Satisfied - Item: AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT

Comments:

Attachments:

AR - NAIC TRANSMITTAL DOC.PDF

AR - NAIC FORM FILING ATTACHMENT.PDF

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.PDF

Item Status: **Status**

Date:

Satisfied - Item: Attachment to Filing Description

Comments:

Attachment:

Attachment to Filing Description.PDF

Item Status: **Status Date:**

Satisfied - Item: GRP-P (5-09) - highlighted

Comments:

Attachment:

GRP-P (5-09) - highlighted.PDF

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: **USAble Life**

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GRP-P (5-09)	51.4
GRP-C (5-09)	51.6
GADD-CCC (5-09)	55.6
GADD-COMA (5-09)	51.4
GADD-CC (5-09)	50.9
GADD- E&D (5-09)	59.1
GADD-FA (5-09)	50.8
GADD-HIV (5-09)	52.9
GADD-PAR (5-09)	50.5
GADD-REPT (5-09)	52.9
GADD-SBAB (5-09)	51.2
GADD-SE (5-09)	58.4
GADD-ST (5-09)	56.3
GTL-DP-RDR (5-09)	53
GRP-PORT-RDR (5-09)	57.2
1000 (5-09)	58.9

STATE OF ARKANSAS

READABILITY CERTIFICATION

Form Number	Score
GMAPP (5-09)	50.4
GRP-PORT-APP (5-09)	50.4
GRP-PORTC-APP (5-09)	51.5
VPB-APP (5-09)	50.2
VGLAS-APP (5-09)	51.2
VGLA-APP (5-09)	55.1
VDP-APP (5-09)	50
VGTL-APP (5-09)	54.5
VIP-APP (5-09)	50.5
VADD-APP (5-09)	51.7
EOI (5-09)	52.9
GLABDSCLR (5-09)	59.3
GRP-RLB-RDR (5-09)	53.3

Signed: Connie Phillips

Name: Connie Phillips

Title: Assistant General Counsel & Assistant Secretary

Date: 1/31/09

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	USAble Life PO Box 1650 Little Rock AR 72203-1650	AR	LH	876	94358	71-0505232	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Tiffany L. Bradley, ALMI, ACS, MBA PO Box 1650 Little Rock AR 72203-1650	800-648-0271 Ext. 8876	501-235-8484	tbradley@usablelife.com

5.	Requested Filing Mode	☒ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	Company Tracking Number	GLHAR0007801F01
7.	☒ New Submission ☐ Resubmission Previous file # _____	
8.	Market	☐ Individual ☐ Franchise Group: ☐ Small ☐ Large ☒ Small and Large ☒ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	Type of Insurance	L04G Group Life - Term
10.	Product Coding Matrix Filing Code	L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
11.	Submitted Documents	☒ **FORMS** ☒ Policy ☐ Outline of Coverage ☒ Certificate ☒ Application/Enrollment ☒ Rider/Endorsement ☐ Advertising ☒ Schedule of Benefits ☐ Other: _____ ☐ **RATES** ☐ New Rate ☐ Revised Rate ☐ **FILING OTHER THAN FORM OR RATE:** Please explain: _____ **SUPPORTING DOCUMENTATION** ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreement ☒ Statement of Variability ☒ Certifications ☐ Actuarial Memorandum ☐ Other: _____

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12.	**Filing Submission Date**	1/31/09
13.	**Filing Fee (If required)**	Amount _____ Check Date _____ Retaliatory ☐ Yes ☐ No Check Number _____
14.	**Date of Domiciliary Approval**	-
15.	**Filing Description:**	

We are enclosing our Group policy, certificate, and related forms. The forms are new and do not replace any forms previously approved by your department. This product will be sold to employer-employee groups. This product is a Life, Accident and Health product which has the following benefits: Life, AD&D, Dependent Life, and Short Term Disability. The policy, GRP-P (5-09), is generic and intended for use with our Group certificate, GRP-C (5-09), which will be incorporated into and made a part of the aforementioned policy.

The list below shows forms previously approved by your department that will be also be used with this Group product:

APP-NOTICE (9-08) - Application Notice - 10/23/2008

USAble Life reserves the right to change the type style, paper size, and logo, or to issue the forms in electronic format. We also reserve the right to change our address or officers' signatures as necessary.

The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

16.	**Certification (If required)**

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.

Print Name Tiffany L. Bradley, ALMI, ACS, MBA Title Product Compliance Analyst II

Signature _____ Date 1/31/09

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17.	Form Filing Attachment
This filing transmittal is part of company tracking number	GLHAR0007801F01
This filing corresponds to rate filing company tracking number	

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01	Group Policy	GRP-P (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
02	Group Certificate	GRP-C (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
03	Accidental Death & Dismemberment Child Care Rider	GADD-CCC (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
04	Accidental Death & Dismemberment Coma Rider	GADD-COMA (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
05	Accidental Death & Dismemberment Common Carrier Rider	GADD-CC (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
06	Accidental Death & Dismemberment Exposure & Disappearance Rider	GADD- E&D (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
07	Accidental Death & Dismemberment Felonious Assault Rider	GADD-FA (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
08	Accidental Death & Dismemberment Human Immunodeficiency Virus (HIV) Rider	GADD-HIV (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
09	Accidental Death & Dismemberment Paralysis Rider	GADD-PAR (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
10	Accidental Death & Dismemberment Repatriation Rider	GADD-REPT (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
11	Accidental Death & Dismemberment Seat Belt - Air Bag Rider	GADD-SBAB (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	

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17.	Form Filing Attachment
This filing transmittal is part of company tracking number	GLHAR0007801F01
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number

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17.	Form Filing Attachment
This filing transmittal is part of company tracking number	GLHAR0007801F01
This filing corresponds to rate filing company tracking number	

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
12	Accidental Death & Dismemberment Special Education Rider	GADD-SE (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
13	Accidental Death & Dismemberment Spouse Training Rider	GADD-ST (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
14	Domestic Partner Rider	GRP-DP-RDR (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
15	Change Rider - Portability	GRP-PORT-RDR (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
16	Group Enrollment or Change Form	1000 (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
17	Group Insurance Master Application	GMAPP (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
18	Application for Portability of Group Term Life	GRP-PORT-APP (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
19	Application for Portability of Group Term Life	GRP-PORTC-APP (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
20	Voluntary Products Enrollment Form (GTL, STD, LTD, & AD&D)	VPB-APP (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
21	Voluntary Products Enrollment Form (GTL, AD&D, STD)	VGLAS-APP (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
22	Voluntary Products Enrollment Form (GTL, AD&D)	VGLA-APP (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	

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17.	Form Filing Attachment
This filing transmittal is part of company tracking number	GLHAR0007801F01
This filing corresponds to rate filing company tracking number	

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
23	Voluntary Disability Products Enrollment Form (LTD & STD)	VDP-APP (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
24	Voluntary Group Term Life Enrollment Form	VGTL-APP (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
25	Voluntary STD Income Protection (VIP) Enrollment Form	VIP-APP (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
26	Voluntary Accidental Death & Dismemberment Enrollment Form	VADD-APP (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
27	Evidence of Insurability Application	EOI (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
28	Group Life Accelerated Benefit Disclosure	GLABDSCLR (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
29	Change Rider - Reduced Life Benefit	GRP-RLB-RDR (5-09)	☒ **Initial** ☐ **Revised** ☐ **Other** _____	

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STATEMENT OF VARIABILITY

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

GENERAL VARIABLES

1. Items which are customarily varied according to the individual policyholder's specific plan of insurance. This includes all the items appearing in the applications and on the Schedule pages.

2. Vary the definitions to the extent that such definition may be included, omitted or transferred to another page to suit the needs of a particular policyholder.

   For specific variables within a definition, see the Specific Variables.

3. Vary the paragraphs to the extent that such paragraphs may be included, omitted or transferred to another page to suit the needs of a particular policyholder.

   For specific variables within a paragraph, see the Specific Policy Variables.

4. Numbers and percentages may vary, but will not be more restrictive than allowed by state law.

5. Time periods may be modified according to a policyholder’s plan, but will not be more restrictive than allowed by state law.

6. Benefit amounts may be modified according to a policyholder’s plan.

7. References to “you” may be changed to “covered person”.

8. Company name may be changed as approved by the governing jurisdiction.

9. Company address, phone numbers, e-mail addresses, officer names, titles and signatures may be changed as necessary.

10. Headings may be modified to reflect the specifics of a particular plan.

11. The words "employee," "individual," "employer," and "policyholder" are completely variable to incorporate the exact classes of employees and the exact eligible groups for a specific policyholder.

    Example: Employee means any manager, supervisor or clerical staff in active employment with the ABC Company.

12. All letters and numbers (excluding form numbers) are variable subject to the laws of the governing jurisdiction.

13. 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.

SPECIFIC POLICY VARIABLES
GRP-P

Policy Face Page

The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policyholder's name, policy number, policy effective date, premium due date, anniversary date, and the name of the state in which the policy is delivered.

The Policy Title is bracketed to accommodate display of the benefit(s) contracted for by the group.

Section 1 - Schedule of Insurance

The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policyholder's name, policy number, policy effective date, and the renewal date.

The Policy Title is bracketed to accommodate display of the benefit(s) contracted for by the group.

Section 4 – Premium Provisions

Our Right to Change Premiums Rates:

1. The renewal date referenced in the first item 1 is variable by group.
2. The 12 month period referenced in the second item 1 is variable by group; but will never be less than 12 months.
3. The 31 day advance notice referenced in item 2 is variable by group. The range is a minimum of 31 days to a maximum of 180 days.

Section 5 – Policy Provisions

1. Changes to the Policy: The reference to 31 days advance written notice is variable by group, but will never be less than 31 days.
2. Grace Period: The reference to a 31 day grace period is variable by group. The range is a minimum of 31 days to a maximum of 90 days.
3. Termination of Policy:
   a. In items 2 and 4 under “For Cause” the number of days may vary from 30 to 60 by group.
   b. Under “For No Cause” the number of days may vary from 10 to 30 by group.

Section 6 – Self-Administered Provisions

The entire section may be included or excluded.

If Section 6 is included, the following variables apply:

1. The Policyholder’s Obligation:
   a. The reference to “on an annual basis” in item 5 is included or excluded. When included, it is variable by group.
   b. The reference to “90 days” in item 5 is variable by group.
   c. The bracketed statement in item 5f is included or excluded.
2. Notice: the bracketed statement is variable by the Company.

SPECIFIC CERTIFICATE VARIABLES
GRP-C

Certificate Face Page and Schedule of Insurance

1. The group information on the certificate cover and all information on the Schedule of Insurance describing the plan is variable to describe the plan purchased by a particular policyholder.

Table of Contents

The table will vary to reflect the pages and benefits included.

Definitions

1. Annual Enrollment Period definition would be omitted if coverage is not Voluntary.
2. Annual Salary definition may be varied according to the needs of a particular policyholder. For example, it could include bonuses and/or commissions. If it includes "commissions" those will be based on 12 to 36 months, as determined by the policyholder.
3. Dependent definition age limits for dependent children may be varied according to the policyholder's plan. The range is a minimum of 19 years to a maximum of 30 years; but will never be less than as required by law.
4. Definition of Full-time may be varied to meet the needs of a particular policyholder.
5. Waiting Period definition may be varied to reflect days or months as requested by a particular policyholder.

Eligibility and Effective Date

1. The Effective Date wording may vary to meet the needs of a particular policyholder.
2. Employee Eligibility Date
   a. Bracketed content referring to "Voluntary coverage" will be included or excluded based on the plan purchased by the policyholder.
   b. Bracketing content referring to "Rehires" will be included or excluded based on the policyholder's request.
   c. If "Rehires" is included, the period is chosen by the policyholder. The range is a minimum of six months to a maximum of 24 months.
3. Effective Date of Employee Insurance
   a. Bracketed sections labeled "For Benefit Amounts Not Requiring Evidence of Insurability" and "For Benefit Amounts Requiring Satisfactory Evidence of Insurability" will be included, excluded, or the language may vary to meet the needs of a particular policyholder. If the section labeled "For Benefit Amounts Not Requiring Evidence of Insurability" is included; each item, in and of itself, is variable based on the policyholder's needs.
   b. Bracketed content referring to "voluntary coverage" will be included or excluded based on the plan purchased by the policyholder.
4. Dependent Eligibility
   a. This section, including the Effective Date of Dependent Insurance and the Delayed Effective Date provisions, will be included or excluded, based on the plan purchased by the policyholder.
   b. If Dependent coverage is included, the second, third, and fourth paragraphs will be included or excluded based on the plan purchased by the policyholder,
5. Effective Date of Dependent Insurance:
   a. The statement "Dependents will not be insured until you are insured" and bracketed sections labeled "For Benefit Amounts Not Requiring Evidence of Insurability" and "For Benefit Amounts Requiring Satisfactory Evidence of Insurability" will be included, excluded, or the language may vary to meet the needs of a particular policyholder.
   b. If the section labeled "For Benefit Amounts Not Requiring Evidence of Insurability" is included; each item, in and of itself, is variable based on the policyholder's request.

6. Newborn Child Coverage: The section will only be included if Voluntary AD&D is purchased by the policyholder. The first paragraph under this section will only be included if needed for clarity.

Changes in Coverage Provisions

1. When Coverage Amounts Change (Redetermination Date)
   a. The amount of insurance will be redetermined on one of the following dates, based on the policyholder's request:
      i) The policy anniversary; or
      ii) The date a change occurs, or
      iii) The first day of the policy month after a change occurs.
   b. The content beginning with the phrase, "If benefits are based on your salary" will be included or excluded, depending on whether or not the plan is based on salary.
   c. If the plan is salary based, one of the following variables will be included:
      i) The policyholder must report current earnings for all covered persons under the policy on the policy anniversary; or
      ii) The policyholder must report updates to all covered person's earnings as they occur.
2. Delayed Effective Date of Change
   Bracketed content will be included or excluded, based on whether or not salary-based benefits are included.
3. Changes to the Policy
   Bracketed content will be included or excluded, based on whether or not voluntary coverage.

Termination Provisions

1. Continuation of Insurance will be included or excluded to meet the needs of a particular policyholder.
   If Continuation of Insurance is included, the following variables apply:
   a. The range for the bracketed number in item 1. is 1 to 3.
   b. The range for the bracketed number in item 2. is 6 to 12.
2. Termination of Dependent Insurance:
   a. This section will be included or excluded, based on whether or not dependent coverage is included in the plan purchased by the policyholder.
   b. Item 3 may be revised to omit "except for Voluntary Life"
   c. Item 3 may be revised to read as follows or an additional item may be added that reads as follows: "[for voluntary life only] the date you cease to be an eligible employee".
3. Continuation of Insurance for a Handicapped Dependent Child will be included or excluded, based on whether or not dependent coverage is included in the plan purchased by the policyholder. If it is included the following variable applies:
   a. Bracketed age for dependent children will be varied according to the policyholder's plan. The range is a minimum of 19 years to a maximum of 30 years; but will never be less than as required by law.

Claim Provisions

1. Payment of Claims is variable as follows:
   a. The second paragraph referencing short term disability benefits will be included or excluded, based on whether the plan purchased by the policyholder includes short term disability benefits.
   b. The third paragraph will list only the benefits included in the issued policy.
   c. The fourth paragraph will be included or excluded, based on whether the plan purchased by the policyholder includes life benefits.
2. The Beneficiary section will be included or excluded, based on whether the plan purchased by the policyholder includes life benefits. The last sentence of the first paragraph of the Beneficiary section

will be included or excluded, based on whether the plan purchased by the policyholder includes dependent life benefits.

General Provisions

Policy Management, Duties of Covered Persons, is variable as follows: Items 9 and 10 will be included or excluded, depending on whether the plan purchased by the policyholder includes offsets for other income.

The following benefits are optional and will only be included if purchased by the policyholder.

Employee Term Life Insurance Benefits

1. The first sentence may be omitted if not necessary, or the bracketed content in the first sentence will be revised to reflect the actual coverage sold (i.e., basic life, supplemental life, and/or voluntary life)
2. The Suicide provision will be included or excluded, depending on whether the plan purchased by the policyholder includes supplemental or voluntary coverage.
3. If the Suicide provision is included, the following variables apply: References to “one year” may be changed to “two years”.

Dependent Term Life Insurance Benefits

1. The first sentence may be omitted if not necessary, or the bracketed content in the first sentence will be revised to reflect the actual coverage sold (i.e., dependent life and/or voluntary life).
2. The Suicide provision will be included or excluded, depending on whether the plan purchased by the policyholder includes voluntary or supplemental coverage.
3. If the Suicide provision is included, the following variables apply: References to “one year” may be changed to “two years”.

Conversion Privilege for Life Insurance

1. This provision will be included or excluded, based on whether the plan purchased by the policyholder includes life benefits. If it is included the following variables apply:
   a. If Employee only coverage is included, the “For Dependents” provision may be omitted.

Life Insurance – Waiver of Premium

1. This provision will be included or excluded, based on whether the plan purchased by the policyholder includes life benefits. If it is included the following variables apply.
2. The first sentence may be omitted if not necessary, or the bracketed content in the first sentence will be revised to reflect the actual coverage sold (i.e., basic life, supplemental life, dependent life and/or voluntary life).
3. Extended Insurance Benefit Waiver (Waiver of Premium)
   a. The reference to age “60” in item 2 is variable according to the policyholder’s plan. The range is a minimum of age 60 to a maximum of age 65.
   b. The reference to “six (6) months” in item 3. is variable according to the policyholder’s plan. The range is a minimum of three (3) months to a maximum of nine (9) months.
   c. Item 6 may be omitted according to the policyholder’s plan.
   d. The last paragraph may be omitted if dependent coverage is not included in the plan.
4. Gainful Occupation: The reference to 80% is variable according to the policyholder’s plan. The range is a minimum of 60% to a maximum of 80%.
5. Termination of the Extended Insurance Benefit:
   a. The reference to age “65” in item 3 is variable according to the policyholder’s plan. The range is a minimum of age 65 to a maximum of age 70.
   b. Item 3 may be revised to read “[1] year following the date you became disabled,” and the range

for "1" year would be from 1 to 5 years.

c. Item 4 may be omitted according to the policyholder's plan.

6. Termination of the Extended Insurance Benefit for the Covered Dependent.
   a. The provision will be included or excluded, depending on whether the plan purchased by the policyholder includes dependent coverage.
   b. If Dependent coverage is included, item 3 may be omitted or the reference to 12 months in item 3 may vary according to the policyholder's plan. The range is a minimum of 12 months to a maximum of 36 months.
7. Continuity of Coverage for Waiver of Premium upon Transfer of Insurance Carriers
   a. This section would only be included if the policyholder had a prior carrier for group life.
   b. The reference to age "60" in item 2 is variable according to the policyholder's plan. The range is a minimum of age 60 to a maximum of age 65.
   c. The reference to "six (6) months" in item 3 is variable according to the policyholder's plan. The range is a minimum of three (3) months to a maximum of nine (9) months.
   d. Item 6 will be included or excluded, depending on the plan purchased by the policyholder.

Life Insurance – Portability

1. This provision will be included or excluded, based on whether the plan purchased by the policyholder includes a portability benefit. If it is included, the following variables apply.
2. The first sentence may be omitted if not necessary, or the bracketed content will be included or excluded to reflect the actual coverage sold that includes the portability benefit (i.e., basic life, supplemental life, dependent life, and/or voluntary life).
3. Portability Benefit
   a. The phrase "and your spouse's" can be omitted or changed to "and your dependent's" if all dependents are eligible to port.
   b. The term "voluntary" can vary or be removed depending on which life benefits portability applies to (i.e., basic life, supplemental life, and/or voluntary life).
   c. The reference to age "70" in item 2a is variable according to the policyholder's plan. The range is a minimum of age 65 to a maximum of age 70.
   d. The reference to age "65" in item 2b is variable according to the policyholder's plan. The range is a minimum of age 60 to a maximum of age 70.
   e. The third paragraph can be changed to read as follows if dependents are not eligible for portability: "Dependents are not eligible for the Portability provision; however, dependent coverage may be converted under the "Conversion Privilege" provisions of the policy.]
   f. In the third paragraph, first sentence, the word "spouse's" can be changed to "dependent's" if children are eligible for portability. If changed, the second sentence would be removed.
4. Amount of Insurance: the word "spouse" can be changed to "dependent" if children are eligible for portability.
5. When Portability Ends
   a. Item 2. will be included or excluded, depending on the plan purchased by the policyholder.
   b. If item 2 is included, the reference to 3 years is variable according to the policyholder's plan. The range is a minimum of 1 year to a maximum of 5 years.
   c. The reference to age 70 in item 3. is variable according to the policyholder's plan. The range is a minimum of age 65 to a maximum of age 70.
   d. The references to age 65 in item 4. are variable according to the policyholder's plan. The range is a minimum of age 60 to a maximum of age 70.
   e. Item 6 will be included or excluded, depending on the plan purchased by the policyholder.
   f. If item 6 is included, the reference to "spouse" can be changed to "dependent".
   g. Item 7 will be included or excluded, depending on the plan purchased by the policyholder.
   h. If item 7 is included, the reference "to age 65" is variable according to the policyholder's plan. The range is a minimum of age 65 to a maximum of age 70.

i. Bracketed content in the second paragraph will be excluded if spouse or dependent coverage is not sold. If included, the term “spouse” will be changed to “dependent” if children are eligible for portability.

Group Life Accelerated Benefit

1. The first sentence may be omitted if not necessary, or the bracketed content in the first sentence will be revised to reflect the actual coverage sold (i.e., basic life, supplemental life, and/or dependent life and/or voluntary life).
2. Eligibility
   a. References to covered dependents may be omitted if dependents are not covered under the policy.
   b. The reference to “under age 70” may be omitted according to the policyholder’s plan, or age 70 is variable according to the policyholder’s plan. The range is a minimum of age 65 to a maximum of age 75.
   c. The reference to $10,000 is variable according to the policyholder’s plan. The range is a minimum of $5,000 to a maximum of $15,000.
3. Amount of Accelerated Benefit
   a. The reference to 75% is variable according to the policyholder’s plan. The range is a minimum of 25% to a maximum of 100%.
   b. The reference to $250,000 is variable according to the policyholder’s plan. The range is a minimum of $50,000 to a maximum of $500,000.
4. Effect of Payment of an Accelerated Benefit on Policy Provisions: the last paragraph may be omitted if AD&D coverage is not included in the policy.
5. Date Insurance Ends Under this Benefit: Item 3 will be included or excluded, depending on the plan purchased by the policyholder; and, if included, age 70 may vary from 65 to 70.

Accidental Death & Dismemberment Insurance

1. The first sentence may be omitted if not necessary, or the bracketed content in the first sentence will be revised to reflect the actual coverage sold (i.e., basic accidental death & dismemberment, supplemental accidental death and dismemberment, and/or voluntary accidental death & dismemberment).
2. The second sentence will be excluded if not necessary according to the policyholder’s plan, or the reference to supplemental AD&D may me omitted.
3. The third sentence will be included or excluded according to the policyholder’s plan. It will always be included when voluntary accidental death & dismemberment is part of the plan.
4. The bracketed reference to 365 days in item 2 in the fourth sentence is variable according to the policyholder’s plan. The range is a minimum of 90 days to a maximum of 365 days, but never less than required by law. This item will be removed if required by law.
5. Amount of Insurance:
   a. The reference to 50% for Loss of One Member is variable according to the policyholder’s plan. The range is a minimum of 50% to a maximum of 75%.
   b. The reference to 25% for Loss of Thumb and Index Finger of the Same Hand is variable according to the policyholder’s plan. The range is a minimum of 10% to a maximum of 25%.
6. Exclusions:
   a. Any of the exclusions may be omitted if required by a policyholder’s plan.
   b. Reference to “an assault or” in item 5 will be included or excluded, according to the policyholder’s plan.
   c. The definitions of “Participation in a riot’” “Riot” and “War” will be omitted if the corresponding exclusion is omitted.

Basic Short Term Disability Benefits

1. Definitions
   a. The reference to "your regular" occupation within the "Disability or Disabled" definition may be changed to "any gainful" occupation according to the policyholder's plan.
   b. The second sentence of the "Disability or Disabled" definition may be omitted if not required by a particular policyholder.
   c. The definitions for "Gainful Occupation" and "Regular Occupation" will be included or excluded to reflect the policyholder's plan. One or the other of the definitions will always be included.
   d. The definition of "Weekly Earnings" is variable according to the policyholder's plan.
   e. References to "bonuses" and "commissions" within the "Weekly Earnings" definition will be included or excluded to reflect the policyholder's plan.
   f. Reference to 12 months in the "Weekly Earnings" definition is variable from 12 to 36 months according to the policyholder's plan.
2. Weekly Benefit:
   a. Reference to 1/7th in the second paragraph is variable according to the policyholder's plan. The range is a minimum of 1/5th to a maximum of 1/7th.
3. Disabilities due to accidental injuries: The bracketed language may be omitted. If included, references to 30 days are variable according to the policyholder's plan. The range is a minimum of 1 day to a maximum of 30 days.
4. Your Weekly Benefit If You Are Disabled And Not Working, or You Are Disabled And Working but Earning Less Than 20% of Your Covered Weekly Earnings:
   a. The references to "gross" weekly benefit may be omitted if the policyholder's plan does not include eligible offsets.
   b. Step 4 (or Step 2 below) may be omitted if the policyholder's plan does not include eligible offsets.
   c. If a flat benefit is sold instead of a percentage of income, the section will be replaced with the following language:

      Your weekly benefit will be determined by using the following steps:

      Step 1: The flat weekly benefit amount your plan provides is shown in the Schedule of Insurance. This is your [gross] weekly benefit.

      Step 2: [Subtract from your gross weekly benefit any eligible offsets, except any income you earn or receive from any form of employment. This is your weekly benefit.]

5. Your Weekly Benefit If You Are Disabled And Working, Earning Between 20% and [80%] of Your Covered Weekly Earnings:
   a. The reference to 80% in the title is variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 80%.
   b. The references in Step 4 (or Step 2 below) to "all eligible offsets, including" may be omitted if the policyholder's plan does not include eligible offsets.
   c. If a flat benefit is sold instead of a percentage of income, the section will be replaced with the following language:

      Your weekly benefit will be determined by using the following steps:

      Step 1: The flat weekly benefit amount your plan provides is shown in the Schedule of Insurance. This is your gross weekly benefit.

      Step 2: Add to the gross weekly benefit the amount of [all eligible offsets, including] any income you earn or receive from any form of employment.

Step 3: If the total from Step 2 exceeds 100% of your covered weekly earnings, subtract the amount over 100% from the gross weekly benefit. This is your weekly benefit.

If the total from Step 2 does not exceed 100% of your covered weekly earnings, your benefit will not be reduced and your weekly benefit will be as determined in Step 2.

6. The Minimum Benefit paragraph may be omitted if the plan does not include Eligible Offsets.
7. If You Are Disabled and Working, Earning More Than [80%] of Your Covered Weekly Earnings you are not eligible for a weekly benefit and no benefit will be paid:
   a. The reference to 80% in the title is variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 80%.
8. Eligible Offsets
   a. This provision will be included or excluded, based on the plan purchased by the policyholder. If it is included the following variables apply.
   b. Items 1 through 6 will be included or excluded, according to the policyholder's plan.
   c. The bracketed statement at the end of item 3 may be omitted. If included references to 100% are variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 100%.
   d. Bracketed items in the paragraph beginning, "Eligible offsets also include…" will be included or excluded, based on the plan purchased by the policyholder.
   e. The reference to 24 months in the third item 2 is variable according to the policyholder's plan. The range is a minimum of 12 months to a maximum of 36 months.
   f. The reference to "this" may be changed to "your employer sponsored" plan in the fourth item 1 according to the policyholder's plan.
9. Exclusions
   a. Any of the exclusions may be omitted if required by a policyholder's plan.
   b. Reference to "an assault or" in item 4 will be included or excluded, according to the policyholder's plan.
   c. The second paragraph may be omitted, or the reference to 30 days may be varied according to the policyholder's plan. The range is a minimum of 10 days to a maximum of 45 days
   d. The definitions of "Intoxicated," "Participation in a riot'" "Riot" and "War" will be omitted if the corresponding exclusion is omitted.

Voluntary Short Term Disability Benefits

1. Definitions
   a. The reference to "your regular" occupation within the "Disability or Disabled" definition may be changed to "any gainful" occupation according to the policyholder's plan.
   b. The second sentence of the "Disability or Disabled" definition may be omitted if not required by a particular policyholder.
   c. The definitions for "Gainful Occupation" and "Regular Occupation" will be included or excluded to reflect the policyholder's plan. One or the other of the definitions will always be included.
   d. The definition of "Weekly Earnings" is variable according to the policyholder's plan.
   e. References to "bonuses" and "commissions" within the "Weekly Earnings" definition will be included or excluded to reflect the policyholder's plan.
   f. Reference to 12 months in the "Weekly Earnings" definition is variable from 12 to 36 months according to the policyholder's plan.
2. Weekly Benefit:
   a. Reference to 1/7th in the second paragraph is variable according to the policyholder's plan. The

range is a minimum of 1/5th to a maximum of 1/7th.

3. Disabilities due to accidental injuries: The bracketed language may be omitted. If included, references to 30 days are variable according to the policyholder's plan. The range is a minimum of 1 day to a maximum of 30 days.
4. Your Weekly Benefit If You Are Disabled And Not Working, or You Are Disabled And Working but Earning Less Than 20% of Your Covered Weekly Earnings:
   a. The references to "gross" weekly benefit may be omitted if the policyholder's plan does not include eligible offsets.
   b. Step 4 (or Step 2 below) may be omitted if the policyholder's plan does not include eligible offsets.
   c. If a flat benefit is sold instead of a percentage of income, the section will be replaced with the following language:

      Your weekly benefit will be determined by using the following steps:

      Step 1: The flat weekly benefit amount your plan provides is shown in the Schedule of Insurance. This is your [gross] weekly benefit.

      Step 2: [Subtract from the gross weekly benefit any eligible offsets, except any income you earn or receive from any form of employment. This is your weekly benefit.]

5. Your Weekly Benefit If You Are Disabled And Working, Earning Between 20% and [80%] of Your Covered Weekly Earnings:
   a. The reference to 80% in the title is variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 80%.
   b. The references in Step 4 (or Step 2 below) to "all eligible offsets, including" may be omitted if the policyholder's plan does not include eligible offsets.
   c. If a flat benefit is sold instead of a percentage of income, the section will be replaced with the following language:

      Your weekly benefit will be determined by using the following steps:

      Step 1: The flat weekly benefit amount your plan provides is shown in the Schedule of Insurance. This is your gross weekly benefit.

      Step 2: Add to the gross weekly benefit the amount of [all eligible offsets, including] any income you earn or receive from any form of employment.

      Step 3: If the total from Step 2 exceeds 100% of your covered weekly earnings, subtract the amount over 100% from the gross weekly benefit. This is your weekly benefit.

      If the total from Step 2 does not exceed 100% of your covered weekly earnings, your benefit will not be reduced and your weekly benefit will be as determined in Step 2.

6. The Minimum Benefit paragraph may be omitted if the plan does not include Eligible Offsets.
7. If You Are Disabled and Working, Earning More Than [80%] of Your Covered Weekly Earnings, you are not eligible for a benefit and no benefit will be paid:
   a. The reference to 80% in the title is variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 80%.
8. Eligible Offsets
   a. This provision will be included or excluded, based on the plan purchased by the policyholder. If it is included the following variables apply.

b. Items 1 through 6 will be included or excluded, according to the policyholder's plan.
c. The bracketed statement at the end of item 3 may be omitted. If included references to 100% are variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 100%.
d. Bracketed items in the paragraph beginning, "Eligible offsets also include…" will be included or excluded, based on the plan purchased by the policyholder.
e. The reference to 24 months in the third item 2 is variable according to the policyholder's plan. The range is a minimum of 12 months to a maximum of 36 months.
f. The reference to "this" may be changed to "your employer sponsored" plan in the fourth item 1 according to the policyholder's plan.

9. Pre-Existing Condition Exclusion
   a. References to 12 months in this section are variable according to the policyholder's plan. The range is a minimum of 3 months to a maximum of 24 months, but never more than allowed by law.
10. Exclusions
   a. Any of the exclusions may be omitted if required by a policyholder's plan.
   b. Reference to "an assault or" in item 4 will be included or excluded, according to the policyholder's plan.
   c. The second paragraph may be omitted, or the reference to 30 days may be varied according to the policyholder's plan. The range is a minimum of 10 days to a maximum of 45 days
   d. The definitions of "Intoxicated," "Participation in a riot'" "Riot" and "War" will be omitted if the corresponding exclusion is omitted.
11. Continuity of Coverage
   a. This provision will be omitted if the policyholder did not have a prior carrier.

Certificate Riders

Accidental Death & Dismemberment Child Care Rider, GADD-CCC

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.
4. Reference to 365 days in item 2.b., under the Child Care Center Benefit provision, is variable according to the policyholder's plan. The range is a minimum of 90 days to a maximum of 365 days.
5. Reference to 3% in the second item one, under the Child Care Center Benefit provision, is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 25%.
6. Reference to $5,000 in the second item one, under the Child Care Center Benefit provision, is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $10,000.
7. Reference to 4 consecutive years in the third paragraph under the Child Care Center Benefit provision is variable according to the policyholder's plan. The range is a minimum of 4 years to a maximum of 6 years.
8. Reference to $1,000 in the fifth paragraph under the Child Care Center Benefit provision, is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of 5,000.
9. References to a twelve-month period in the eighth paragraph under the Child Care Center Benefit provision are variable according to the policyholder's plan. The range is a minimum of 3 months to a maximum of 12 months.
10. Reference to [annual] in the eighth paragraph can be changed to quarterly or semi-annual to coincide with any change to the monthly period.

Accidental Death & Dismemberment Coma Rider, GADD-COMA

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.
4. Reference to Basic, Supplemental and Voluntary in the fourth paragraph under the Coma Benefit provision may vary to reference the exact benefits sold. They may be omitted if not needed for clarity.
5. References to 5% in the fourth paragraph under the Coma Benefit provision are variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 10%.
6. The second bracketed phrase in the fourth paragraph under the Coma Benefit provision may be omitted if required by the policyholder's plan.
7. Reference to 11th month in item 2 of the fourth paragraph under the Coma benefit is variable according to the policyholder's plan. The range is a minimum of 11 to a maximum of 100.
8. Reference to 11 straight months in the seventh paragraph under the Coma benefit is variable according to the policyholder's plan. The range is a minimum of 11 straight months to a maximum of 100 straight months.
9. Reference to Basic, Supplemental and Voluntary in the seventh paragraph under the Coma Benefit provision may be omitted if not needed for clarity.
10. References to age 70 in the Date Coverage Ends under This Rider provision are variable according to

the policyholder's plan. The range is from age 65 and up.

Accidental Death & Dismemberment Common Carrier Rider, GADD-CC

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.

Accidental Death & Dismemberment Exposure and Disappearance Rider, GADD-E&D

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.

Accidental Death & Dismemberment Felonious Assault Rider, GADD-FA

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. Reference to 25% in the first paragraph under Felonious Assault Benefit is variable according to the policyholder's plan. The range is a minimum of 25% to a maximum of 100%.
4. Reference to $50,000 in item 1 under Felonious Assault Benefit is variable according to the policyholder's plan. The range is a minimum of $25,000 to a maximum of $100,000.

Accidental Death & Dismemberment Human Immunodeficiency Virus (HIV) Rider, GADD-HIV

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. Reference to 20% in the second paragraph under the HIV Benefit provision is variable according to the policyholder's plan. The range is a minimum of 10% to a maximum of 50%.

Accidental Death & Dismemberment Paralysis Rider, GADD-PAR

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.

2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.
4. Bracketed percentages in the Paralysis Benefit Amount provision are variable according to the policyholder's plan. The range is a minimum of 50% to a maximum of 100%.

Accidental Death & Dismemberment Repatriation Rider, GADD-REPT

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.
4. Reference to 10% in the second item 2 under Repatriation Benefit is variable according to the policyholder's plan. The range is a minimum of 10% to a maximum of 100%.
5. Reference to $5,000 in the second item 2 under Repatriation Benefit is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $10,000.
6. References to age 70 in the Date Coverage Ends under This Rider provision are variable according to the policyholder's plan. The range is from age 65 and up.

Accidental Death & Dismemberment Seat belt – Air Bag Rider, GADD-SBAB

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.
4. Reference to 10% in the first paragraph under Seat Belt Benefit is variable according to the policyholder's plan. The range is a minimum of 10% to a maximum of 100%.
5. Reference to $10,000 in the first paragraph under Seat Belt Benefit is variable according to the policyholder's plan. The range is a minimum of $10,000 to a maximum of $50,000.
6. Reference to 10% in the first paragraph under Air Bag Benefit is variable according to the policyholder's plan. The range is a minimum of 10% to a maximum of 100%.
7. Reference to $10,000 in the first paragraph under Air Bag Benefit is variable according to the policyholder's plan. The range is a minimum of $10,000 to a maximum of $50,000.

Accidental Death & Dismemberment Special Education Rider, GADD-SE

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the

policyholder.

4. Reference to 5% in the second item one, under the Special Education Benefit provision, is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 25%.
5. Reference to $2,500 in the second item one, under the Special Education Benefit provision, is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $10,000.
6. Reference to 4 consecutive years in the third paragraph under the Special Education Benefit provision is variable according to the policyholder's plan. The range is a minimum of 4 years to a maximum of 6 years.
7. Reference to $1,000 in the fourth paragraph under the Special Education Benefit provision is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $5,000.

Accidental Death & Dismemberment Spouse Training Rider, GADD-ST

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. Reference to 5% in the second item one, under the Spouse Training Benefit provision, is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 25%.
4. Reference to $2,500 in the second item one, under the Spouse Training Benefit provision, is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $10,000.
5. Reference to 4 consecutive years in the second item two, under the Spouse Training Benefit provision, is variable according to the policyholder's plan. The range is a minimum of 4 years to a maximum of 6 years.
6. Reference to $1,000 in the third paragraph, under the Spouse Training Benefit provision, is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $5,000.

Domestic Partner Rider, GRP-DP-RDR

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. The reference to 12 months under the Domestic Partner definition is variable according to the policyholder's plan. The range is a minimum of 6 months to a maximum of 24 months.
3. Eligible Domestic Partners: The phrase "and his children" may be omitted according to the policyholder's plan. If omitted "is" will be used. If included "are" will be used.

Change Rider –Portability, GRP-PORT-RDR

1. The identifying information at the top of the rider is variable to reference the particular policy and certificate holder and effective date.
2. The Schedule of Insurance information is variable to reference the coverage for a particular certificate holder such as type of coverage, amount of coverage, who is covered, and the rates.
3. The Reductions, Termination, and Special Provisions are variable to reference those that apply to a particular certificate holder.

Change Rider –Reduced Life Benefit, GRP-RLB-RDR

1. The identifying information at the top of the rider is variable to reference the particular policy and certificate holder and effective date.
2. The reduced life amount is variable to reference the coverage for a particular certificate holder

Disclosure for Group Life Accelerated Benefit

1. Amount of Accelerated Benefit
   a. The reference to 75% is variable according to the policyholder's plan. The range is a minimum of 25% to a maximum of 100%.
   b. The reference to $250,000 is variable according to the policyholder's plan. The range is a minimum of $50,000 to a maximum of $500,000.
2. Effect of Payment of an Accelerated Benefit on Policy Provisions: the last paragraph may be omitted if AD&D coverage is not included in the policy.
3. Date Insurance Ends Under this Benefit: Item 3 will be included or excluded, depending on the plan purchased by the policyholder; and, if included, age 70 may vary from 65 to 70.

Attachment to the NAIC Filing Description

The following forms can be used with the previously approved forms listed in each section. See page 2 for the approval dates of each previously approved form:

VGTL-APP (5-09) - Voluntary Group Term Life Enrollment Form The above form may be used with the following previously approved policy:	
Form #	Policy
VGTL2-P (3-06)	Voluntary Group Term Life Policy

VGLAS-APP (5-09) - Voluntary Products Enrollment Form The above form may be used with the following previously approved policies:	
Form #	Policy
VGTL2-P (3-06)	Voluntary Group Term Life Policy
VSTD-P (5-95)	Voluntary Short Term Disability Policy
VADD2-P (3-06)	Voluntary Accidental Death & Dismemberment

VGLA-APP (5-09) - Voluntary Products Enrollment Form The above form may be used with the following previously approved policies:	
Form #	Policy
VGTL2-P (3-06)	Voluntary Group Term Life Policy
VADD2-P (3-06)	Voluntary Accidental Death & Dismemberment

VDP-APP (5-09) - Voluntary Disability Products Enrollment Form The above form may be used with the following previously approved policies:	
Form #	Policy
VSTD-P (5-95)	Voluntary Short Term Disability Policy
VLTD-P (5-95)	Voluntary Long Term Disability Policy

VIP-APP (5-09) - Voluntary STD Income Protection Enrollment Form The above form may be used with the following previously approved policy:	
Form #	Policy
VSTD-P (5-95)	Voluntary Short Term Disability Policy

VPB-APP (5-09) - Voluntary Products Enrollment Form The above form may be used with the following previously approved policies:	
Form #	Policy
VGTL2-P (3-06)	Voluntary Group Term Life Policy
VLTD-P (2-01)	Voluntary Long Term Disability Policy
VSTD-P (5-95)	Voluntary Short Term Disability Policy
VADD2-P (3-06)	Voluntary Accidental Death & Dismemberment

VADD-APP (5-09) - Voluntary AD&D Enrollment Form The above form may be used with the following previously approved policy:	
Form #	Policy
VADD2-P (3-06)	Voluntary Accidental Death & Dismemberment

EOI (5-09) – Evidence of Insurability Application The above form may be used with the following previously approved policies:	
Form #	Policy
GPOL (11-99)	Group Policy
GLTD-P (8-93)	Group LTD (DRMS)
HLTD-P (4-04)	Group LTD (Hartford)
VGTL2-P (3-06)	Voluntary Group Term Life Policy
VLTD-P (2-01)	Voluntary Long Term Disability Policy
VSTD-P (5-95)	Voluntary Short Term Disability Policy
GPOL-VGL (11-99)	Voluntary Group Life Policy
GTP (3-06)	Group Trust Policy
GTP (4-05)	Group Trust Policy
GTP (8-98)	Group Trust Policy
GLTD-CONV-P1.0 (9-93)	DRMS Conversion Trust Policy
GLP-ARST (1-93)	Group Life Policy for AR State Employees

1000 (5-09) - Group Enrollment or Change Form The above form may be used with the following previously approved policies:	
Form #	Policy
GPOL (11-99)	Group Policy
GLTD-P (8-93)	Group LTD (DRMS)
HLTD-P (4-04)	Group LTD (Hartford)
TLTD-P (9-98)	Group LTD Trust Policy
GTP (3-06)	Group Trust Policy
GTP (4-05)	Group Trust Policy
GTP (8-98)	Group Trust Policy

Previously Approved Policy Forms		
Form #	Policy	Approval Date
GPOL (11-99)	Group Policy	11/19/1999
GLTD-P (8-93)	Group LTD (DRMS)	1/30/1995
HLTD-P (4-04)	Group LTD (Hartford)	9/8/2004
TLTD-P (9-98)	Group LTD Trust Policy	8/25/1998
VGTL2-P (3-06)	Voluntary Group Term Life Policy	3/20/2006
VADD2-P (3-06)	Voluntary Accidental Death & Dismemberment	5/3/2006
VLTD-P (2-01)	Voluntary Long Term Disability Policy	3/6/2001
VSTD-P (5-95)	Voluntary Short Term Disability Policy	5/5/1995
GPOL-VGL (11-99)	Voluntary Group Life Policy	2/25/2000
GTP (3-06)	Group Trust Policy	3/2/2006
GTP (4-05)	Group Trust Policy	4/19/2004
GTP (8-98)	Group Trust Policy	8/10/1998
GLTD-CONV-P1.0 (9-93)	DRMS Conversion Trust Policy	9/15/1993
GLP-ARST (1-93)	Group Life Policy for AR State Employees	12/17/1992

USAble Life

[320 W. Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

POLICYHOLDER:
[Group Name]

POLICY NUMBER:
[10000000-L]

EFFECTIVE DATE:
[October 1, 2008]

PREMIUM DUE DATE:
[First Day of Each Policy Month]

ANNIVERSARY DATE:
[October 1, 2009 and Each Succeeding October 1]

STATE OF DELIVERY
[Arkansas]

USAble Life agrees with the policyholder to insure covered persons who are entitled to the insurance provided by this policy. This policy is issued in consideration of the application of the policyholder, and the payment of the first premium. The first premium is due and payable on the effective date of the policy. Subject to the policy's grace period provision, all premiums after the first must be paid when or before they are due.

This policy is a legal contract between the policyholder and USAble Life. PLEASE READ THIS POLICY CAREFULLY.

Signed for USAble Life:

Secretary

President

Nonparticipating
Renewable
[Group Term Life, Accidental Death & Dismemberment, Dependent Life, Short Term Disability Insurance Policy]

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Section 1 – Schedule of Insurance

Policyholder: [TEST AR]

Policy Number: [19999999-L]

Policy Effective Date: [October 1, 2008]

Renewal Date: [October 1, 2010]

The Schedule(s) of Insurance for the [Group Term Life, Accidental Death & Dismemberment, Dependent Life, Short Term Disability Insurance Policy] are shown in the Certificate(s) of Insurance.

The Schedule of Insurance will control the:

1. benefit amounts and maximum limits;
2. eligibility and effective date rules; and
3. other schedule amounts and limits,

which apply to the employees of the policyholder.

Section 2 –Associated Company

We will insure the eligible employees of the policyholder's affiliates or subsidiaries listed on the Group Insurance Application.

Newly Acquired Organizations

The policy applies only to the policyholder as composed on the effective date of the policy or as thereafter amended.

New employees acquired through merger, stock purchase, exchange of stock, or otherwise may be covered under the policy. Their coverage is subject to the following conditions:

1. that the policyholder report to us the name of the newly acquired organization along with any underwriting data we may need to determine the correct premium;
2. that we accept the newly acquired organization for coverage; and
3. that the policyholder pays the correct additional premium.

Coverage will start in accordance with the "Eligibility and Effective Date" provisions in the certificate. In no case, however, will coverage continue for more than 60 days after the acquisition or merger unless:

1. the required report has been made; and
2. the newly acquired organization has been accepted for coverage and the additional premium has been agreed on and paid.

The policyholder must pay for any period in which coverage is in effect.

Section 3 – Incorporation Provision

Certificate

The certificate(s) and the endorsement(s) or rider(s), which are attached to this policy are hereby incorporated in, and made a part of, this policy. If there is any conflict between the terms and conditions of this policy and an attachment, this policy shall be controlling.

The terms found in the certificate(s) include:

1. the benefit plan provisions;
2. the eligibility and effective date of insurance rules;
3. the termination of insurance rules; and
4. exclusions.

Section 4 – Premium Provisions

Premium Payments

The policyholder must pay all premiums in advance at our Home Office or to one of our agents in accordance with the policy application, which is incorporated as the signature page of this policy upon acceptance and issuance of this policy by USAble Life. The policyholder may request on any policy anniversary that the frequency of premium payment be changed to any frequency we offer for such policy.

Calculation of Premiums

The first premium is due on the policy effective date. Payment of that premium shall constitute acceptance of the policy. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the policyholder with an explanation of how to apply them.

Our Right to Change Premium Rates

We may change the premium rate:

1. after the [first renewal date];
2. at the end of any rate guarantee period; or
3. when our liability changes.

Payment of the changed premium rate shall constitute acceptance of that change.

Unless our liability changes:

1. we will not change the rates more than once in any period of [12] consecutive months; and
2. we will give the policyholder [31] days advance written notice of an increase in rates.

Section 5 – Policy Provisions

Entire Contract

The contract between the parties consists of:

1. the policy, any amendments and addenda; and
2. the application of the policyholder, a copy of which is attached to and made a part of the policy when issued, as may be amended during the term of this policy; and
3. the certificates, and the endorsements or riders which is attached to and made a part of the policy when issued; as may be amended during the term of this policy; and
4. the enrollment forms, if any, of each covered person.

All statements made by the policyholder and persons insured under the policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his authorized representative.

Incontestability

Except for non-payment of premium, the insurance provided to each covered person by the policy cannot be contested after a period of two (2) years from the effective date of each covered person.

Changes to the Policy

The policyholder owns the policy. We may change any or all of the provisions of this policy by notifying the policyholder. We must give the policyholder at least [31] days advance written notice of any change, unless the policyholder accepts an amendment during that period. The policy may also be changed in whole or in part when there is any change in laws or regulations which affect our obligations under the policy. A change must be approved by one of our executive officers. No agent can change the policy or waive any of its provisions. Payment of the applicable premium following any change of this policy in accordance with this section shall constitute acceptance of that change.

Grace Period

We will allow the policyholder a [31] day grace period for the payment of all premiums after the first. During this [31] day period, the policy will stay in force. If the owed premium is not paid by day [31], the policy will automatically terminate retroactive to the last day that the applicable premiums had been paid. If the policyholder gives us written advance notice of an earlier cancellation date, the policy will terminate on the earlier date.

Termination of Policy

<u>For Cause</u>

1. We may terminate this policy if we do not receive any premium when due in accordance with the Grace Period provision of the policy.
2. Either party may terminate this policy upon [30-60] days advance written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that [30-60] day notice period.
3. Either party may terminate this policy, with or without prior notice, effective as of midnight prior to the date that the other party:
   a. ceases doing business as a going concern;
   b. makes an assignment for the benefit of creditors;
   c. admits in writing that it is unable to pay debts as they come due; or

d. consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.

4. We may terminate this policy, upon not less than [30-60] days written notice if the employer fails to comply with a material plan provision relating to the employer's premium contribution or group participation rules or if we determine there has been a material change affecting the risk assumed under this policy.
5. Upon written notice, we may terminate or rescind the policy or the coverage on a covered person for fraud or misrepresentation by the employer or a covered person of material fact concerning the employer or covered person.

Because of Inability to Perform Obligations

The policy may be immediately suspended or terminated by written notice to the other party if either party is unable to perform its obligations for reasons beyond its control, including:

1. complete or partial destruction of facilities or equipment;
2. lockout, strike, riot, war, act of God, or any ordinance, law, order or decree of any governmental authority.

Neither party will be required to perform its duties nor be liable for any damages arising from the suspension or termination of this policy pursuant to this provision.

Certificate

We will give the policyholder an individual certificate for distribution to each covered employee. The certificate is part of the policy, and will explain the important features of the policy.

Data to Be Furnished

The policyholder will give us all information we need regarding matters pertaining to the insurance. At any reasonable time while the policy is in force and for one year after that, we may inspect any of the policyholder's documents, books, or records which may affect the insurance or premiums of this policy.

If the policyholder gives us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the policyholder or covered individual. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

No Replacement for Workers' Compensation

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

Time Period

All periods begin and end at 12:01 a.m., standard time, at the policyholder's address.

Jurisdiction

The laws of the state where it is delivered govern this policy.

[Section 6 – Self-Administered Provisions

The Parties to this provision are USAble Life and the policyholder.

Statement of Work

As a Self-Administered Group with respect to this policy, it is the responsibility of the policyholder to properly enroll its eligible employees for insurance coverage; to accurately collect premium for each employee's coverage; to remit that premium to us, and to maintain all documentation necessary for the administration of the coverages shown on the Schedule of Insurance.

The Policyholder's Obligation

The policyholder agrees to perform, while this policy is in force, the following functions:

1. verify eligibility, as defined under the policy;
2. obtain enrollment documentation for its eligible employees on forms approved and acceptable to us, such documentation to contain sufficient information to establish proof of coverage;
3. forward all enrollment documentation for coverage that requires underwriting approval to us immediately upon receipt and inform employees that coverage is not effective until approved in writing by us;
4. maintain enrollment documentation containing proof of coverage and beneficiary designations and changes thereto;
5. provide us [on an annual basis, or] as requested, and no less than [90] days prior to the Anniversary Date of the policy a census of all covered persons including the following data:
    a. Full name;
    b. Date of birth;
    c. Gender;
    d. Salary, if coverage is based on salary;
    e. Class or coverage amount by type of coverage;
    f. Occupation[, if coverage based on occupation class or for Short Term Disability coverage];
6. remit timely payment of premiums in accordance with the policy's premium provisions;
7. enforce all policy provisions including, but not limited to, guaranteed issue (GI) amount of coverage, if applicable; late enrollee requirements; Eligibility and Effective Date provisions; limits of coverage, and changes in coverage;
8. deliver certificates of insurance to each eligible employee within 30 days of the covered person's effective date of coverage. We reserve the right to review and modify, if necessary, any and all materials pertaining to the benefits provided by us, to ensure accuracy and compliance with the policy, the certificate of insurance, and any applicable federal or state law.

Terms

1. As a Self-Administered Group, the policyholder will cooperate in audits performed by us and will provide all documentation required within the requested time frame. Such audits not to occur more frequently than once per 12-month period.
2. As a Self-Administered Group, the policyholder shall be responsible for proper deductions and administration of payroll functions for benefits that are funded partially or wholly by employees. Failure to deduct the proper amount, the calculation of which is determined by the Premium provisions of the policy, and duties listed in this Section of the policy will in no way increase our liability. We do not retain or exercise the right to direct, control or supervise the policyholder as to the policyholder's procedures for premium collection and reporting.
3. As a Self-Administered Group, the policyholder agrees to make an equitable adjustment of premiums, upon our approval, based on either or both of the following factors:
   a. the amount of premium due based on the covered person's coverage;
   b. the difference between the premium paid and the premium which would have been paid if the covered person's coverage had been correctly stated.
4. As a Self-Administered Group, the policyholder is responsible for compliance with applicable federal and state laws and specifically assumes exclusive responsibility for collection of premiums and the reporting of accurate premiums to us.
5. Enrollment periods and the period of time for any enrollment must be approved in writing by us. Enrollment documentation submitted after such approved enrollment period will require Evidence of Insurability (EOI) on a form acceptable to us, and coverage will not be effective until approved in writing by our Underwriting Department.

Underwriting Approval

The policyholder may not alter, amend or expand the underwriting approval limits specified in the policy or certificate of insurance. All individual applications that require underwriting approval, as identified in item 3 of The Policyholder's Obligations provision above, must receive our written approval before coverage shall become effective.

Records

All enrollments, beneficiary and premium records, and supplies kept by the policyholder relating to this Section of the policy shall be opened for inspection/audit by us or our representative at all reasonable times during the continuance of this policy. All such records and supplies shall be retained until authorization for their destruction is obtained from us.

Assignment

The obligations of the policyholder set out in this Section shall not be assignable, nor may any of its functions or duties be delegated without our prior written consent.

Termination

Either party may terminate self-administration of the policy by providing 30 days written notice to the other party. Notice shall be sent by certified mail and shall be effective upon receipt. The provisions of this Section shall terminate at the end of the month following the expiration of the 30 days.

Notice

Notice required to be given to us under this Section shall be sent to our address [Attention: Corporate Document Manager.] Notice required to be given under this Section to the policyholder shall be sent to the address shown in our records.

Hold Harmless and Indemnification

As a Self Administered Group, the policyholder shall indemnify and hold harmless USAble Life, its parents, affiliates, officers, directors, agents, successors, assigns and employees against any and all claims, demands and expenses of all kinds made against or incurred by us, resulting from or arising out of any act, negligence or misconduct of the policyholder or any agent, employee or representative of the policyholder in connection with the policyholder's duties hereunder.

Confidentiality

The Financial Services Modernization Act (Gramm-Leach-Bliley Act), hereinafter “GLB” requires that all parties that perform services on behalf of the Insurer and receive nonpublic personal, financial or health information, with respect to any applicant or insured of the Insurer, for use or disclosure during the service performance, are prohibited from disclosing or using such information for any reason other than to carry out the business purposes for which the information was disclosed.

Relationship of the Parties

In regards to this Section of the policy, the relationship between the parties shall be that of independent contractors. The parties further acknowledge that the policyholder is not our agent and shall not hold itself out as such and that the policyholder acts solely on behalf of its employees in the performance of its obligations under this Section of the policy.]

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/18/2009	Form	Group Certificate	02/20/2009	GRP-C (5-09).PDF (Superceded)
01/31/2009	Form	Group Certificate	02/18/2009	GRP-C (5-09).PDF (Superceded)
01/31/2009	Form	Evidence of Insurability Application	02/18/2009	EOI (5-09).PDF (Superceded)
01/31/2009	Supporting Document	Statement of Variability	02/18/2009	Statement of Variability.PDF (Superceded)

USAble Life

[320 W. Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

CERTIFICATE OF INSURANCE

[Group Term Life, Accidental Death & Dismemberment, Dependent Life, Short Term Disability]

Policyholder: [GROUP_NAME]

Class: [CLASS_NUMBER]

State of Residence: [ARKANSAS]

This is to certify that USAble Life has issued and delivered the [Group Term Life, Accidental Death & Dismemberment, Dependent Life, and Short Term Disability] Insurance Policy to the Policyholder.

The policy insures the employees and their dependents, if elected, of the policyholder who:

1. are eligible for the insurance;
2. become insured; and
3. continue to be insured;

according to the terms of the policy.

The terms of the policy that affect your insurance are contained in the following pages.

This Certificate of Insurance is a part of the policy. This certificate replaces any other that USAble Life may have issued to the policyholder to give to you under the Group Insurance Policy specified herein.

Signed for USAble Life:

Secretary

President

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Schedule of Insurance

Policyholder: [A-Z Services, Inc.]

Group Policy Number: [12345678-GL]

Policy Effective Date: [October 1, 2008*]
*This certificate replaces any certificate issued before the date shown.

[Associated Company: John Doe & Associates]

Eligible Class: [Class 1 All Active Full-time Employees]

Waiting Period: [You will be eligible for coverage on [the first of the policy month or the day] following completion of the following period of continuous active work:

1. If you are working for the employer on the policy effective date – [none – 365 days]
2. If you start working for the employer after the policy effective date – [none – 365 days]

[Annual Enrollment Date:] [January 1 of each year]

Full-time Employment: [20-40] hours weekly

Benefits amounts for eligible employees shall be determined in accordance with the following schedule:

[Class # Class Description]

Benefit	**Benefit Amount**
[Employee Basic Life]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Employee Basic Accidental Death & Dismemberment]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Employee Supplemental Life]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Employee Supplemental Accidental Death & Dismemberment]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Dependent Life – Option 1 Spouse Amount Children Amount]	 [$10,000 - $25,000] [$100 - $1,000] – age [live birth to 6 months] [$ 1,000 - $10,000] – [age 6 months and over]
[Dependent Life – Option 2 Spouse Amount Children Amount]	 [$10,000 - $25,000] [$100 - $1,000] – age [live birth to 6 months] [$ 1,000 - $10,000] – [age 6 months and over]
[Employee Voluntary Life]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]
[Spouse Voluntary Dependent Life]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]

[Class # Class Description]

Benefit	Benefit Amount
[Children Voluntary Dependent Life]	[Age 1 year and over: $5,000 or $10,000 as elected by you on your enrollment form.] [Age live birth to 6 months:] [$1,000] [Age 6 months to 1 year:] [$2,500]
[Employee Voluntary Accidental Death & Dismemberment]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]
[Spouse Voluntary Accidental Death & Dismemberment]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]
[Children Voluntary Accidental Death & Dismemberment]	[Age 1 year and over: $5,000 or $10,000 as elected by you on your enrollment form.] [Age live birth to 6 months:] [$1,000]
[Basic Short Term Disability] [Core Plan]	[60% of weekly earnings to a maximum of $500 per week.] Elimination Periods: [Accident - 0 days Sickness - 7 days] Benefit Begins: [Accident – Day 1 and Sickness – Day 8] Maximum Benefit Period: [26 weeks]
[Basic Short Term Disability] [Buy-Up Plan]	[60% of weekly earnings to a maximum of $500 per week.] Elimination Periods: [Accident - 0 days Sickness - 7 days] Benefit Begins: [Accident – Day 1 and Sickness – Day 8] Maximum Benefit Period: [26 weeks]
[Voluntary Short Term Disability]	[The weekly amount elected by you on your enrollment form. Elected in $10 increments up to a maximum of 70% of weekly earnings or $750 per week, whichever is less.] Elimination Periods: [Accident - 0 days Sickness - 7 days] Benefit Begin: [Accident – Day 1 and Sickness – Day 8] Maximum Benefit Period: [26 weeks]
[Group Life Accelerated Benefits]	[75% up to $250,000]
[Life Insurance - Portability Option]	[Voluntary Life Only or Basic Life and Supplemental Life]
[Domestic Partner Rider]	[Included]
[AD&D Coma Rider]	[5% per month for 11 months]
[AD&D Exposure & Disappearance Rider]	[AD&D benefit payable after 1 year of accidental disappearance]
[AD&D Repatriation Rider]	[10% up to $5,000]
[AD&D Seat Belt & Air Bag Rider]	[Seat Belt: 10% up to $10,000] [Air Bag: 10% up to $10,000]

[Class # Class Description]

Benefit	Benefit Amount
[AD&D Felonious Assault Rider]	[25% up to $50,000]
[AD&D HIV Rider]	[20% paid over 24 months in equal monthly installments]
[AD&D Paralysis Rider]	[Quadriplegia – 100% Paraplegia – 75% Hemiplegia – 50%]
[AD&D Special Education Rider]	[5% up to $2,500 per year for 4 years]
[AD&D Child Care Center Rider]	[3% up to $5,000 per year for 4 years]
[AD&D Common Carrier Rider]	[Double AD&D benefit]
[AD&D Spouse Training Benefit]	[5% up to $2,500 per year for 4 years]

If a covered person is eligible for any amount in excess of the guaranteed issue amount shown below, the employee must furnish evidence of insurability, which is subject to our approval.

Benefit	Guaranteed Issue Amounts
[Employee Basic Life]	[$300,000]
[Employee Basic Accidental Death & Dismemberment]	[$300,000]
[Employee Supplemental Life]	[$300,000]
[Employee Supplemental Accidental Death & Dismemberment]	[$300,000]
[Dependent Life Spouse Amount Children Amount]	 [$10,000] [$ 5,000]
[Employee Voluntary Life Through age 64 Age 65 to 69 Age xx to xx]	 [$100,000] [$ 20,000] [$ 5,000]
[Spouse Voluntary Dependent Life Through age 64 Age xx to xx]	 [$50,000] [$20,000]
[Children Voluntary Dependent Life]	[$5,000 or $10,000]
[Employee Voluntary Accidental Death & Dismemberment]	[$300,000]
[Spouse Voluntary Accidental Death & Dismemberment]	[$300,000]
[Children Voluntary Accidental Death & Dismemberment]	[$5,000 or $10,000]

Benefit	Guaranteed Issue Amounts
[Basic Short Term Disability]	[$750]
[Voluntary Short Term Disability]	[$750]

Reductions, Terminations, and Special Provisions

[Employee Basic Life]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Employee Basic Accidental Death & Dismemberment]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Employee Supplemental Life]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Employee Supplemental Accidental Death & Dismemberment]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Dependent Life]	[Spouse coverage terminates at spouse's age 65.]
[Employee Voluntary Life]	[Reduces to 66 2/3% at age 65 and to 33 1/3% at age 70. Terminates at retirement.]
[Spouse Voluntary Dependent Life]	[Coverage terminates at spouse's age 65.]
[Employee Voluntary Accidental Death & Dismemberment]	[Reduces to 66 2/3% at age 65 and to 33 1/3% at age 70. Terminates at retirement.]
[Spouse Voluntary Accidental Death & Dismemberment]	[Coverage terminates at spouse's age 65.]
[Voluntary Short Term Disability]	[Reduces to 66 2/3% at age 65 and terminates at age 70].
[Short Term Disability Minimum Benefit]	[Benefits may be reduced by Eligible Offsets. If so, the minimum weekly benefit payment amount will be $10.]

Definitions

The terms listed, if used, will have these meanings.

Accident or Injury mean accidental bodily injury sustained by the covered person while insured under the policy which is the direct cause of the loss, independent of disease or bodily infirmity or any other cause.

Active Work or Actively at Work mean the expenditure of time and energy for the policyholder or an associated company at your usual place of business on a full-time basis. If you are not working on a day your coverage would otherwise take effect, you will be considered to be at active work on that day only if:

1. when that work day begins, it would be reasonable to expect that you would be physically and mentally able to complete a full-time week of work in your regular occupation; and
2. you are not disabled; and
3. your contract of employment, if applicable, remains active; and
4. you are not on an unapproved, administrative or disciplinary leave; and
5. you return to work at the end of a paid break or vacation period.

[**Annual Enrollment Period** means the 60 days prior to and the 30 days immediately following the Annual Enrollment Date shown in the Schedule of Insurance.]

[**Annual Salary** means your annual base rate of pay, excluding any overtime pay, [bonuses,] or other extra pay. If your pay is from [commissions,] your annual salary will be based on your average [commissions] for the prior [12] months.]

Associated Company means any company shown in the application which is owned by or affiliated with the policyholder.

Beneficiary means the person or entity you choose to receive your amount of insurance at your death.

Contributory means you pay part of the premium.

Covered Person means an eligible employee or the employee's dependents whose insurance has become and remains effective under all the conditions and provisions of the policy. Covered persons do not include contract, temporary, seasonal, or part-time workers.

Dependent means an eligible person who is:

1. your spouse, if not legally separated from you;
2. any unmarried child less than age[25], who is:
   a. not working on a full-time basis, and
   b. depends upon you for more than 50% of his support; or
3. a handicapped child, as defined in the Continuation of Insurance for a Handicapped Child section, age [25] years or over, who was insured under this policy before reaching age [25.]

The term "child" also includes a legally adopted child or child placed for adoption, stepchild, foster child, or any child who lives with you, and depends on you for more than 50% of his support.

Eligible Class means a class of persons eligible for insurance under the policy. This class is based on employment or membership in a group.

Eligible Persons means a person who:

1. is a citizen of the United States of America (U.S.) or Canada, who either:
   a. resides in the U.S. or Canada; or
   b. is stationed outside the U.S. or Canada for a period of less than 6 months; or
2. is a foreign national residing in the U.S. and meets all of the following requirements:
   a. has a valid permanent residency visa;
   b. participates in U.S. Social Security; and
   c. is covered by Workers' Compensation.

Employee means an eligible person who is:

1. directly employed in the normal business of the employer; and
2. paid for services by the employer; and
3. actively at work for the policyholder or an associated company; or
4. a retiree, if listed as eligible in the policy.

No director, officer, consultant or other person not actively at work on behalf of the employer will be considered an employee unless he meets the above conditions.

Employer means the policyholder.

Evidence of Insurability means a signed health and medical history form provided by us, a medical examination, if requested, and any additional information and attending physicians' statements that we may require.

Family Member means a person who is a parent, spouse, child, sibling, domestic partner, grandparent, grandchild, step-child, step-parent, step-sister, step-brother, father-in-law, or mother-in-law of the covered person; or spouses, as applicable, of any of these.

[Full-time means working at least the number of hours indicated in the Schedule of Insurance for Full-time employment.**]**

Gender – The use of the male pronoun also includes the female.

Home Office means the principal office of USAble Life in Little Rock, Arkansas.

Hospital means a facility supervised by one or more physicians and operated under state and local laws. It must have 24-hour nursing service by registered graduate nurses. It may specialize in treating alcoholism, drug addiction, chemical dependency, or mental disease, but it cannot be a rest home, convalescent home, or a home for the aged.

Hospital Confined and Hospital Confinement mean staying in a hospital as a registered inpatient for 24 hours a day.

Material Duty or Material Duties mean the sets of tasks or skills required generally by employers from those engaged in an occupation. We will consider one material duty of your regular occupation to be the ability to work for an employer on a full-time basis as defined in the policy.

Noncontributory means the policyholder pays the premium.

Occupation means a group of jobs:

1. in which a common set of tasks is performed; or
2. which are related in terms of similar objectives and methodologies, and which may be related in terms of materials, products, worker actions, or worker characteristics.

Physician means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. This includes a person whom we are required to recognize

as a physician by the laws or regulations of the governing jurisdiction. However, neither you nor a family member will be considered a physician.

Plan means the policy and certificates of insurance provided for covered persons.

Plan Administrator means the employer that sponsors the plan for the benefit of its employees and eligible dependents.

Policy means the group policy issued by us to the policyholder that describes the benefits for which you may be eligible.

Policyholder means the entity to which the policy is issued.

Regular Care means you personally visit a physician as often as is medically required to effectively manage and treat your disabling condition(s), according to generally accepted medical standards; and you are receiving appropriate treatment and care, according to generally accepted medical standards. Treatment and care for the sickness or injury causing your disability must be given by a physician whose specialty or experience is appropriate.

Regular Occupation means the occupation in which you were working immediately prior to becoming disabled.

Retiree or Retirement means you begin receiving retirement benefits from either:

1. a retirement plan sponsored by your employer, the policyholder, or an associated company, or
2. a government plan.

Sickness means a disease or illness, including pregnancy.

United States of America means the fifty (50) states of the United States and the District of Columbia. It does not include territories of the United States.

Waiting Period is the number of continuous [days] of service during which you must be an active, full-time employee in a class eligible for insurance before you become eligible for coverage.

We, Us, and Our mean USAble Life.

You and Your mean an employee of the policyholder or an associated company who has met all the eligibility requirements for coverage, and is:

1. directly employed in the normal business of the employer; and
2. paid for services by the employer; and
3. actively at work for the employer, or associated company covered under the policy; or
4. a retiree, if listed as eligible in the group Policy.

No director, officer, consultant or other person not actively at work on behalf of the employer will be considered an employee unless he meets the conditions listed above.

Eligibility and Effective Date Provisions

Eligible Employee

If you are working on a full-time basis for the employer, you are eligible for insurance after completion of the required waiting period, provided you are in a class of employees who are included.

Employee Eligibility Date

If you are working for your employer in an eligible class, the date you are eligible for coverage is the latest of the following dates:

1. the policy effective date;
2. the day after you complete any waiting period shown in the Schedule of Insurance by continuous service with the employer, the policyholder, or an associated company;
3. the date the policy is changed to include your class; or
4. the date you become a member of a class eligible for insurance.

[For voluntary coverage only if you do not apply when you are first eligible, you will again be eligible on the first Annual Enrollment Date as shown in the Schedule of Insurance which immediately follows the date noted in items 2, 3, or 4 above.]

[The term "voluntary coverage" refers to [Voluntary Group Term Life, Voluntary Accidental Death & Dismemberment, or Voluntary Short Term Disability.]

[**Rehires:** If you were insured under this policy and your insurance terminated due to termination of employment or eligibility, and you again become an eligible employee within [12] months, there is no waiting period.]

Effective Date of Employee Insurance

You must use forms approved by us when applying for insurance.

[[<u>For Benefit Amounts Not Requiring Evidence of Insurability:</u>]

1. When your Employer pays 100% of the cost of your coverage under the policy, you will be covered at 12:01 a.m. at your employer's address on your eligibility date.
2. When you and your Employer share the cost of your coverage under the policy or when you pay 100% of the cost yourself, you will be covered at 12:01 a.m. at your employer's address on the latest of the following dates:
   a. on your eligibility date, if you enroll for insurance within 31 days after the date you first become eligible for coverage; or
   b. on the first day of the policy month following the date we approve your application if you do not apply for insurance within 31 days after your eligibility date; [or
   c. for voluntary coverage only, on the Annual Enrollment Date as shown in the Schedule of Insurance if you enroll during the annual enrollment period. If you do not apply for voluntary coverage during the first annual enrollment period following your eligibility date, you will be required to submit satisfactory evidence of insurability.]]

[<u>For Benefit Amounts Requiring Satisfactory Evidence of Insurability,</u> your coverage will be effective on the first day of the policy month following the date we approve your application.]

Delayed Effective Date

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, it will take effect on the day you return to active work. If your insurance

is scheduled to take effect on a non-working day, your active work status will be based on the last working day before the scheduled effective date of your insurance.

[Dependent Eligibility]

[Dependents are eligible for insurance on the latest of the following dates:

1. the date you become eligible for dependent insurance;
2. the date a person becomes a dependent; or
3. the date the policy is amended to include your class as being eligible for dependent insurance.

[For voluntary coverage only if you do not apply when you are first eligible for dependent coverage, you will again be eligible on the first Annual Enrollment Date as shown in the Schedule of Insurance which immediately follows the date noted in items 1, 2, or 3 above.]

[Your spouse or child will not be eligible for dependent insurance if either is insured under the policy as an employee.]

[If both you and your spouse are insured as employees, your eligible children may be insured as dependents of only one of you.]

Effective Date of Dependent Insurance

You must use forms approved by us when applying for dependent insurance.

[Dependents will not be insured until you are insured.]

[[For Benefit Amounts Not Requiring Evidence of Insurability:]

1. When your Employer pays 100% of the cost of your dependent coverage under the policy, your dependents will be covered at 12:01 a.m. at your employer's address on your dependent's eligibility date.
2. When you and your Employer share the cost of your dependent coverage under the policy or when you pay 100% of the cost yourself, your dependents will be covered at 12:01 a.m. at your employer's address on the latest of the following dates:
   a. on your dependent's eligibility date, if you enroll for dependent coverage within 31 days after the date your dependent first becomes eligible for coverage; or
   b. on the first day of the policy month following the date we approve your application for dependent coverage if you do not apply for dependent coverage within 31 days after your dependent's eligibility date; [or
   c. for voluntary coverage only, on the Annual Enrollment Date as shown in the Schedule of Insurance if you enroll during the annual enrollment period. If you do not apply for voluntary dependent coverage during the first annual enrollment period following your dependent's eligibility date, you will be required to submit satisfactory evidence of insurability.]]

[For Benefit Amounts Requiring Satisfactory Evidence of Insurability, your dependent's coverage will be effective on the first day of the policy month following the date we approve your application for dependent coverage.]

You must furnish satisfactory evidence of the dependent's insurability at your own expense if you have previously terminated dependent coverage while in an eligible class.

Delayed Effective Date

Coverage for a dependent, other than a newborn child, who is confined in a hospital on the day dependent insurance or an increase in insurance is scheduled to take effect will not become effective until the 10th day following final discharge from the hospital.]

[Newborn Child Coverage (including children placed for adoption)]

[This section applies to the Voluntary Accidental Death & Dismemberment Benefit only.]

[Any child of yours born while this benefit is in force will be immediately covered as a dependent from the moment of birth for 90 days. Any newly adopted child or child placed for adoption will be immediately covered from the moment of placement for 90 days. In order for coverage to continue beyond 90 days we must receive: (1) written notice of the birth of the newborn child or the date of placement for adoption; and (2) payment of any required additional premium within 31 days of our notifying the policyholder of the amount. Additional premium, if any, will begin on the premium due date following the child's date of birth or date of placement, if later.

Written notice should include the child's name, date of birth, and, if applicable, date placed for adoption. We must receive this notice by the end of the 90-day period following the date of birth or adoption placement. Notice is NOT required if you are already paying the premium for children's coverage.

If the required written notice is not received by us during the 90-day period, a newborn child or child placed for adoption may be covered after this date only if the following conditions are met: (1) your written application for coverage is approved by us; and (2) the payment of any required premium is made.]

Changes in Coverage Provisions

When Coverage Amounts Change (Redetermination Date)

The policy redetermines your amount of insurance on [the policy anniversary date.] [the date a change occurs.] [the first day of the policy month after a change occurs.] [If benefits are based on your salary, [the policyholder must report current earnings for all covered persons under the policy on the policy anniversary.] [the policyholder must report updates to all covered person's earnings as they occur.] Changes to a covered person's earnings are subject to any proof of insurability requirements of the policy. As of the policy's redetermination date, we use a covered person's salary or earnings on record with us to: (a) set rates; (b) set benefit amounts and limits; and (c) calculate premium payable under the policy.]

Delayed Effective Date of Change

You must be actively at work on a full-time basis on the redetermination date. If you are not, your coverage amount will not change until the date you return to active work on a full-time basis. [Changes in salary or earnings will not apply to a recurring disability.]

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

Changes to the Policy

Any increase or decrease in coverage because of a change in the plan of insurance will become effective on the date of the change. The Delayed Effective Date provision [and the Pre-existing Condition Exclusion provision] will apply to an increase.

Termination Provisions

Termination of Employee Insurance

Your insurance will terminate at 12:00 midnight 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 the policy terminates, or the date a specified benefit terminates;
3. the date you cease to be a member of a class eligible for insurance;
4. the date you cease to be actively at work;
5. if your coverage is continued under the Waiver of Premium provision, the date specified under "Termination of the Extended Insurance Benefit."

[Continuation of Insurance]

[If you are unable to perform active work for a reason shown below, the policyholder may continue your insurance, except for any Accidental Death and Dismemberment coverage, on a premium-paying basis provided you remain in other respects a member of an eligible class. The continuance cannot be more than the maximum continuance shown below. The employer must act so as not to discriminate unfairly among employees in similar situations.

The maximum continuance for insurance is the longest applicable period described below:

1. [three] months following the date active work stopped due to lay-off or approved leave of absence, or
2. [twelve] months following the date active work stopped due to your total disability.

Total Disability for Continuation of Insurance means that you are under the regular care of a physician, and prevented by injury or sickness from performing all of the material duties of your regular occupation.]

[Termination of Dependent Insurance]

[Insurance on a dependent will terminate at 12:00 midnight on the earliest of the following dates:

1. the date he ceases to be a dependent as defined in the Definitions section;
2. the date you cease to be an employee or a member of a class eligible for dependent insurance;
3. [[except for Voluntary Life,] the date your insurance under the policy terminates;]
4. the last day of the period for which a required dependent premium payment is made, if the next payment is not made; or
5. the date the policy terminates, or a specific benefit terminates.]

[Continuation of Insurance for a Handicapped Dependent Child]

[If an unmarried dependent child is not capable of self-sustaining employment due to mental or physical handicap, his insurance will not terminate at age [25]. The insurance will continue as long as the child remains handicapped, unless coverage terminates as described in the Termination of Dependent Insurance section, if you give us proof that the child is:

1. incapable of self-sustaining employment; and
2. chiefly dependent on you for support and maintenance.

To keep this coverage in force, we may require proof at our expense of the child's incapacity and dependence. We may require proof from time to time, but not more than once a year after the two years that follow the date the child reaches age [25.]]

Claim Provisions

Notice of Loss

Written notice of claim must be given to us at our Home Office within 30 days after a loss occurs or begins, or as soon after the loss as is reasonably possible to do so, but not later than one (1) year from the time notice is required. The notice should identify the covered person and the nature of the loss.

Within 15 days after the date of your notice, we will send you claim forms. The forms must be completed and sent to our Home Office. If you do not receive the claim forms within 15 days, we will accept a written description of the exact nature and extent of the loss.

Proof of Loss

For any loss for which the policy provides periodic payment contingent upon continuing loss, written proof of loss must be given to us within 90 days after the termination of the period for which we are liable. For any other loss covered by the policy, written proof of loss must be given to us within 90 days after the date of such loss. Failure to furnish proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time. Such proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one (1) year from the time proof was otherwise required.

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.

Payment of Claims

All benefits payable under this policy will be payable immediately upon receipt of due written proof of such loss.

[When we receive proof of disability, Short Term Disability benefits payable under the policy will be paid during any period for which we are liable. Any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.]

If included, [Short Term Disability, Dependent Life, and Dismemberment] benefits will be paid to you. [Employee Life insurance and Accidental Death benefits will be paid to the person(s) named by you to receive them.]

[If you failed to name a beneficiary or if no named beneficiary is living at your death, refer to the “Beneficiary” provision below. At our option, up to the maximum allowable by the state laws of the covered person’s state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the covered person.]

[Beneficiary]

[Your beneficiary will be the person(s) you name in writing to receive any amount of insurance payable due to your death. The beneficiary's name is on record in our Home Office, or in the policyholder's office if the group is self-administered. [You are the beneficiary of the Dependent Life Insurance if you are living. If you and your dependent die in the same accident, the dependent benefit will be paid to your estate.]]

You may name or change a beneficiary by giving us written notice at our Home Office (or by giving the policyholder written notice if the group is self-administered) 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 there is no named beneficiary living at your death, we may pay, at our discretion, any amount due to one of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother and/or father; (4) your brother and/or sister; or (5) your estate.]

Assignment

You may transfer your rights to name or change the beneficiary to someone else by assignment. An assignment will affect us only if it is in writing on a form acceptable to us, and is received at our Home Office. When we record it, the assignment will take effect as of the date you made it. The assignment will be subject to any action we may have taken before we record it. We take no responsibility for the validity of any assignment.

Claims of Creditors**:** To the extent allowed by law, proceeds will not be subject to any claims of a beneficiary's creditors.

Authority

The policyholder delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the policy.

We decide: (a) if a covered person is eligible for this insurance; (b) if a covered person meets the requirements for benefits to be paid; and (c) what benefits are to be paid by the policy. We also interpret how the policy is to be administered. What we pay and the terms for payment are explained in this certificate.

Limit on Legal Action

No action at law or in equity may be brought against the policy until at least 60 days after you file proof of loss. No action can be brought after the statute of limitations has expired, but, in any case, not after three (3) years from the date of loss.

Review Procedure

You must request, in writing, a review of a denial of your claim within 180 days after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision within 45 days after we receive your request, or within 90 days if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the policy. We will also advise you of your further appeal rights, if any.

Subrogation and Right of Reimbursement

The plan assumes and is subrogated to your legal rights to recover any payments the plan makes for benefits, when a covered sickness or injury resulted from the action or fault of a third party. The plan’s subrogation rights include the right to recover the amount of benefits paid to you.

The plan has the right to recover any and all amounts equal to the plan’s payments from:

1. the insurance of the injured party;

2. the person, company (or combination thereof) that caused the sickness or injury, or any insurance company; or
3. any other source, including disability benefit coverage.

This right of recovery under this provision will apply whether recovery was obtained by suit, settlement, mediation, arbitration, or otherwise. The plan's recovery will not be reduced by your negligence, nor by attorney fees and costs you incur.

Priority Right of Reimbursement

Separate and apart from the plan's right of subrogation, the plan shall have first lien and right to reimbursement. This priority right of reimbursement supersedes your right to be made whole from any recovery, whether full or partial. You agree to reimburse the plan 100% first for any and all benefits provided through the plan, and for any costs of recovering such amounts from those third parties from any and all amounts recovered through:

1. any settlement, mediation, arbitration, judgment, suit, or otherwise, or settlement from your own insurance and/or from the third party (or their insurance);
2. any auto or recreational vehicle insurance coverage or benefits including, but not limited to disability benefit coverage; and
3. business and homeowner disability insurance coverage or payments.

The plan may notify those parties of its lien and right to reimbursement without notice to or consent from any covered person.

This priority right of reimbursement will not be reduced by attorney fees and costs you incur.

The plan may enforce its rights of subrogation and recovery against, without limitation, any tortfeasors, other responsible third parties or against available disability insurance coverages. Such actions may be based in tort, contract or other cause of action to the fullest extent permitted by law.

Alternate Dispute Resolution Procedures

This dispute resolution procedure ("procedure") is intended to provide a fair, quick and inexpensive method of resolving any and all disputes with us. Such disputes include any matters that cause you to be dissatisfied with any aspect of your relationship with us, including any claim, controversy, or potential cause of action you may have against us. Please contact the Dispute Resolution office at [800-648-0271] if you have any questions about this section of the certificate or to begin the dispute resolution process.

The following terms are applicable to all disputes:

1. This procedure is the exclusive method of resolving any disputes.
2. The procedure can only resolve disputes that are subject to our control.
3. This procedure will be governed by the Employee Retirement Income Security Act of 1974 ("ERISA"); Rules and Regulations for Administration and Enforcement; Claims Procedure (the "Claims Regulation"). That includes the definition of an adverse benefit determination, which is defined as any denial, reduction, termination or failure to provide or make payment for what you believe should be a covered benefit.
4. You may request a form from our Dispute Resolution office to authorize another person to act on your behalf concerning a dispute.
5. We may elect to skip one or more of the steps of this procedure if it is determined that step will not help to resolve the dispute.
6. Any dispute will be resolved in accordance with the terms of this certificate, applicable state or Federal laws and regulations.

7. You must begin the dispute process within 180 days from the date you receive notice of an adverse benefit determination. If you do not initiate the dispute process within that 180 day period, you give up the right to take any action based on that Dispute.

Description of the Procedure

Inquiry

You should contact our Dispute Resolution office to discuss and attempt to resolve any issues regarding a dispute. We hope that this informal process will resolve your questions or concerns.

Appeals

If you are not satisfied with the response to your inquiry, you may submit a written request (an "appeal") to the Office of the Appeals Coordinator, USAble Life, PO Box 1650, Little Rock AR 72203-1650, asking that we reconsider an adverse benefit determination. Please contact the Dispute Resolution office if you have any questions about how to submit an appeal to us. You are not required to use a specific form, but you may request that the Dispute Resolution office send you a blank appeal form to ensure that you provide the information that will be needed to review your appeal.

We will assign a coordinator to review your appeal. The appeal coordinator is an individual with appropriate expertise who is neither the individual who made the adverse benefit determination, nor a subordinate of that individual.

The appeal coordinator may request that you submit additional information concerning your grievance. The appeal coordinator will also consider information submitted by others, including information requested from other USAble Life representatives. The appeal coordinator will have full discretionary authority to make eligibility, benefit or claim determinations and construe the terms of the policy. Such determinations shall be subject to the review standards applicable to ERISA plans, even if the policy is not governed by ERISA.

We will make a decision within 60 days after receiving your appeal concerning a claim determination.

The appeal coordinator will send you a written decision concerning your appeal. The appeal coordinator's decision will include: a statement of the coordinator's understanding of your appeal; a statement explaining the basis of the decision; and a list of the documents or information upon which that decision was based. We will send you a copy of the listed documents, without charge, if you make a written request for such documents.

Post Appeal Procedure

If you are still not satisfied after completing the appeal procedure, you have the right to bring a civil action against us to obtain the remedies available pursuant to Sec. 502(a) of ERISA (an "ERISA Action") after completing the mandatory appeal process. Those ERISA remedies will apply to this policy even if your plan is not otherwise governed by ERISA. If you agree to arbitrate a dispute, we agree to suspend (or toll) any time periods affecting your right to bring an ERISA Action against us related to that dispute, until the arbitration has been completed.

You may request that the dispute be submitted for resolution by arbitration. That arbitration request must be submitted, in writing, to USAble Life's General Counsel within sixty (60) days after you receive the appeal coordinator's decision.

The dispute will be submitted to arbitration in accordance with the rules of the American Arbitration Association, unless we both agree to use an alternative dispute resolution administrator or procedure. The arbitration will be conducted before a single arbitrator.

We will pay the filing fee charged by the administrator and the arbitrator. You will be solely responsible for any other costs that you incur to participate in the arbitration process, including your attorney's fees. The filing fee and arbitrator's fees may be reallocated as part of an arbitration award, in whole or in part, at the discretion of the arbitrator.

The arbitration will be conducted in a location where it is reasonably convenient for you to participate. If we can not agree concerning a convenient location, the administrator or arbitrator, if appointed, shall have the discretion to decide where the arbitration will be conducted.

The arbitrator: (a) shall consider the dispute individually and shall not certify or consider multiple disputes as part of a class action; (b) shall be required to issue a reasoned written decision explaining the basis of his or her decision and the manner of calculating any award; (c) shall limit his or her decision to deciding if our adverse benefit decision was arbitrary or capricious based on ERISA standards; (d) may not award punitive, extra-contractual, treble or exemplary damages unless permitted to do so by applicable statutes or regulations; (e) may not vary or disregard the terms of the policy; and (f) shall be bound by controlling law; when issuing a decision concerning the dispute.

The arbitrator shall limit discovery to the extent possible consistent with the objective of completing the arbitration in a fair, prompt, and cost effective manner. Emergency relief such as injunctive relief may be awarded by the arbitrator.

Contact Information

General Counsel
USAble Life
P. O. Box 1650
Little Rock, AR 72203-1650
Telephone: [1-800-648-0271]
Email: [AppealCoordinator@usablelife.com]

Office of the Dispute Resolution Coordinator
P. O. Box 1650
Little Rock, AR 72203-1650
Telephone: [1-800-648-0271]
Email: [AppealCoordinator@usablelife.com]

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Email: [AppealCoordinator@usablelife.com]

General Provisions

Entire Contract

This certificate is furnished in accordance with and subject to the terms of the policy. The entire contract consists of the policy, which includes the application, any amendments and addenda; this certificate; your enrollment form, if required; and any riders or endorsements. No change in the policy will be effective until approved by one of our officers. This approval can only be in writing and must be noted on or attached to the policy. No agent has authority to change the policy or certificate or to waive any of their provisions.

Any statement made by you or the policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about you or the policyholder's plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Incontestability

Unless the premiums have not been paid, the validity of the policy cannot be contested after it has been in force for two years.

Any statement made by the policyholder or a covered person will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the covered person or the beneficiary.

No statement, except fraudulent misstatement, made by a covered person about insurability will be used to deny a claim for a loss incurred or disability starting after coverage has been in effect for two years.

No claim for loss starting two or more years after the covered person's effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

Agency

Neither the policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Unpaid Premium

We may deduct any unpaid premium then due from the payment of a claim under this certificate.

Refund of Premium

On the death of the covered person, proceeds payable hereunder shall include the amount of unearned premium paid beyond the end of the policy month in which death occurred. Payment shall be made in one lump sum no later than 30 days after proof of the covered person's death has been furnished to us.

Conformity with State Statutes

If the provisions of this certificate do not conform with the laws of the state in which you reside on the certificate effective date, they are hereby amended to conform with the minimum requirements of the statutes of that state.

Policy Management

Efficient management of the policy requires the joint efforts of the policyholder, USAble Life, and each covered person. Each party has certain duties to bring about the effective administration of the policy.

Duties of the Policyholder: The policyholder's primary duties under the policy are listed below.

1. Give us prompt, written notice of any change in business of the policyholder and employer. This includes, but is not limited to: (a) the type of business; (b) addition or deletion of an associated company; or (c) financial status due to bankruptcy; merger; acquisition; or dissolution.
2. Give us pertinent records for all covered persons. This includes, but is not limited to: (a) hire dates; (b) eligibility dates; (c) salaries; (d) occupations; and (e) birth dates. Give us updates of such records as needed.
3. Give us prompt notice of a covered person's disability. This notice should be given as soon as possible after the date of injury or start of sickness. The most effective time for such notice is when the covered person has not been able to perform active work for 30 days.
4. Give us occupational data for all disabled covered persons. This includes, but is not limited to: (a) job descriptions and analyses; and (b) environmental factors.

Duties of Covered Persons and Beneficiaries: Your and your beneficiary's primary duties under the policy are listed below:

1. Give notice and proof of loss as soon as possible after the date of your injury or sickness, or the date of your death, or the death of a covered dependent, if applicable.
2. Give a complete account of the details of your injury or sickness or the death on a form approved by us.
3. Provide any other official documents to review the loss such as a certified death certificate, investigating officer's report, or medical records.
4. Allow release of medical and income data needed to adjudicate your claim.
5. Provide evidence of the regular care of a physician, if necessary.
6. Promptly report to us any changes in your status such as your address or telephone number, or if you return to work or are no longer disabled.
7. If benefits are overpaid, reimburse such overpayment within 60 days of the date benefits were overpaid.
8. Provide proof of your earnings for the period prior to a loss.
9. [Apply for other income benefits to which you may be entitled.]
10. [Promptly report to us any amount of income received while you are disabled.]

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid.

Employee Term Life Insurance

[This section applies to [the Basic Life Insurance Benefit, the Supplemental Life Insurance Benefit, and the Voluntary Life Insurance Benefit.]]

Death Benefit

We will pay your beneficiary the amount of insurance in force on the date of death, as shown in the Schedule of Insurance, when we receive all required proof of loss, including written proof of your death acceptable to us and a completed claim form.

[Suicide]

[[This provision applies to Supplemental or Voluntary Life only.] If you, whether sane or insane, die by suicide within [one year] of your original effective date of insurance, the death benefit will be limited to the amount of premiums paid for your insurance.

After having been insured for [one year], if you, whether sane or insane, die by suicide within [one year] of the effective date of an increase in coverage, the death benefit will be limited to the amount of insurance in effect prior to the increase in coverage, plus the amount of premiums paid for the increase in coverage.

With respect to employees insured on the effective date of the policy:

1. if the policy replaces another group life policy, the [one] year limitation on death by suicide shall be reduced by the number of months you were continuously insured by the prior policy; and
2. the benefit payable shall be the lesser of the amount otherwise payable under this policy or the amount provided by the prior policy.]

Dependent Term Life Insurance

[This section applies to [the Dependent Life Insurance Benefit and the Voluntary Life Insurance Benefit.]]

Death Benefit

We will pay the amount of insurance in force on the date of death, as shown in the Schedule of Insurance, when we receive all required proof of loss, including written proof of your covered dependent's death acceptable to us and a completed claim form.

[Suicide]

[[This provision applies to Supplemental or Voluntary Dependent Life only.] If a covered dependent, whether sane or insane, dies by suicide within [one year] of his original effective date of insurance, the death benefit will be limited to the amount of premiums paid for this insurance.

After having been insured for [one year], if the covered dependent, whether sane or insane, dies by suicide within [one year] of the effective date of an increase in coverage, the death benefit will be limited to the amount of insurance in effect prior to the increase in coverage, plus the amount of premiums paid for the increase in coverage.

With respect to dependents insured on the effective date of the policy:

1. if the policy replaces another group life policy providing similar dependent life insurance, the [one] year limitation on death by suicide shall be reduced by the number of months you were continuously insured for dependent life by the prior policy; and
2. the benefit payable shall be the lesser of the amount otherwise payable under this policy or the amount provided by the prior policy.]

Conversion Privilege for Life Insurance

Conversion upon Termination of Employment or Eligibility

For Employees
You may convert all or part of your life insurance to an individual policy of life insurance, other than Term,

1. if all or part of it stops for any reason; unless
2. it stops because you did not pay any required premiums.

The amount you may apply for may not be more than:

1. the life amount then in force; or
2. that part of the life amount which has stopped, whichever is less.

Accidental death and dismemberment, disability or any other supplemental coverage for which you are eligible under this policy may not be converted.

[For Dependents]
[Your covered dependent spouse or child may convert all or part of his life insurance to an individual life policy, other than Term, if the insurance on his life ends because:

1. you stopped working full-time for your employer; or
2. you ceased to be a member of a class eligible for insurance; or
3. the dependent ceased to be an eligible family member; or
4. of your death.

Conversion upon Termination or Amendment of Group Policy

Any covered person may convert a limited amount of life insurance if he has been continuously insured under the policy for at least five (5) years and his insurance ends due to termination or amendment of the policy.

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

1. the amount of life insurance which terminates, less the amount you became eligible for under any group policy within 31 days after this insurance terminated; or
2. $10,000.

Conversion Coverage

Any covered person may convert his life insurance to any policy we are issuing for the purpose of conversions other than Term. The conversion policy will not have disability or other supplementary benefits. No evidence of insurability will be required. The premium will be based on the amount and the form of the conversion policy, and on the covered person's class of risk and age on the date the conversion takes effect.

A conversion policy is in lieu of all other benefits under this policy. If you qualify for the Extended Insurance Benefit, any conversion policy issued will be canceled. Premiums paid for the converted policy will be returned.

The conversion policy will take effect on the 32nd day after the insurance terminates.

Notice and Application Required

Written application and the first premium payment for the conversion policy must be received in our Home Office within 31 days after the covered person's insurance terminates. If you are not given notice of the right to convert by the 16th day of the 31 day conversion period, you will have an additional period in which to apply for conversion. The additional period will end 15

days after you are given notice, but not more than 61 days after the date the insurance under the policy ended.

Nothing in the policy will continue coverage for more than 31 days following the date coverage ends under the policy. Written notice, contained in this certificate of insurance and given to you at any time, or mailed by the policyholder to your last known address will be considered sufficient written notice to you. It is the responsibility of the policyholder to give such notice to you.

Conversion Period Death Benefit

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.

Life Insurance – Waiver of Premium

[This section applies to [the Basic Life Insurance Benefit, the Supplemental Life Insurance Benefit, the Dependent Life Insurance Benefit, and the Voluntary Life Insurance Benefit] only.]

Extended Insurance Benefit (Waiver of Premium)

We will continue the term life insurance in force on you and your covered dependents without premium payment if you become totally disabled provided:

1. you are insured under this plan and are actively at work on or after the effective date of the plan; and
2. your total disability begins before age [60]; and
3. total disability has continued without interruption for at least [six (6) months] during which time premiums have been paid; and
4. you provide us with proof of total disability as required; and
5. you are still totally disabled when you submit the proof of disability. [and
6. this policy remains in force.]

[Dependent premiums will only be waived if the employee is also covered and his premiums are waived.]

Amount of Life Insurance

The amount of life insurance continued will be the amount in force on the date you became totally disabled. This amount will be reduced or terminated based on the Schedule of Insurance in effect on the date of total disability. This amount will not be increased while you remain totally disabled.

Definition of Total Disability

For the purposes of waiver of premium, “total disability” or “totally disabled” means that you are under the regular care of a physician, and prevented by injury or physical or mental sickness from performing the material duties of any gainful occupation.

Gainful Occupation means any employment that exists in the national economy that you may be expected to follow based on your education, training, experience, age, and physical and mental capacity, and from which you are expected to earn at least [80%] of your pre-disability earnings within 12 months of your return to active work.

Proof of Total Disability

Upon receipt of Notice of Loss, we will provide forms which you must use when giving us proof of total disability. (See “Notice of Loss” under the Claim Provisions.) You must give us proof no later than 12 months after the date you became totally disabled. We may at any time require proof that total disability continues. You must give us proof of continuing disability within 60 days after our request. After you have been totally disabled for more than two years from the date of total disability, we will not request proof more than once a year. We may require that you be examined at our expense by a physician of our choice.

Death While Totally Disabled

If you die while your life insurance is being continued under this provision, we will pay the amount of insurance if we receive proof:

1. of your death; and
2. that total disability was continuous from the date it began to the date of death.

Termination of the Extended Insurance Benefit

You will no longer be eligible for the Extended Insurance Benefit and your life insurance will terminate on the earliest of the following dates:

1. the date you cease to be totally disabled. But, if you are still eligible for life insurance when you return to active work, your life insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of life insurance you 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 you do not give us proof or you refuse to take a medical exam; or
3. [the date you attain age [65]]; [or
4. the date this policy is terminated.]

If your life insurance terminates while you are covered under this provision, you will be eligible to convert that coverage as of the termination date. You may convert no more than the amount of term life insurance that was in force on you on that date. (See "Conversion Privilege for Life Insurance" provision.)

[Termination of the Extended Insurance Benefit for the Covered Dependent]

[Your covered dependent will no longer be eligible for the Extended Insurance Benefit and the dependent's life insurance will terminate on the earliest of the following dates:

1. the date the dependent ceases to be a dependent as defined in the Definition section; or
2. the date you cease to be eligible for coverage under the Extended Insurance Benefit (Waiver of Premium) provision. But, if the dependent is still eligible for dependent life insurance when you return to active work, the dependent life insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of dependent life insurance the dependent may then be eligible for will take effect as described in the Effective Date of Dependent Insurance provision; [or
3. [12] months from the date your total disability began.]

Your covered dependent whose insurance terminates while covered under this provision will be eligible to convert that coverage as of the termination date. He may convert no more than the amount of dependent life insurance that was in force on that date. (See "Conversion Privilege for Life Insurance" provision.)]

[Continuity of Coverage for Waiver of Premium upon Transfer of Insurance Carriers]

[In order to prevent loss of coverage because of a transfer of insurance carriers, this policy will provide waiver of premium benefits for certain employees and covered dependents, if applicable, who meet the following qualifications if a transfer of carriers would result in loss of group life insurance coverage.

We will continue your group life insurance in force without premium payment if you become totally disabled provided:

1. you were insured under the prior carrier at the time of transfer; and
2. your total disability began before age [60]; and
3. your total disability has continued without interruption for at least [six (6) months] during which time premiums were paid to the prior carrier and us; and
4. you provide us with proof of total disability as required; and
5. you are still totally disabled when you submit proof of disability; [and
6. this policy remains in force.]

Amount of Life Insurance Provided Through Continuity of Coverage for Waiver of Premium

The amount of insurance continued will be the lesser of the amount in force under the prior carrier at time of transfer or the amount of group life insurance you would have been eligible for under this policy.

All other provisions under the Life Insurance – Waiver of Premium section of this policy will apply if you are eligible for continuity of coverage under this provision.]

Life Insurance – Portability

[This section applies to [the Basic Life Insurance Benefit] [, the Supplemental Life Insurance Benefit] [, the Dependent Life Insurance Benefit] [and] [the Voluntary Life Insurance Benefit [only].]]

Portability Benefit

You may continue your [and your spouse's] [voluntary] term life insurance if your employment terminates and you meet the following requirements on the date your employment terminates:

1. you are not disabled; and
2. you either:
   a. are not retired and are under age [70]; or
   b. you are retired and are under age [65].

Coverage will be continued under the policy for employees who elect continuation of coverage under this portability provision. Portability is not available upon policy cancellation.

[Your [spouse's] term life insurance may not be continued if your term life insurance is not continued.] [Dependent children are not eligible for the Portability provision; however, the dependent children's coverage may be converted under the "Conversion Privilege" provisions of the policy.]

"Retired" means you are a former employee who has begun receiving one of the following:

1. retirement pension benefits under any plan of a federal, state, county or municipal retirement system, if such pension benefits include any credit for employment with the policyholder;
2. retirement pension benefits under any plan which the policyholder sponsors or makes or has made contributions; or
3. retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

Application and Premium Payment

You must apply for portability in writing to USAble Life within 31 days after the date your employment ends.

You must pay the required premium quarterly, semi-annually, or annually directly to USAble Life. The premium rate will be determined by us. The first premium payment must be made no later than 31 days after the date the insurance would otherwise terminate under the policy.

Amount of Insurance

The amount of insurance that you and your [spouse] may continue is the amount in effect on the date your employment terminates. The reduction and termination provisions stated in the Change Rider – Portability will apply to insurance continued under this provision.

When Portability Ends

Your continued coverage under this provision will end automatically on the earliest of the following:

1. the date the last period ends for which you made a premium payment;
2. [the premium due date after the covered person has continued coverage under this provision for [3] years;]
3. the premium due date following your attainment of age [70];

4. if your coverage continued due to your retirement prior to age [65], on the premium due date following your attainment of age [65];
5. the date you become a full-time member of the armed forces of any country; [or
6. [spouse] coverage will end on the premium due date following the date the [spouse] ceases to be a dependent as defined in the policy, or
7. [spouse coverage will end on the premium due date following the spouse's attainment of age [65.]]

When your insurance under the portability provision ends, you [and your [spouse]] will be eligible to convert your insurance to an individual policy under the "Conversion Privilege" provisions.

Coverage continued under the portability provision is in lieu of all other benefits under the policy, including conversion. If you return to work with the employer and again become eligible for Term Life coverage under the policy, continued coverage under the portability provision will cancel on the date coverage is resumed under the policy.

Other Policy Provisions

The Life Insurance – Waiver of Premium and the Group Life Accelerated Benefit provisions will not apply to insurance continued under the Portability provision.

With respect to any notice you are required to provide to the employer under other provisions of the policy, you must provide such notice to USAble Life while the insurance is continued under the Portability provision.

Group Life Accelerated Benefit

[This section applies to [the Basic Life Insurance Benefit, the Supplemental Life Insurance Benefit, the Dependent Life Insurance Benefit and the Voluntary Life Insurance Benefit.]]

Notice of Possible Tax Consequences

Please be advised that receipt of the accelerated benefits may be taxable. Any person who receives accelerated benefits should consult his personal tax advisor.

The receipt of accelerated benefit payments may adversely affect the covered person's eligibility for Medicaid or other government benefits or entitlements.

Definitions

"Terminal Illness" means a medical condition:

1. which is expected to result in the covered person's death within 12 months; and
2. from which the covered person is not expected to recover.

Eligibility

All covered employees [and covered dependents] [under age [70]] who are insured for a minimum of [$10,000] of life insurance under the policy are eligible.

A covered employee [or dependent] is eligible for the accelerated benefit only if he becomes and remains insured for life insurance under the policy.

Accelerated Benefit

The accelerated benefit is an advance payment to the covered person who:

1. is terminally ill; and
2. elects to receive part of his life insurance benefit payable under the group policy, subject to the maximum benefit amounts stated on the Schedule of Insurance.

We will pay an accelerated benefit to you when we receive the following:

1. a written request for payment of the accelerated benefit; and
2. proof that the covered person is terminally ill and his illness is expected to result in his death within 12 months.

The accelerated benefit will be paid only once for each eligible covered person, and in one lump sum to you before death occurs.

Cost of Providing the Accelerated Benefit

There is no cost associated with providing the accelerated benefit.

Amount of Accelerated Benefit

The maximum accelerated benefit will be the lesser of:

1. [75%] of the covered person's life insurance amount; or
2. [$250,000.]

If the covered person's life insurance amount is scheduled for a reduction within 12 months after the date you request the payment of the accelerated benefit, the maximum accelerated benefit will be based on the reduced amount.

Irrevocable Beneficiary

For the purpose of the Accelerated Benefit provision, an irrevocable beneficiary is a named beneficiary whose rights to the employee's life insurance proceeds are vested and whose rights cannot be cancelled by the employee unless the irrevocable beneficiary consents.

Conditions and Requirements for Payment of the Accelerated Benefit

You must request payment of an accelerated benefit in writing.

Proof that the covered person is terminally ill must be provided to us. The proof must be certified by a licensed physician and in a form that is satisfactory to us. We are not obligated to ask for any proof. Any delay in submitting proof will not cause a request to be denied if the proof is given to us as soon as reasonably possible.

After receipt of such proof, we may require the covered person to be examined by a licensed physician of our choice, at our expense. If there is a disagreement between the two physicians, we may require the covered person to be examined by another licensed physician of our choice, at our expense. The decision of the third physician will be final.

Effect of Payment of an Accelerated Benefit on Policy Provisions

The covered person's amount of life insurance under the policy will be reduced by the amount of any accelerated benefit that has been previously paid.

The following will be based on the reduced life insurance amount:

1. the amount of life insurance payable to the beneficiary when the covered person dies;
2. the amount of life insurance the covered person can convert under the policy; and
3. the premiums payable for the covered person's life insurance under the policy after an accelerated benefit is paid to you, if such premiums are not waived.

[The payment of an accelerated benefit will not affect the amount of the covered person's Accidental Death and Dismemberment Benefits under the group policy, if any.]

Exclusions

We will not pay an accelerated benefit if:

1. the covered person has made an absolute assignment of his life insurance under the policy and we do not receive written consent by the absolute assignee;
2. all or part of the covered person's life insurance under the group policy is to be paid to his children or former spouse as part of a court approved divorce agreement;
3. the covered person has made an irrevocable beneficiary designation of his life insurance under the policy and we do not receive written consent by the irrevocable beneficiary; or
4. the terminal illness is a result of intentional self-inflicted injury or attempted suicide, committed while sane or insane.

Date Insurance Ends under this Benefit

A covered person's insurance under this benefit will end at the earliest of:

1. the date the accelerated benefit is paid to you on the covered person's behalf;
2. the date the covered person's life insurance ends under the policy; [or
3. the policy anniversary on which the covered person is age [70].]

Accidental Death & Dismemberment Insurance

[This section applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental AD&D Benefit, and the Voluntary Accidental Death & Dismemberment Benefit.]]

[For Basic AD&D [or Supplemental AD&D], you are the only covered person under this benefit.]

[For Voluntary AD&D, you and any dependents covered under the Voluntary AD&D benefit are covered persons under this benefit.]

If a covered person suffers a loss described below, we will pay the amount of insurance that applies. You or your beneficiary must give us proof that:

1. injury occurred while the insurance was in force under this section;
2. loss occurred within [365] days after the injury; and
3. loss was due to injury independent of all other causes.

Amount of Insurance

If a covered person suffers a specified loss, we will pay the benefit set opposite such loss; provided, however, that if the covered person sustains more than one such loss as the result of any one accident, we will pay only the one largest amount to which the covered person is entitled. In paying the benefit, we will consider only losses sustained while insured under this benefit.

Loss of Life	100% of the AD&D Amount
Loss of Two or More Members	100% of the AD&D Amount
Loss of One Member	[50%] of the AD&D Amount
Loss of Thumb and Index Finger of the Same Hand	[25%] of the AD&D Amount

Member means hand, foot, sight, speech, or hearing.

Loss of sight means total and irrecoverable loss of sight.

Loss of hands or feet means total and irrecoverable loss due to at or above the wrist or ankle, unless the state in which the policy is issued defines the loss differently.

Need Loss of Thumb and Index Finger means total and irrecoverable loss at the proximal phalanx.

Loss of speech means a total and irrecoverable loss of audible communication.

Loss of hearing means permanent total deafness in both ears such that it cannot be corrected to any functional degree by any aid or device.

Exclusions

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

1. [disease, bodily or mental infirmity, or infection (except bacterial infection of a visible injury);]
2. [war or any act of war, or while serving in the armed forces of any country or international authority;]
3. [suicide or intentional, self-inflicted injury, whether sane or insane;]
4. [your active participation in a riot or insurrection;]
5. [your voluntary commission of, or attempting to commit, [an assault or] felony; or participating in an illegal occupation;]

6. [your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;]
7. [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;]
8. [your being intoxicated as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.]

[Participation in a riot shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.]

[Riot shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.]

[War means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.]

Basic Short Term Disability Insurance

Definitions

Date of Disability means the first day that you are under the regular care of a physician and meet the definition of disability as defined below.

Disability or Disabled means an injury or sickness that requires you to be under the regular care of a physician, and prevents you from performing one or more of the material duties of [your regular] occupation with reasonable accommodations, and as a result of which you are earning less than 80% of your covered weekly earnings.

[If your professional or occupational license or your certification is suspended, revoked or surrendered, loss of your license or certification, by itself, does not mean you are disabled.]

Elimination Period means the number of days during a period of disability that must pass before benefits are payable. No benefits are payable for the Elimination Period. You cannot satisfy any part of the elimination period with any period of non-covered disability. The elimination period is shown on the Schedule of Insurance and begins on the first day of your disability.

[Gainful Occupation means any employment that exists in the national economy that you may be expected to follow based on your education, training, experience, age, and physical and mental capacity.]

Reasonable Accommodation(s) means any modification(s) to the worksite, the job or employment practices, which would allow you to perform the material duties of the occupation and which would not create an undue hardship for the employer.

[Regular Occupation means the occupation in which you were working immediately prior to becoming disabled.]

[Weekly Earnings means your normal weekly rate of pay in effect on the day before you became disabled, excluding any overtime pay[, bonuses] or any other extra pay. If your pay is from [commissions], the weekly earnings will be based on your average [commissions] for the prior [12] months.]

Weekly Benefit

We will pay the weekly benefit as determined in the Weekly Benefit Calculations provision, if you become disabled while insured and are under the regular care of a physician due to sickness or injury. We will begin payment on the day following completion of the elimination period as shown in the Schedule of Insurance. The weekly payments will continue as long as you remain disabled, up to the Maximum Benefit Period shown in the Schedule of Insurance.

If you are disabled for only part of a week, your weekly payment from us is pro-rated, and you will receive a payment equal to [1/7th] of a full weekly payment for each day of the week you are disabled.

Successive periods of disability will be considered as one continuous period of disability if they:

1. resulted from, or are contributed to by, the same or related causes; and
2. are not separated by your return to full-time, active work for at least the number of days equal to two of your normal work weeks.

Disabilities due to accidental injuries under the Short Term Disability benefit means the covered accident must occur while you are insured under this benefit, [and the disability must

begin within [30] days of the date of the accident. If the disability begins after [30] days, it will be considered a sickness.]

Weekly Benefit Calculations

Your Weekly Benefit If You Are Disabled and Not Working, or You Are Disabled and Working but Earning Less Than 20% of Your Covered Weekly Earnings

[Your weekly benefit will be determined by using the following steps:

Step 1: Multiply your covered weekly earnings by the benefit percentage shown in the Schedule of Insurance.

Step 2: Compare this amount to the maximum weekly benefit shown in the Schedule of Insurance.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your [gross] weekly benefit.

Step 4: [Subtract from the gross weekly benefit in Step 3 any eligible offsets, except any income you earn or receive from any form of employment. This is your weekly benefit.]

Your Weekly Benefit If You Are Disabled and Working, Earning Between 20% and [80%] of Your Covered Weekly Earnings

[Your weekly benefit will be determined by using the following steps:

Step 1: Multiply your covered weekly earnings by the benefit percentage shown in the Schedule of Insurance.

Step 2: Compare this amount to the maximum weekly benefit shown in the Schedule of Insurance.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your gross weekly benefit.

Step 4: Add to the gross weekly benefit in step 3 the amount of [all eligible offsets, including] any income you earn or receive from any form of employment. If this amount exceeds 100% of your covered weekly earnings, subtract the amount over 100% from your gross weekly benefit in Step 3. This is your weekly benefit.

If the total from Step 4 does not exceed 100% of your covered weekly earnings, your weekly benefit will not be reduced. Your weekly benefit will be as determined in Step 3.]

Your loss of earnings must be as a result of or due to the same sickness or injury from which you are disabled.

[Minimum Benefit: If you are eligible for a benefit under the policy, we will never pay less than the minimum benefit shown in the Schedule of Insurance.]

If You Are Disabled and Working, Earning More Than [80%] of Your Covered Weekly Earnings, you are not eligible for a weekly benefit and no benefit will be paid.

[Eligible Offsets]

[If you or your family are eligible for any of the following benefits for loss of income as a result of the period of disability for which you are claiming benefits under this plan, the total of all weekly benefits and other amounts will be subtracted from your weekly benefit. This includes any such benefits for which you or your family are eligible or that are paid to you, to your family, or to a third party on your behalf, pursuant to any of the following:

1. [governmental law or program that provides disability or unemployment benefits as a result of your job with the employer;]

2. [a plan or arrangement of coverage, whether insured or not, as a result of employment by or association with the employer or as a result of membership in or association with any group, association, union or other organization;]
3. [any income you received from the employer as a result of any accumulated sick time, salary continuation, or paid time off], [which causes the Weekly Benefit, plus Eligible Offsets to exceed [100%] of your covered weekly earnings. The amount in excess of [100%] of your covered weekly earnings will be used to reduce the Weekly Benefit;]
4. [an individual insurance policy where the premium is wholly or partially paid by the employer;]
5. [mandatory "no-fault" automobile insurance plan;]
6. [disability benefit from the Veteran's Administration, or any other foreign or domestic governmental agency:
   a. that begins after you become disabled; or
   b. if you were receiving the benefit before becoming disabled, the amount of any increase in the benefit that is attributed to your disability.]

Eligible Offsets also include any payments that are made to you, your family, or to a third party on your behalf, pursuant to any of the following:

1. [disability benefit under the Employer's Retirement Plan;]
2. [portion of a settlement or judgment, minus associated costs, of a lawsuit that represents or compensates for your loss of earnings;] or
3. [the amount you earn or receive from any form of employment except as allowed in the benefit calculation under the policy.]

If you are paid benefits under any of the Eligible Offsets in a lump sum or settlement, you must provide proof satisfactory to us of:

1. the amount attributed to loss of income; and
2. the period of time covered by the lump sum or settlement. We will pro-rate the lump sum or settlement over this period of time. If you can not or do not provide this information, we will assume the entire sum to be for loss of income, and the time period to be [24] months. We may make a retroactive allocation of any retroactive Eligible Offset. A retroactive allocation may result in an overpayment of your claim.

The amount of any increase in any of the Eligible Offsets will not be included as an Eligible Offset if such increase:

1. takes effect after the date benefits become payable under [this] plan; and
2. is a general increase which applies to all persons who are entitled to such benefits.]

Waiver of Premium Benefit

If a covered disability for which weekly benefits are payable has continued for 90 consecutive days, future payments will be waived as they fall due as long as benefits are payable. Premiums will not be waived beyond the Maximum Benefit Period. If coverage is to be continued, premium payments must be resumed following the period for which they were waived.

Termination of Benefit Payments

We will terminate benefit payments on the earliest of the following:

1. the date you are no longer disabled as defined; or
2. the date you fail to furnish Proof of Loss, when requested by us; or
3. the date you are no longer under the regular care of a physician, or refuse our request that you submit to an examination by a physician; or
4. the date you die; or

5. the date you are earning more than 80% of your pre-disability earnings; or
6. the date determined by the Maximum Benefit Period shown in the Schedule of Insurance.

Extension of Benefit Payments

If you are entitled to benefits while disabled and the policy terminates, benefits:

1. will continue as long as you remain disabled by the same disability; but
2. will not be provided beyond the date we would have ceased to pay benefits had the insurance remained in force.

Termination of the policy for any reason will have no effect on our liability under this provision.

Exclusions

We will not pay benefits for any disability caused by:

1. [war or any act of war, or while serving in the armed forces of any country or international authority;]
2. [attempted suicide or intentional self-inflicted injury, while sane or insane;]
3. [your active participation in a riot or insurrection;]
4. [your voluntary commission of, or attempting to commit, [an assault or] felony; or participating in an illegal occupation;]
5. [injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;]
6. [your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;]
7. [injury occurring while intoxicated;]
8. [alcoholism or drug addiction;]
9. [elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness; or]
10. [your acting as an organ donor.]

[No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of [30] or more consecutive days.]

[**Intoxicated** means that you were under the influence of alcohol as determined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.]

[**Participation in a riot** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in your own defense, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.]

[Riot shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together; whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.]

[**War** means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.]

Voluntary Short Term Disability Insurance

Definitions

Date of Disability means the first day that you are under the regular care of a physician and meet the definition of disability as defined below.

Disability or Disabled means an injury or sickness that requires you to be under the regular care of a physician, and prevents you from performing one or more of the material duties of [your regular] occupation with reasonable accommodations, and as a result of which you are earning less than 80% of your covered weekly earnings.

[If your professional or occupational license or your certification is suspended, revoked or surrendered, loss of your license or certification, by itself, does not mean you are disabled.]

Elimination Period means the number of days during a period of disability that must pass before benefits are payable. No benefits are payable for the elimination period. You cannot satisfy any part of the elimination period with any period of non-covered disability. The elimination period is shown on the Schedule of Insurance and begins on the first day of your disability.

[Gainful Occupation means any employment that exists in the national economy that you may be expected to follow based on your education, training, experience, age, and physical and mental capacity.]

Reasonable Accommodation(s) means any modification(s) to the worksite, the job or employment practices, which would allow you to perform the material duties of the occupation and which would not create an undue hardship for the employer.

[Regular Occupation means the occupation in which you were working immediately prior to becoming disabled.]

[Weekly Earnings means your normal weekly rate of pay in effect on the day before you became disabled, excluding any overtime pay[, bonuses] or any other extra pay. If your pay is from [commissions], the weekly earnings will be based on your average [commissions] for the prior [12] months.]

Weekly Benefit

We will pay the weekly benefit as determined in the Weekly Benefit Calculations provision, if you become disabled while insured and are under the regular care of a physician due to sickness or injury. We will begin payment on the day following completion of the elimination period as shown in the Schedule of Insurance. The weekly payments will continue as long as you remain disabled, up to the Maximum Benefit Period shown in the Schedule of Insurance.

If you are disabled for only part of a week, your weekly payment from us is pro-rated, and you will receive a payment equal to [1/7th] of a full weekly payment for each day of the week you are disabled.

Successive periods of disability will be considered as one continuous period of disability if they:

1. resulted from, or are contributed to by, the same or related causes; and
2. are not separated by your return to full-time, active work for at least the number of days equal to two of your normal work weeks.

Disabilities due to accidental injuries under the Short Term Disability benefit means the covered accident must occur while you are insured under this benefit, [and the disability must

begin within [30] days of the date of the accident. If the disability begins after [30] days, it will be considered a sickness.]

Weekly Benefit Calculations

Your Weekly Benefit If You Are Disabled and Not Working, or You Are Disabled and Working but Earning Less Than 20% of Your Covered Weekly Earnings

[Your weekly benefit will be determined by using the following steps:

Step 1: Multiply your covered weekly earnings by the benefit percentage shown in the Schedule of Insurance.

Step 2: Compare this amount to the maximum weekly benefit shown in the Schedule of Insurance.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your [gross] weekly benefit.

Step 4: [Subtract from the gross weekly benefit in Step 3 any eligible offsets, except any income you earn or receive from any form of employment. This is your weekly benefit.]

Your Weekly Benefit If You Are Disabled and Working, Earning Between 20% and [80%] of Your Covered Weekly Earnings

[Your weekly benefit will be determined by using the following steps:

Step 1: Multiply your covered weekly earnings by the benefit percentage shown in the Schedule of Insurance.

Step 2: Compare this amount to the maximum weekly benefit shown in the Schedule of Insurance.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your gross weekly benefit.

Step 4: Add to the gross weekly benefit in step 3 the amount of [all eligible offsets, including] any income you earn or receive from any form of employment. If this amount exceeds 100% of your covered weekly earnings, subtract the amount over 100% from your gross weekly benefit in Step 3. This is your weekly benefit.

If the total from Step 4 does not exceed 100% of your covered weekly earnings, your weekly benefit will not be reduced. Your weekly benefit will be as determined in Step 3.]

Your loss of earnings must be as a result of or due to the same sickness or injury from which you are disabled.

[Minimum Benefit: If you are eligible for a benefit under the policy, we will never pay less than the minimum benefit shown in the Schedule of Insurance.]

If You Are Disabled and Working, Earning More Than [80%] of Your Covered Weekly Earnings, you are not eligible for a weekly benefit and no benefit will be paid.

[Eligible Offsets]

[If you or your family are eligible for any of the following benefits for loss of income as a result of the period of disability for which you are claiming benefits under this plan, the total of all weekly benefits and other amounts will be subtracted from your weekly benefit. This includes any such benefits for which you or your family are eligible or that are paid to you, to your family, or to a third party on your behalf, pursuant to any of the following:

1. [governmental law or program that provides disability or unemployment benefits as a result of your job with the employer;]

2. [a plan or arrangement of coverage, whether insured or not, as a result of employment by or association with the employer or as a result of membership in or association with any group, association, union or other organization;]
3. [any income you received from the employer as a result of any accumulated sick time, salary continuation, or paid time off], [which causes the Weekly Benefit, plus Eligible Offsets to exceed [100%] of your covered weekly earnings. The amount in excess of [100%] of your covered weekly earnings will be used to reduce the Weekly Benefit;]
4. [an individual insurance policy where the premium is wholly or partially paid by the employer;]
5. [mandatory "no-fault" automobile insurance plan;]
6. [disability benefit from the Veteran's Administration, or any other foreign or domestic governmental agency:
   a. that begins after you become disabled; or
   b. if you were receiving the benefit before becoming disabled, the amount of any increase in the benefit that is attributed to your disability.]

Eligible Offsets also include any payments that are made to you, your family, or to a third party on your behalf, pursuant to any of the following:

1. [disability benefit under the Employer's Retirement Plan;]
2. [portion of a settlement or judgment, minus associated costs, of a lawsuit that represents or compensates for your loss of earnings;] or
3. [the amount you earn or receive from any form of employment except as allowed in the benefit calculation under the policy.]

If you are paid benefits under any of the Eligible Offsets in a lump sum or settlement, you must provide proof satisfactory to us of:

1. the amount attributed to loss of income; and
2. the period of time covered by the lump sum or settlement. We will pro-rate the lump sum or settlement over this period of time. If you can not or do not provide this information, we will assume the entire sum to be for loss of income, and the time period to be [24] months. We may make a retroactive allocation of any retroactive Eligible Offset. A retroactive allocation may result in an overpayment of your claim.

The amount of any increase in any of the Eligible Offsets will not be included as an Eligible Offset if such increase:

1. takes effect after the date benefits become payable under [this] plan; and
2. is a general increase which applies to all persons who are entitled to such benefits.]

Waiver of Premium Benefit

If a covered disability for which weekly benefits are payable has continued for 90 consecutive days, future payments will be waived as they fall due as long as benefits are payable. Premiums will not be waived beyond the Maximum Benefit Period. If coverage is to be continued, premium payments must be resumed following the period for which they were waived.

Termination of Benefit Payments

We will terminate benefit payments on the earliest of the following:

1. the date you are no longer disabled as defined; or
2. the date you fail to furnish Proof of Loss, when requested by us; or
3. the date you are no longer under the regular care of a physician, or refuse our request that you submit to an examination by a physician; or
4. the date you die; or

5. the date you are earning more than 80% of your pre-disability earnings; or
6. the date determined by the Maximum Benefit Period shown in the Schedule of Insurance.

Extension of Benefit Payments

If you are entitled to benefits while disabled and the policy terminates, benefits:

1. will continue as long as you remain disabled by the same disability; but
2. will not be provided beyond the date we would have ceased to pay benefits had the insurance remained in force.

Termination of the policy for any reason will have no effect on our liability under this provision.

Pre-Existing Condition Exclusion

Benefits will not be paid if your disability begins in the first [12] months following the effective date of your coverage and your disability is caused by, contributed to by, or the result of a pre-existing condition.

Pre-Existing Condition means any condition for which you have done any of the following at any time during the [12] months just prior to your effective date of coverage:

1. received medical treatment or consultation;
2. taken or were prescribed drugs or medicine; or
3. received care or services, including diagnostic measures,

whether or not that condition is diagnosed at all or is misdiagnosed during that period of time.

Exclusions

We will not pay benefits for any disability caused by:

1. [war or any act of war, or while serving in the armed forces of any country or international authority;]
2. [attempted suicide or intentional self-inflicted injury, while sane or insane;]
3. [your active participation in a riot or insurrection;]
4. [your voluntary commission of, or attempting to commit, [an assault or] felony; or participating in an illegal occupation;]
5. [injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;]
6. [your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;]
7. [injury occurring while intoxicated;]
8. [alcoholism or drug addiction;]
9. [elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness; or]
10. [your acting as an organ donor.]

[No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of [30] or more consecutive days.]

[**Intoxicated** means that you were under the influence of alcohol as determined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.]

[**Participation in a riot** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in your own defense, if such actions of defense are not

taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.]

[Riot shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together; whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.]

[**War** means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.]

[Continuity of Coverage]

[If you were insured by the prior group insurance plan for short term disability benefits just before you became eligible for coverage under this plan; and you are in active employment; and you are insured under this plan, then you may be eligible for payments from us under this plan if your disability is due to a pre-existing condition.

In order to receive payments from us, you must satisfy the pre-existing condition exclusion of:

1. this plan; or
2. the prior group insurance plan, had the plan stayed in effect.

We will consider the total amount of time you were continuously insured under both the prior group insurance plan and this plan to determine if you satisfy the pre-existing condition exclusion. If you cannot satisfy the pre-existing condition exclusion of either plan then we will not pay you a disability benefit.

We will determine our payment to you using the provisions of this plan with respect to eligibility, elimination period, benefit amount and maximum benefit duration, but your weekly payment will not be more than the maximum weekly payment of the prior group insurance plan. Your weekly payments will end on the earlier of the following dates:

1. the end of the maximum payment duration under this plan; or
2. the date benefits would have ended under the prior group insurance plan if the plan had stayed in effect.]

Important Notice

The following information is provided to assist you in answering any questions you might have:

Soliciting Agent
The name, address and telephone number of our soliciting agent is available to you, if needed, by calling our Customer Service Department at [501-375-7200].

USAble Life

USAble Life
P. O. Box 1650
Little Rock, AR 72203-1650
Phone [(501) 375-7200 or
Toll Free (800) 648-0271]

If we fail to provide you with reasonable and adequate service, you may contact:

Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
Phone (501) 371-2640 or
Toll Free 1-800-852-5494

We appreciate the opportunity to serve your insurance needs.

USAble Life

[320 W. Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

CERTIFICATE OF INSURANCE

[Group Term Life, Accidental Death & Dismemberment, Dependent Life, Short Term Disability]

Policyholder: [GROUP_NAME]

Class: [CLASS_NUMBER]

State of Residence: [ARKANSAS]

This is to certify that USAble Life has issued and delivered the [Group Term Life, Accidental Death & Dismemberment, Dependent Life, and Short Term Disability] Insurance Policy to the Policyholder.

The policy insures the employees and their dependents, if elected, of the policyholder who:

1. are eligible for the insurance;
2. become insured; and
3. continue to be insured;

according to the terms of the policy.

The terms of the policy that affect your insurance are contained in the following pages.

This Certificate of Insurance is a part of the policy. This certificate replaces any other that USAble Life may have issued to the policyholder to give to you under the Group Insurance Policy specified herein.

Signed for USAble Life:

Secretary

President

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Schedule of Insurance

Policyholder: [A-Z Services, Inc.]

Group Policy Number: [12345678-GL]

Policy Effective Date: [October 1, 2008*]
*This certificate replaces any certificate issued before the date shown.

[Associated Company: John Doe & Associates]

Eligible Class: [Class 1 All Active Full-time Employees]

Waiting Period: [You will be eligible for coverage on [the first of the policy month or the day] following completion of the following period of continuous active work:

1. If you are working for the employer on the policy effective date – [none – 365 days]
2. If you start working for the employer after the policy effective date – [none – 365 days]

[Annual Enrollment Date:] [January 1 of each year]

Full-time Employment: [20-40] hours weekly

Benefits amounts for eligible employees shall be determined in accordance with the following schedule:

[Class # Class Description]

Benefit	**Benefit Amount**
[Employee Basic Life]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Employee Basic Accidental Death & Dismemberment]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Employee Supplemental Life]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Employee Supplemental Accidental Death & Dismemberment]	[1 Times Annual Salary rounded to the next higher $1,000 to a maximum of $300,000.]
[Dependent Life – Option 1 Spouse Amount Children Amount]	 [$10,000 - $25,000] [$100 - $1,000] – age [live birth to 6 months] [$ 1,000 - $10,000] – [age 6 months and over]
[Dependent Life – Option 2 Spouse Amount Children Amount]	 [$10,000 - $25,000] [$100 - $1,000] – age [live birth to 6 months] [$ 1,000 - $10,000] – [age 6 months and over]
[Employee Voluntary Life]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]
[Spouse Voluntary Dependent Life]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]

[Class # Class Description]

Benefit	Benefit Amount
[Children Voluntary Dependent Life]	[Age 1 year and over: $5,000 or $10,000 as elected by you on your enrollment form.] [Age live birth to 6 months:] [$1,000] [Age 6 months to 1 year:] [$2,500]
[Employee Voluntary Accidental Death & Dismemberment]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]
[Spouse Voluntary Accidental Death & Dismemberment]	[The amount elected by you on your enrollment form. Elected in $10,000 increments up to a maximum of $300,000.]
[Children Voluntary Accidental Death & Dismemberment]	[Age 1 year and over: $5,000 or $10,000 as elected by you on your enrollment form.] [Age live birth to 6 months:] [$1,000]
[Basic Short Term Disability] [Core Plan]	[60% of weekly earnings to a maximum of $500 per week.] Elimination Periods: [Accident - 0 days Sickness - 7 days] Benefit Begins: [Accident – Day 1 and Sickness – Day 8] Maximum Benefit Period: [26 weeks]
[Basic Short Term Disability] [Buy-Up Plan]	[60% of weekly earnings to a maximum of $500 per week.] Elimination Periods: [Accident - 0 days Sickness - 7 days] Benefit Begins: [Accident – Day 1 and Sickness – Day 8] Maximum Benefit Period: [26 weeks]
[Voluntary Short Term Disability]	[The weekly amount elected by you on your enrollment form. Elected in $10 increments up to a maximum of 70% of weekly earnings or $750 per week, whichever is less.] Elimination Periods: [Accident - 0 days Sickness - 7 days] Benefit Begin: [Accident – Day 1 and Sickness – Day 8] Maximum Benefit Period: [26 weeks]
[Group Life Accelerated Benefits]	[75% up to $250,000]
[Life Insurance - Portability Option]	[Voluntary Life Only or Basic Life and Supplemental Life]
[Domestic Partner Rider]	[Included]
[AD&D Coma Rider]	[5% per month for 11 months]
[AD&D Exposure & Disappearance Rider]	[AD&D benefit payable after 1 year of accidental disappearance]
[AD&D Repatriation Rider]	[10% up to $5,000]
[AD&D Seat Belt & Air Bag Rider]	[Seat Belt: 10% up to $10,000] [Air Bag: 10% up to $10,000]

[Class # Class Description]

Benefit	Benefit Amount
[AD&D Felonious Assault Rider]	[25% up to $50,000]
[AD&D HIV Rider]	[20% paid over 24 months in equal monthly installments]
[AD&D Paralysis Rider]	[Quadriplegia – 100% Paraplegia – 75% Hemiplegia – 50%]
[AD&D Special Education Rider]	[5% up to $2,500 per year for 4 years]
[AD&D Child Care Center Rider]	[3% up to $5,000 per year for 4 years]
[AD&D Common Carrier Rider]	[Double AD&D benefit]
[AD&D Spouse Training Benefit]	[5% up to $2,500 per year for 4 years]

If a covered person is eligible for any amount in excess of the guaranteed issue amount shown below, the employee must furnish evidence of insurability, which is subject to our approval.

Benefit	Guaranteed Issue Amounts
[Employee Basic Life]	[$300,000]
[Employee Basic Accidental Death & Dismemberment]	[$300,000]
[Employee Supplemental Life]	[$300,000]
[Employee Supplemental Accidental Death & Dismemberment]	[$300,000]
[Dependent Life Spouse Amount Children Amount]	 [$10,000] [$ 5,000]
[Employee Voluntary Life Through age 64 Age 65 to 69 Age xx to xx]	 [$100,000] [$ 20,000] [$ 5,000]
[Spouse Voluntary Dependent Life Through age 64 Age xx to xx]	 [$50,000] [$20,000]
[Children Voluntary Dependent Life]	[$5,000 or $10,000]
[Employee Voluntary Accidental Death & Dismemberment]	[$300,000]
[Spouse Voluntary Accidental Death & Dismemberment]	[$300,000]
[Children Voluntary Accidental Death & Dismemberment]	[$5,000 or $10,000]

Benefit	Guaranteed Issue Amounts
[Basic Short Term Disability]	[$750]
[Voluntary Short Term Disability]	[$750]

Reductions, Terminations, and Special Provisions

[Employee Basic Life]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Employee Basic Accidental Death & Dismemberment]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Employee Supplemental Life]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Employee Supplemental Accidental Death & Dismemberment]	[Reduces to 65% at age 65 and to 50% at age 70. Terminates at retirement.]
[Dependent Life]	[Spouse coverage terminates at spouse's age 65.]
[Employee Voluntary Life]	[Reduces to 66 2/3% at age 65 and to 33 1/3% at age 70. Terminates at retirement.]
[Spouse Voluntary Dependent Life]	[Coverage terminates at spouse's age 65.]
[Employee Voluntary Accidental Death & Dismemberment]	[Reduces to 66 2/3% at age 65 and to 33 1/3% at age 70. Terminates at retirement.]
[Spouse Voluntary Accidental Death & Dismemberment]	[Coverage terminates at spouse's age 65.]
[Voluntary Short Term Disability]	[Reduces to 66 2/3% at age 65 and terminates at age 70].
[Short Term Disability Minimum Benefit]	[Benefits may be reduced by Eligible Offsets. If so, the minimum weekly benefit payment amount will be $10.]

Definitions

The terms listed, if used, will have these meanings.

Accident or Injury mean accidental bodily injury sustained by the covered person while insured under the policy which is the direct cause of the loss, independent of disease or bodily infirmity or any other cause.

Active Work or Actively at Work mean the expenditure of time and energy for the policyholder or an associated company at your usual place of business on a full-time basis. If you are not working on a day your coverage would otherwise take effect, you will be considered to be at active work on that day only if:

1. when that work day begins, it would be reasonable to expect that you would be physically and mentally able to complete a full-time week of work in your regular occupation; and
2. you are not disabled; and
3. your contract of employment, if applicable, remains active; and
4. you are not on an unapproved, administrative or disciplinary leave; and
5. you return to work at the end of a paid break or vacation period.

[**Annual Enrollment Period** means the 60 days prior to and the 30 days immediately following the Annual Enrollment Date shown in the Schedule of Insurance.]

[**Annual Salary** means your annual base rate of pay, excluding any overtime pay, [bonuses,] or other extra pay. If your pay is from [commissions,] your annual salary will be based on your average [commissions] for the prior [12] months.]

Associated Company means any company shown in the application which is owned by or affiliated with the policyholder.

Beneficiary means the person or entity you choose to receive your amount of insurance at your death.

Contributory means you pay part of the premium.

Covered Person means an eligible employee or the employee's dependents whose insurance has become and remains effective under all the conditions and provisions of the policy. Covered persons do not include contract, temporary, seasonal, or part-time workers.

Dependent means an eligible person who is:

1. your spouse, if not legally separated from you;
2. any unmarried child less than age[25], who is:
   a. not working on a full-time basis, and
   b. depends upon you for more than 50% of his support; or
3. a handicapped child, as defined in the Continuation of Insurance for a Handicapped Child section, age [25] years or over, who was insured under this policy before reaching age [25.]

The term "child" also includes a legally adopted child or child placed for adoption, stepchild, foster child, or any child who lives with you, and depends on you for more than 50% of his support.

Eligible Class means a class of persons eligible for insurance under the policy. This class is based on employment or membership in a group.

Eligible Persons means a person who:

1. is a citizen of the United States of America (U.S.) or Canada, who either:
   a. resides in the U.S. or Canada; or
   b. is stationed outside the U.S. or Canada for a period of less than 6 months; or
2. is a foreign national residing in the U.S. and meets all of the following requirements:
   a. has a valid permanent residency visa;
   b. participates in U.S. Social Security; and
   c. is covered by Workers' Compensation.

Employee means an eligible person who is:

1. directly employed in the normal business of the employer; and
2. paid for services by the employer; and
3. actively at work for the policyholder or an associated company; or
4. a retiree, if listed as eligible in the policy.

No director, officer, consultant or other person not actively at work on behalf of the employer will be considered an employee unless he meets the above conditions.

Employer means the policyholder.

Evidence of Insurability means a signed health and medical history form provided by us, a medical examination, if requested, and any additional information and attending physicians' statements that we may require.

Family Member means a person who is a parent, spouse, child, sibling, domestic partner, grandparent, grandchild, step-child, step-parent, step-sister, step-brother, father-in-law, or mother-in-law of the covered person; or spouses, as applicable, of any of these.

[Full-time means working at least the number of hours indicated in the Schedule of Insurance for Full-time employment.**]**

Gender – The use of the male pronoun also includes the female.

Home Office means the principal office of USAble Life in Little Rock, Arkansas.

Hospital means a facility supervised by one or more physicians and operated under state and local laws. It must have 24-hour nursing service by registered graduate nurses. It may specialize in treating alcoholism, drug addiction, chemical dependency, or mental disease, but it cannot be a rest home, convalescent home, or a home for the aged.

Hospital Confined and Hospital Confinement mean staying in a hospital as a registered inpatient for 24 hours a day.

Material Duty or Material Duties mean the sets of tasks or skills required generally by employers from those engaged in an occupation. We will consider one material duty of your regular occupation to be the ability to work for an employer on a full-time basis as defined in the policy.

Noncontributory means the policyholder pays the premium.

Occupation means a group of jobs:

1. in which a common set of tasks is performed; or
2. which are related in terms of similar objectives and methodologies, and which may be related in terms of materials, products, worker actions, or worker characteristics.

Physician means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. This includes a person whom we are required to recognize

as a physician by the laws or regulations of the governing jurisdiction. However, neither you nor a family member will be considered a physician.

Plan means the policy and certificates of insurance provided for covered persons.

Plan Administrator means the employer that sponsors the plan for the benefit of its employees and eligible dependents.

Policy means the group policy issued by us to the policyholder that describes the benefits for which you may be eligible.

Policyholder means the entity to which the policy is issued.

Regular Care means you personally visit a physician as often as is medically required to effectively manage and treat your disabling condition(s), according to generally accepted medical standards; and you are receiving appropriate treatment and care, according to generally accepted medical standards. Treatment and care for the sickness or injury causing your disability must be given by a physician whose specialty or experience is appropriate.

Regular Occupation means the occupation in which you were working immediately prior to becoming disabled.

Retiree or Retirement means you begin receiving retirement benefits from either:

1. a retirement plan sponsored by your employer, the policyholder, or an associated company, or
2. a government plan.

Sickness means a disease or illness, including pregnancy.

United States of America means the fifty (50) states of the United States and the District of Columbia. It does not include territories of the United States.

Waiting Period is the number of continuous [days] of service during which you must be an active, full-time employee in a class eligible for insurance before you become eligible for coverage.

We, Us, and Our mean USAble Life.

You and Your mean an employee of the policyholder or an associated company who has met all the eligibility requirements for coverage, and is:

1. directly employed in the normal business of the employer; and
2. paid for services by the employer; and
3. actively at work for the employer, or associated company covered under the policy; or
4. a retiree, if listed as eligible in the group Policy.

No director, officer, consultant or other person not actively at work on behalf of the employer will be considered an employee unless he meets the conditions listed above.

Eligibility and Effective Date Provisions

Eligible Employee

If you are working on a full-time basis for the employer, you are eligible for insurance after completion of the required waiting period, provided you are in a class of employees who are included.

Employee Eligibility Date

If you are working for your employer in an eligible class, the date you are eligible for coverage is the latest of the following dates:

1. the policy effective date;
2. the day after you complete any waiting period shown in the Schedule of Insurance by continuous service with the employer, the policyholder, or an associated company;
3. the date the policy is changed to include your class; or
4. the date you become a member of a class eligible for insurance.

[For voluntary coverage only if you do not apply when you are first eligible, you will again be eligible on the first Annual Enrollment Date as shown in the Schedule of Insurance which immediately follows the date noted in items 2, 3, or 4 above.]

[The term "voluntary coverage" refers to [Voluntary Group Term Life, Voluntary Accidental Death & Dismemberment, or Voluntary Short Term Disability.]

[**Rehires:** If you were insured under this policy and your insurance terminated due to termination of employment or eligibility, and you again become an eligible employee within [12] months, there is no waiting period.]

Effective Date of Employee Insurance

You must use forms approved by us when applying for insurance.

[[<u>For Benefit Amounts Not Requiring Evidence of Insurability:</u>]

1. When your Employer pays 100% of the cost of your coverage under the policy, you will be covered at 12:01 a.m. at your employer's address on your eligibility date.
2. When you and your Employer share the cost of your coverage under the policy or when you pay 100% of the cost yourself, you will be covered at 12:01 a.m. at your employer's address on the latest of the following dates:
   a. on your eligibility date, if you enroll for insurance within 31 days after the date you first become eligible for coverage; or
   b. on the first day of the policy month following the date we approve your application if you do not apply for insurance within 31 days after your eligibility date; [or
   c. for voluntary coverage only, on the Annual Enrollment Date as shown in the Schedule of Insurance if you enroll during the annual enrollment period. If you do not apply for voluntary coverage during the first annual enrollment period following your eligibility date, you will be required to submit satisfactory evidence of insurability.]]

[<u>For Benefit Amounts Requiring Satisfactory Evidence of Insurability,</u> your coverage will be effective on the first day of the policy month following the date we approve your application.]

Delayed Effective Date

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, it will take effect on the day you return to active work. If your insurance

is scheduled to take effect on a non-working day, your active work status will be based on the last working day before the scheduled effective date of your insurance.

[Dependent Eligibility]

[Dependents are eligible for insurance on the latest of the following dates:

1. the date you become eligible for dependent insurance;
2. the date a person becomes a dependent; or
3. the date the policy is amended to include your class as being eligible for dependent insurance.

[For voluntary coverage only if you do not apply when you are first eligible for dependent coverage, you will again be eligible on the first Annual Enrollment Date as shown in the Schedule of Insurance which immediately follows the date noted in items 1, 2, or 3 above.]

[Your spouse or child will not be eligible for dependent insurance if either is insured under the policy as an employee.]

[If both you and your spouse are insured as employees, your eligible children may be insured as dependents of only one of you.]

Effective Date of Dependent Insurance

You must use forms approved by us when applying for dependent insurance.

[Dependents will not be insured until you are insured.]

[[For Benefit Amounts Not Requiring Evidence of Insurability:]

1. When your Employer pays 100% of the cost of your dependent coverage under the policy, your dependents will be covered at 12:01 a.m. at your employer's address on your dependent's eligibility date.
2. When you and your Employer share the cost of your dependent coverage under the policy or when you pay 100% of the cost yourself, your dependents will be covered at 12:01 a.m. at your employer's address on the latest of the following dates:
   a. on your dependent's eligibility date, if you enroll for dependent coverage within 31 days after the date your dependent first becomes eligible for coverage; or
   b. on the first day of the policy month following the date we approve your application for dependent coverage if you do not apply for dependent coverage within 31 days after your dependent's eligibility date; [or
   c. for voluntary coverage only, on the Annual Enrollment Date as shown in the Schedule of Insurance if you enroll during the annual enrollment period. If you do not apply for voluntary dependent coverage during the first annual enrollment period following your dependent's eligibility date, you will be required to submit satisfactory evidence of insurability.]]

[For Benefit Amounts Requiring Satisfactory Evidence of Insurability, your dependent's coverage will be effective on the first day of the policy month following the date we approve your application for dependent coverage.]

You must furnish satisfactory evidence of the dependent's insurability at your own expense if you have previously terminated dependent coverage while in an eligible class.

Delayed Effective Date

Coverage for a dependent, other than a newborn child, who is confined in a hospital on the day dependent insurance or an increase in insurance is scheduled to take effect will not become effective until the 10th day following final discharge from the hospital.]

[Newborn Child Coverage (including children placed for adoption)]

[This section applies to the Voluntary Accidental Death & Dismemberment Benefit only.]

[Any child of yours born while this benefit is in force will be immediately covered as a dependent from the moment of birth for 90 days. Any newly adopted child or child placed for adoption will be immediately covered from the moment of placement for 90 days. In order for coverage to continue beyond 90 days we must receive: (1) written notice of the birth of the newborn child or the date of placement for adoption; and (2) payment of any required additional premium within 31 days of our notifying the policyholder of the amount. Additional premium, if any, will begin on the premium due date following the child's date of birth or date of placement, if later.

Written notice should include the child's name, date of birth, and, if applicable, date placed for adoption. We must receive this notice by the end of the 90-day period following the date of birth or adoption placement. Notice is NOT required if you are already paying the premium for children's coverage.

If the required written notice is not received by us during the 90-day period, a newborn child or child placed for adoption may be covered after this date only if the following conditions are met: (1) your written application for coverage is approved by us; and (2) the payment of any required premium is made.]

Changes in Coverage Provisions

When Coverage Amounts Change (Redetermination Date)

The policy redetermines your amount of insurance on [the policy anniversary date.] [the date a change occurs.] [the first day of the policy month after a change occurs.] [If benefits are based on your salary, [the policyholder must report current earnings for all covered persons under the policy on the policy anniversary.] [the policyholder must report updates to all covered person's earnings as they occur.] Changes to a covered person's earnings are subject to any proof of insurability requirements of the policy. As of the policy's redetermination date, we use a covered person's salary or earnings on record with us to: (a) set rates; (b) set benefit amounts and limits; and (c) calculate premium payable under the policy.]

Delayed Effective Date of Change

You must be actively at work on a full-time basis on the redetermination date. If you are not, your coverage amount will not change until the date you return to active work on a full-time basis. [Changes in salary or earnings will not apply to a recurring disability.]

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

Changes to the Policy

Any increase or decrease in coverage because of a change in the plan of insurance will become effective on the date of the change. The Delayed Effective Date provision [and the Pre-existing Condition Exclusion provision] will apply to an increase.

Termination Provisions

Termination of Employee Insurance

Your insurance will terminate at 12:00 midnight 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 the policy terminates, or the date a specified benefit terminates;
3. the date you cease to be a member of a class eligible for insurance;
4. the date you cease to be actively at work;
5. if your coverage is continued under the Waiver of Premium provision, the date specified under "Termination of the Extended Insurance Benefit."

[Continuance of Insurance]

[If you are unable to perform active work for a reason shown below, the policyholder may continue your insurance, except for any Accidental Death and Dismemberment coverage, on a premium-paying basis provided you remain in other respects a member of an eligible class. The continuance cannot be more than the maximum continuance shown below. The employer must act so as not to discriminate unfairly among employees in similar situations.

The maximum continuance for insurance is the longest applicable period described below:

1. [three] months following the date active work stopped due to lay-off or approved leave of absence, or
2. [twelve] months following the date active work stopped due to your total disability.

Total Disability for Continuance of Insurance means that you are under the regular care of a physician, and prevented by injury or sickness from performing all of the material duties of your regular occupation.]

[Termination of Dependent Insurance]

[Insurance on a dependent will terminate at 12:00 midnight on the earliest of the following dates:

1. the date he ceases to be a dependent as defined in the Definitions section;
2. the date you cease to be an employee or a member of a class eligible for dependent insurance;
3. [[except for Voluntary Life,] the date your insurance under the policy terminates;]
4. the last day of the period for which a required dependent premium payment is made, if the next payment is not made; or
5. the date the policy terminates, or a specific benefit terminates.]

[Continuation of Insurance for a Handicapped Dependent Child]

[If an unmarried dependent child is not capable of self-sustaining employment due to mental or physical handicap, his insurance will not terminate at age [25]. The insurance will continue as long as the child remains handicapped, unless coverage terminates as described in the Termination of Dependent Insurance section, if you give us proof that the child is:

1. incapable of self-sustaining employment; and
2. chiefly dependent on you for support and maintenance.

To keep this coverage in force, we may require proof at our expense of the child's incapacity and dependence. We may require proof from time to time, but not more than once a year after the two years that follow the date the child reaches age [25.]]

Claim Provisions

Notice of Loss

Written notice of claim must be given to us at our Home Office within 30 days after a loss occurs or begins, or as soon after the loss as is reasonably possible to do so, but not later than one (1) year from the time notice is required. The notice should identify the covered person and the nature of the loss.

Within 15 days after the date of your notice, we will send you claim forms. The forms must be completed and sent to our Home Office. If you do not receive the claim forms within 15 days, we will accept a written description of the exact nature and extent of the loss.

Proof of Loss

For any loss for which the policy provides periodic payment contingent upon continuing loss, written proof of loss must be given to us within 90 days after the termination of the period for which we are liable. For any other loss covered by the policy, written proof of loss must be given to us within 90 days after the date of such loss. Failure to furnish proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time. Such proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one (1) year from the time proof was otherwise required.

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.

Payment of Claims

All benefits payable under this policy will be payable immediately upon receipt of due written proof of such loss.

[When we receive proof of disability, Short Term Disability benefits payable under the policy will be paid during any period for which we are liable. Any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.]

If included, [Short Term Disability, Dependent Life, and Dismemberment] benefits will be paid to you. [Employee Life insurance and Accidental Death benefits will be paid to the person(s) named by you to receive them.]

[If you failed to name a beneficiary or if no named beneficiary is living at your death, refer to the “Beneficiary” provision below. At our option, up to the maximum allowable by the state laws of the covered person’s state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the covered person.]

[Beneficiary]

[Your beneficiary will be the person(s) you name in writing to receive any amount of insurance payable due to your death. The beneficiary's name is on record in our Home Office, or in the policyholder's office if the group is self-administered. [You are the beneficiary of the Dependent Life Insurance if you are living. If you and your dependent die in the same accident, the dependent benefit will be paid to your estate.]]

You may name or change a beneficiary by giving us written notice at our Home Office (or by giving the policyholder written notice if the group is self-administered) 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 there is no named beneficiary living at your death, we may pay, at our discretion, any amount due to one of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother and/or father; (4) your brother and/or sister; or (5) your estate.]

Assignment

You may transfer your rights to name or change the beneficiary to someone else by assignment. An assignment will affect us only if it is in writing on a form acceptable to us, and is received at our Home Office. When we record it, the assignment will take effect as of the date you made it. The assignment will be subject to any action we may have taken before we record it. We take no responsibility for the validity of any assignment.

Claims of Creditors**:** To the extent allowed by law, proceeds will not be subject to any claims of a beneficiary's creditors.

Authority

The policyholder delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the policy.

We decide: (a) if a covered person is eligible for this insurance; (b) if a covered person meets the requirements for benefits to be paid; and (c) what benefits are to be paid by the policy. We also interpret how the policy is to be administered. What we pay and the terms for payment are explained in this certificate.

Limit on Legal Action

No action at law or in equity may be brought against the policy until at least 60 days after you file proof of loss. No action can be brought after the statute of limitations has expired, but, in any case, not after three (3) years from the date of loss.

Review Procedure

You must request, in writing, a review of a denial of your claim within 180 days after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision within 45 days after we receive your request, or within 90 days if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the policy. We will also advise you of your further appeal rights, if any.

Subrogation and Right of Reimbursement

The plan assumes and is subrogated to your legal rights to recover any payments the plan makes for benefits, when a covered sickness or injury resulted from the action or fault of a third party. The plan’s subrogation rights include the right to recover the amount of benefits paid to you.

The plan has the right to recover any and all amounts equal to the plan’s payments from:

1. the insurance of the injured party;

2. the person, company (or combination thereof) that caused the sickness or injury, or any insurance company; or
3. any other source, including disability benefit coverage.

This right of recovery under this provision will apply whether recovery was obtained by suit, settlement, mediation, arbitration, or otherwise. The plan's recovery will not be reduced by your negligence, nor by attorney fees and costs you incur.

Priority Right of Reimbursement

Separate and apart from the plan's right of subrogation, the plan shall have first lien and right to reimbursement. This priority right of reimbursement supersedes your right to be made whole from any recovery, whether full or partial. You agree to reimburse the plan 100% first for any and all benefits provided through the plan, and for any costs of recovering such amounts from those third parties from any and all amounts recovered through:

1. any settlement, mediation, arbitration, judgment, suit, or otherwise, or settlement from your own insurance and/or from the third party (or their insurance);
2. any auto or recreational vehicle insurance coverage or benefits including, but not limited to disability benefit coverage; and
3. business and homeowner disability insurance coverage or payments.

The plan may notify those parties of its lien and right to reimbursement without notice to or consent from any covered person.

This priority right of reimbursement will not be reduced by attorney fees and costs you incur.

The plan may enforce its rights of subrogation and recovery against, without limitation, any tortfeasors, other responsible third parties or against available disability insurance coverages. Such actions may be based in tort, contract or other cause of action to the fullest extent permitted by law.

Alternate Dispute Resolution Procedures

This dispute resolution procedure ("procedure") is intended to provide a fair, quick and inexpensive method of resolving any and all disputes with us. Such disputes include any matters that cause you to be dissatisfied with any aspect of your relationship with us, including any claim, controversy, or potential cause of action you may have against us. Please contact the Dispute Resolution office at [800-648-0271] if you have any questions about this section of the certificate or to begin the dispute resolution process.

The following terms are applicable to all disputes:

1. This procedure is the exclusive method of resolving any disputes.
2. The procedure can only resolve disputes that are subject to our control.
3. This procedure will be governed by the Employee Retirement Income Security Act of 1974 ("ERISA"); Rules and Regulations for Administration and Enforcement; Claims Procedure (the "Claims Regulation"). That includes the definition of an adverse benefit determination which is defined as any denial, reduction, termination or failure to provide or make payment for what you believe should be a covered benefit.
4. You may request a form from our Dispute Resolution office to authorize another person to act on your behalf concerning a dispute.
5. We may elect to skip one or more of the steps of this procedure if it is determined that step will not help to resolve the dispute.
6. Any dispute will be resolved in accordance with the terms of this certificate, applicable state or Federal laws and regulations.

7. You must begin the dispute process within 180 days from the date you receive notice of an adverse benefit determination. If you do not initiate the dispute process within that 180 day period, you give up the right to take any action based on that Dispute.

Description of the Procedure

Inquiry

You should contact our Dispute Resolution office to discuss and attempt to resolve any issues regarding a dispute. We hope that this informal process will resolve your questions or concerns.

Appeals

If you are not satisfied with the response to your inquiry, you may submit a written request (an "appeal") to the Office of the Appeals Coordinator, USAble Life, PO Box 1650, Little Rock AR 72203-1650, asking that we reconsider an adverse benefit determination. Please contact the Dispute Resolution office if you have any questions about how to submit an appeal to us. You are not required to use a specific form, but you may request that the Dispute Resolution office send you a blank appeal form to ensure that you provide the information that will be needed to review your appeal.

We will assign a coordinator to review your appeal. The appeal coordinator is an individual with appropriate expertise who is neither the individual who made the adverse benefit determination, nor a subordinate of such individual.

The appeal coordinator may request that you submit additional information concerning your grievance. The appeal coordinator will also consider information submitted by others, including information requested from other USAble Life representatives. The appeal coordinator will have full discretionary authority to make eligibility, benefit or claim determinations and construe the terms of the policy. Such determinations shall be subject to the review standards applicable to ERISA plans, even if the policy is not governed by ERISA.

We will make a decision within 60 days after receiving your appeal concerning a claim determination.

The appeal coordinator will send you a written decision concerning your appeal. The appeal coordinator's decision will include: a statement of his understanding of your appeal; a statement explaining the basis of the decision; and a list of the documents or information upon which that decision was based. We will send you a copy of the listed documents, without charge, if you make a written request for such documents.

Appeal Procedure

If you are not satisfied with the grievance coordinator's decision, you may file a second written appeal, requesting that we reconsider that decision, within sixty (60) days after you receive the appeal coordinator's written decision. You are not required to use a specific form to file your appeal, but the appeal coordinator will include a copy of our appeal form with his or her grievance decision.

If this policy is governed by ERISA, you also have the right to bring a civil action against us after completing the mandatory appeal process described above. If this policy is not governed by ERISA, (in general employer sponsored coverages are ERISA policies while individual and government sponsored benefit plans are not), you must exhaust (or complete) each step of this procedure to attempt to resolve your dispute.

If you are covered by an ERISA policy, you may elect to appeal the appeal coordinator's decision under this procedure. Your decision to appeal that decision will have no effect on your rights under ERISA, because we will agree to stop (or toll) any time limits that might otherwise

prevent you from bringing a civil action against us, until you have completed each step of this procedure.

We will appoint a reviewer to consider your second appeal. The reviewer will not have been involved in making the decision concerning your inquiry or initial appeal. The reviewer may contact you to discuss why you disagree with the decision concerning your grievance and/or to request additional information concerning your appeal. He may also contact others within or outside of USAble Life to discuss your second appeal and/or request additional information concerning any issues raised by your appeal. He will consider any relevant information and issue a written decision to you within sixty (60) days after receiving your appeal. The reviewer also has the discretionary authority to interpret policy provisions, consider relevant information and make factual findings concerning the merits of your second appeal when making the decision.

Binding Arbitration

If you are still not satisfied after completing the appeal procedure, you may request that the dispute be submitted for resolution by binding arbitration. That arbitration request must be submitted, in writing, to USAble Life's General Counsel within sixty (60) days after you receive the appeal coordinator's decision.

The dispute will be submitted to arbitration in accordance with the rules of the American Arbitration Association, unless we both agree to use an alternative dispute resolution administrator or procedure. The arbitration will be conducted before a single arbitrator.

We will pay the filing fee charged by the administrator and the arbitrator. You will be solely responsible for any other costs that you incur to participate in the arbitration process, including your attorney's fees. The filing fee and arbitrator's fees may be reallocated as part of an arbitration award, in whole or in part, at the discretion of the arbitrator.

The arbitration will be conducted in a location where it is reasonably convenient for you to participate. If we can not agree concerning a convenient location, the administrator or arbitrator, if appointed, shall have the discretion to decide where the arbitration will be conducted.

The arbitrator may sanction either us or you (a "party"), including ruling in favor of the other party, if a party fails to comply with the procedures or deadlines established by the rules. The arbitrator: (a) shall consider the dispute individually and shall not certify or consider multiple disputes as part of a class action; (b) shall be required to issue a reasoned written decision explaining the basis of his or her decision and the manner of calculating any award; (c) shall limit his or her decision to deciding if our adverse benefit decision was arbitrary or capricious based on ERISA standards; (d) may not award punitive, extra-contractual, treble or exemplary damages unless permitted by applicable statutes or regulations; (e) may not vary or disregard the terms of the policy; and (f) shall be bound by controlling law; when issuing a decision concerning the dispute.

The arbitrator shall limit discovery to the extent possible consistent with the objective of completing the arbitration in a fair, prompt, and cost effective manner. Emergency relief such as injunctive relief may be awarded by the arbitrator. The arbitrators' award, order or judgment shall be final and binding upon the parties. That decision may be entered and enforced in any state or federal court of competent jurisdiction. That arbitration award may only be modified, corrected, or vacated for the reasons set forth in the United States Arbitration Act (9 USC § 1). This arbitration provision supersedes any prior arbitration clause or provision contained in any other document.

Contact Information

General Counsel
USAble Life
P. O. Box 1650
Little Rock, AR 72203-1650
Telephone: [1-800-648-0271]
Email: [AppealCoordinator@usablelife.com]

Office of the Dispute Resolution Coordinator
P. O. Box 1650
Little Rock, AR 72203-1650
Telephone: [1-800-648-0271]
Email: [AppealCoordinator@usablelife.com]

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General Provisions

Entire Contract

This certificate is furnished in accordance with and subject to the terms of the policy. The entire contract consists of the policy, which includes the application, any amendments and addenda; this certificate; your enrollment form, if required; and any riders or endorsements. No change in the policy will be effective until approved by one of our officers. This approval can only be in writing and must be noted on or attached to the policy. No agent has authority to change the policy or certificate or to waive any of their provisions.

Any statement made by you or the policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about you or the policyholder's plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Incontestability

Unless the premiums have not been paid, the validity of the policy cannot be contested after it has been in force for two years.

Any statement made by the policyholder or a covered person will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the covered person or the beneficiary.

No statement, except fraudulent misstatement, made by a covered person about insurability will be used to deny a claim for a loss incurred or disability starting after coverage has been in effect for two years.

No claim for loss starting two or more years after the covered person's effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

Agency

Neither the policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Unpaid Premium

We may deduct any unpaid premium then due from the payment of a claim under this certificate.

Refund of Premium

On the death of the covered person, proceeds payable hereunder shall include the amount of unearned premium paid beyond the end of the policy month in which death occurred. Payment shall be made in one lump sum no later than 30 days after proof of the covered person's death has been furnished to us.

Conformity with State Statutes

If the provisions of this certificate do not conform with the laws of the state in which you reside on the certificate effective date, they are hereby amended to conform with the minimum requirements of the statutes of that state.

Policy Management

Efficient management of the policy requires the joint efforts of the policyholder, USAble Life, and each covered person. Each party has certain duties to bring about the effective administration of the policy.

Duties of the Policyholder: The policyholder's primary duties under the policy are listed below.

1. Give us prompt, written notice of any change in business of the policyholder and employer. This includes, but is not limited to: (a) the type of business; (b) addition or deletion of an associated company; or (c) financial status due to bankruptcy; merger; acquisition; or dissolution.
2. Give us pertinent records for all covered persons. This includes, but is not limited to: (a) hire dates; (b) eligibility dates; (c) salaries; (d) occupations; and (e) birth dates. Give us updates of such records as needed.
3. Give us prompt notice of a covered person's disability. This notice should be given as soon as possible after the date of injury or start of sickness. The most effective time for such notice is when the covered person has not been able to perform active work for 30 days.
4. Give us occupational data for all disabled covered persons. This includes, but is not limited to: (a) job descriptions and analyses; and (b) environmental factors.

Duties of Covered Persons and Beneficiaries: Your and your beneficiary's primary duties under the policy are listed below:

1. Give notice and proof of loss as soon as possible after the date of your injury or sickness, or the date of your death, or the death of a covered dependent, if applicable.
2. Give a complete account of the details of your injury or sickness or the death on a form approved by us.
3. Provide any other official documents to review the loss such as a certified death certificate, investigating officer's report, or medical records.
4. Allow release of medical and income data needed to adjudicate your claim.
5. Provide evidence of the regular care of a physician, if necessary.
6. Promptly report to us any changes in your status such as your address or telephone number, or if you return to work or are no longer disabled.
7. If benefits are overpaid, reimburse such overpayment within 60 days of the date benefits were overpaid.
8. Provide proof of your earnings for the period prior to a loss.
9. [Apply for other income benefits to which you may be entitled.]
10. [Promptly report to us any amount of income received while you are disabled.]

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid.

Employee Term Life Insurance

[This section applies to [the Basic Life Insurance Benefit, the Supplemental Life Insurance Benefit, and the Voluntary Life Insurance Benefit.]]

Death Benefit

We will pay your beneficiary the amount of insurance in force on the date of death, as shown in the Schedule of Insurance, when we receive all required proof of loss, including written proof of your death acceptable to us and a completed claim form.

[Suicide]

[[This provision applies to Supplemental or Voluntary Life only.] If you, whether sane or insane, die by suicide within [one year] of your original effective date of insurance, the death benefit will be limited to the amount of premiums paid for your insurance.

After having been insured for [one year], if you, whether sane or insane, die by suicide within [one year] of the effective date of an increase in coverage, the death benefit will be limited to the amount of insurance in effect prior to the increase in coverage, plus the amount of premiums paid for the increase in coverage.

With respect to employees insured on the effective date of the policy:

1. if the policy replaces another group life policy, the [one] year limitation on death by suicide shall be reduced by the number of months you were continuously insured by the prior policy; and
2. the benefit payable shall be the lesser of the amount otherwise payable under this policy or the amount provided by the prior policy.]

Dependent Term Life Insurance

[This section applies to [the Dependent Life Insurance Benefit and the Voluntary Life Insurance Benefit.]]

Death Benefit

We will pay the amount of insurance in force on the date of death, as shown in the Schedule of Insurance, when we receive all required proof of loss, including written proof of your covered dependent's death acceptable to us and a completed claim form.

[Suicide]

[[This provision applies to Supplemental or Voluntary Dependent Life only.] If a covered dependent, whether sane or insane, dies by suicide within [one year] of his original effective date of insurance, the death benefit will be limited to the amount of premiums paid for this insurance.

After having been insured for [one year], if the covered dependent, whether sane or insane, dies by suicide within [one year] of the effective date of an increase in coverage, the death benefit will be limited to the amount of insurance in effect prior to the increase in coverage, plus the amount of premiums paid for the increase in coverage.

With respect to dependents insured on the effective date of the policy:

1. if the policy replaces another group life policy providing similar dependent life insurance, the [one] year limitation on death by suicide shall be reduced by the number of months you were continuously insured for dependent life by the prior policy; and
2. the benefit payable shall be the lesser of the amount otherwise payable under this policy or the amount provided by the prior policy.]

Conversion Privilege for Life Insurance

Conversion upon Termination of Employment or Eligibility

For Employees
You may convert all or part of your life insurance to an individual policy of life insurance, other than Term,

1. if all or part of it stops for any reason; unless
2. it stops because you did not pay any required premiums.

The amount you may apply for may not be more than:

1. the life amount then in force; or
2. that part of the life amount which has stopped, whichever is less.

Accidental death and dismemberment, disability or any other supplemental coverage for which you are eligible under this policy may not be converted.

[For Dependents]
[Your covered dependent spouse or child may convert all or part of his life insurance to an individual life policy, other than Term, if the insurance on his life ends because:

1. you stopped working full-time for your employer; or
2. you ceased to be a member of a class eligible for insurance; or
3. the dependent ceased to be an eligible family member; or
4. of your death.

Conversion upon Termination or Amendment of Group Policy

Any covered person may convert a limited amount of life insurance if he has been continuously insured under the policy for at least five (5) years and his insurance ends due to termination or amendment of the policy.

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

1. the amount of life insurance which terminates, less the amount you became eligible for under any group policy within 31 days after this insurance terminated; or
2. $10,000.

Conversion Coverage

Any covered person may convert his life insurance to any policy we are issuing for the purpose of conversions other than Term. The conversion policy will not have disability or other supplementary benefits. No evidence of insurability will be required. The premium will be based on the amount and the form of the conversion policy, and on the covered person's class of risk and age on the date the conversion takes effect.

A conversion policy is in lieu of all other benefits under this policy. If you qualify for the Extended Insurance Benefit, any conversion policy issued will be canceled. Premiums paid for the converted policy will be returned.

The conversion policy will take effect on the 32nd day after the insurance terminates.

Notice and Application Required

Written application and the first premium payment for the conversion policy must be received in our Home Office within 31 days after the covered person's insurance terminates. If you are not given notice of the right to convert by the 16th day of the 31 day conversion period, you will have an additional period in which to apply for conversion. The additional period will end 15

days after you are given notice, but not more than 61 days after the date the insurance under the policy ended.

Nothing in the policy will continue coverage for more than 31 days following the date coverage ends under the policy. Written notice, contained in this certificate of insurance and given to you at any time, or mailed by the policyholder to your last known address will be considered sufficient written notice to you. It is the responsibility of the policyholder to give such notice to you.

Conversion Period Death Benefit

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.

Life Insurance – Waiver of Premium

[This section applies to [the Basic Life Insurance Benefit, the Supplemental Life Insurance Benefit, the Dependent Life Insurance Benefit, and the Voluntary Life Insurance Benefit] only.]

Extended Insurance Benefit (Waiver of Premium)

We will continue the term life insurance in force on you and your covered dependents without premium payment if you become totally disabled provided:

1. you are insured under this plan and are actively at work on or after the effective date of the plan; and
2. your total disability begins before age [60]; and
3. total disability has continued without interruption for at least [six (6) months] during which time premiums have been paid; and
4. you provide us with proof of total disability as required; and
5. you are still totally disabled when you submit the proof of disability. [and
6. this policy remains in force.]

[Dependent premiums will only be waived if the employee is also covered and his premiums are waived.]

Amount of Life Insurance

The amount of life insurance continued will be the amount in force on the date you became totally disabled. This amount will be reduced or terminated based on the Schedule of Insurance in effect on the date of total disability. This amount will not be increased while you remain totally disabled.

Definition of Total Disability

For the purposes of waiver of premium, “total disability” or “totally disabled” means that you are under the regular care of a physician, and prevented by injury or physical or mental sickness from performing the material duties of any gainful occupation.

Gainful Occupation means any employment that exists in the national economy that you may be expected to follow based on your education, training, experience, age, and physical and mental capacity, and from which you are expected to earn at least [80%] of your pre-disability earnings within 12 months of your return to active work.

Proof of Total Disability

Upon receipt of Notice of Loss, we will provide forms which you must use when giving us proof of total disability. (See “Notice of Loss” under the Claim Provisions.) You must give us proof no later than 12 months after the date you became totally disabled. We may at any time require proof that total disability continues. You must give us proof of continuing disability within 60 days after our request. After you have been totally disabled for more than two years from the date of total disability, we will not request proof more than once a year. We may require that you be examined at our expense by a physician of our choice.

Death While Totally Disabled

If you die while your life insurance is being continued under this provision, we will pay the amount of insurance if we receive proof:

1. of your death; and
2. that total disability was continuous from the date it began to the date of death.

Termination of the Extended Insurance Benefit

You will no longer be eligible for the Extended Insurance Benefit and your life insurance will terminate on the earliest of the following dates:

1. the date you cease to be totally disabled. But, if you are still eligible for life insurance when you return to active work, your life insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of life insurance you 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 you do not give us proof or you refuse to take a medical exam; or
3. [the date you attain age [65]]; [or
4. the date this policy is terminated.]

If your life insurance terminates while you are covered under this provision, you will be eligible to convert that coverage as of the termination date. You may convert no more than the amount of term life insurance that was in force on you on that date. (See "Conversion Privilege for Life Insurance" provision.)

[Termination of the Extended Insurance Benefit for the Covered Dependent]

[Your covered dependent will no longer be eligible for the Extended Insurance Benefit and the dependent's life insurance will terminate on the earliest of the following dates:

1. the date the dependent ceases to be a dependent as defined in the Definition section; or
2. the date you cease to be eligible for coverage under the Extended Insurance Benefit (Waiver of Premium) provision. But, if the dependent is still eligible for dependent life insurance when you return to active work, the dependent life insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of dependent life insurance the dependent may then be eligible for will take effect as described in the Effective Date of Dependent Insurance provision; [or
3. [12] months from the date your total disability began.]

Your covered dependent whose insurance terminates while covered under this provision will be eligible to convert that coverage as of the termination date. He may convert no more than the amount of dependent life insurance that was in force on that date. (See "Conversion Privilege for Life Insurance" provision.)]

[Continuity of Coverage for Waiver of Premium upon Transfer of Insurance Carriers]

[In order to prevent loss of coverage because of a transfer of insurance carriers, this policy will provide waiver of premium benefits for certain employees and covered dependents, if applicable, who meet the following qualifications if a transfer of carriers would result in loss of group life insurance coverage.

We will continue your group life insurance in force without premium payment if you become totally disabled provided:

1. you were insured under the prior carrier at the time of transfer; and
2. your total disability began before age [60]; and
3. your total disability has continued without interruption for at least [six (6) months] during which time premiums were paid to the prior carrier and us; and
4. you provide us with proof of total disability as required; and
5. you are still totally disabled when you submit proof of disability; [and
6. this policy remains in force.]

Amount of Life Insurance Provided Through Continuity of Coverage for Waiver of Premium

The amount of insurance continued will be the lesser of the amount in force under the prior carrier at time of transfer or the amount of group life insurance you would have been eligible for under this policy.

All other provisions under the Life Insurance – Waiver of Premium section of this policy will apply if you are eligible for continuity of coverage under this provision.]

Life Insurance – Portability

[This section applies to [the Basic Life Insurance Benefit] [, the Supplemental Life Insurance Benefit] [, the Dependent Life Insurance Benefit] [and] [the Voluntary Life Insurance Benefit [only].]]

Portability Benefit

You may continue your [and your spouse's] [voluntary] term life insurance if your employment terminates and you meet the following requirements on the date your employment terminates:

1. you are not disabled; and
2. you either:
   a. are not retired and are under age [70]; or
   b. you are retired and are under age [65].

Coverage will be continued under the policy for employees who elect continuation of coverage under this portability provision. Portability is not available upon policy cancellation.

[Your [spouse's] term life insurance may not be continued if your term life insurance is not continued.] [Dependent children are not eligible for the Portability provision; however, the dependent children's coverage may be converted under the "Conversion Privilege" provisions of the policy.]

"Retired" means you are a former employee who has begun receiving one of the following:

1. retirement pension benefits under any plan of a federal, state, county or municipal retirement system, if such pension benefits include any credit for employment with the policyholder;
2. retirement pension benefits under any plan which the policyholder sponsors or makes or has made contributions; or
3. retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

Application and Premium Payment

You must apply for portability in writing to USAble Life within 31 days after the date your employment ends.

You must pay the required premium quarterly, semi-annually, or annually directly to USAble Life. The premium rate will be determined by us. The first premium payment must be made no later than 31 days after the date the insurance would otherwise terminate under the policy.

Amount of Insurance

The amount of insurance that you and your [spouse] may continue is the amount in effect on the date your employment terminates. The reduction and termination provisions stated in the Change Rider – Portability will apply to insurance continued under this provision.

When Portability Ends

Your continued coverage under this provision will end automatically on the earliest of the following:

1. the date the last period ends for which you made a premium payment;
2. [the premium due date after the covered person has continued coverage under this provision for [3] years;]
3. the premium due date following your attainment of age [70];

4. if your coverage continued due to your retirement prior to age [65], on the premium due date following your attainment of age [65];
5. the date you become a full-time member of the armed forces of any country; [or
6. [spouse] coverage will end on the premium due date following the date the [spouse] ceases to be a dependent as defined in the policy, or
7. [spouse coverage will end on the premium due date following the spouse's attainment of age [65.]]

When your insurance under the portability provision ends, you [and your [spouse]] will be eligible to convert your insurance to an individual policy under the "Conversion Privilege" provisions.

Coverage continued under the portability provision is in lieu of all other benefits under the policy, including conversion. If you return to work with the employer and again become eligible for Term Life coverage under the policy, continued coverage under the portability provision will cancel on the date coverage is resumed under the policy.

Other Policy Provisions

The Life Insurance – Waiver of Premium and the Group Life Accelerated Benefit provisions will not apply to insurance continued under the Portability provision.

With respect to any notice you are required to provide to the employer under other provisions of the policy, you must provide such notice to USAble Life while the insurance is continued under the Portability provision.

Group Life Accelerated Benefit

[This section applies to [the Basic Life Insurance Benefit, the Supplemental Life Insurance Benefit, the Dependent Life Insurance Benefit and the Voluntary Life Insurance Benefit.]]

Notice of Possible Tax Consequences

Please be advised that receipt of the accelerated benefits may be taxable. Any person who receives accelerated benefits should consult his personal tax advisor.

The receipt of accelerated benefit payments may adversely affect the covered person's eligibility for Medicaid or other government benefits or entitlements.

Definitions

"Terminal Illness" means a medical condition:

1. which is expected to result in the covered person's death within 12 months; and
2. from which the covered person is not expected to recover.

Eligibility

All covered employees [and covered dependents] [under age [70]] who are insured for a minimum of [$10,000] of life insurance under the policy are eligible.

A covered employee [or dependent] is eligible for the accelerated benefit only if he becomes and remains insured for life insurance under the policy.

Accelerated Benefit

The accelerated benefit is an advance payment to the covered person who:

1. is terminally ill; and
2. elects to receive part of his life insurance benefit payable under the group policy, subject to the maximum benefit amounts stated on the Schedule of Insurance.

We will pay an accelerated benefit to you when we receive the following:

1. a written request for payment of the accelerated benefit; and
2. proof that the covered person is terminally ill and his illness is expected to result in his death within 12 months.

The accelerated benefit will be paid only once for each eligible covered person, and in one lump sum to you before death occurs.

Cost of Providing the Accelerated Benefit

There is no cost associated with providing the accelerated benefit.

Amount of Accelerated Benefit

The maximum accelerated benefit will be the lesser of:

1. [75%] of the covered person's life insurance amount; or
2. [$250,000.]

If the covered person's life insurance amount is scheduled for a reduction within 12 months after the date you request the payment of the accelerated benefit, the maximum accelerated benefit will be based on the reduced amount.

Irrevocable Beneficiary

For the purpose of the Accelerated Benefit provision, an irrevocable beneficiary is a named beneficiary whose rights to the employee's life insurance proceeds are vested and whose rights cannot be cancelled by the employee unless the irrevocable beneficiary consents.

Conditions and Requirements for Payment of the Accelerated Benefit

You must request payment of an accelerated benefit in writing.

Proof that the covered person is terminally ill must be provided to us. The proof must be certified by a licensed physician and in a form that is satisfactory to us. We are not obligated to ask for any proof. Any delay in submitting proof will not cause a request to be denied if the proof is given to us as soon as reasonably possible.

After receipt of such proof, we may require the covered person to be examined by a licensed physician of our choice, at our expense. If there is a disagreement between the two physicians, we may require the covered person to be examined by another licensed physician of our choice, at our expense. The decision of the third physician will be final.

Effect of Payment of an Accelerated Benefit on Policy Provisions

The covered person's amount of life insurance under the policy will be reduced by the amount of any accelerated benefit that has been previously paid.

The following will be based on the reduced life insurance amount:

1. the amount of life insurance payable to the beneficiary when the covered person dies;
2. the amount of life insurance the covered person can convert under the policy; and
3. the premiums payable for the covered person's life insurance under the policy after an accelerated benefit is paid to you, if such premiums are not waived.

[The payment of an accelerated benefit will not affect the amount of the covered person's Accidental Death and Dismemberment Benefits under the group policy, if any.]

Exclusions

We will not pay an accelerated benefit if:

1. the covered person has made an absolute assignment of his life insurance under the policy and we do not receive written consent by the absolute assignee;
2. all or part of the covered person's life insurance under the group policy is to be paid to his children or former spouse as part of a court approved divorce agreement;
3. the covered person has made an irrevocable beneficiary designation of his life insurance under the policy and we do not receive written consent by the irrevocable beneficiary; or
4. the terminal illness is a result of intentional self-inflicted injury or attempted suicide, committed while sane or insane.

Date Insurance Ends under this Benefit

A covered person's insurance under this benefit will end at the earliest of:

1. the date the accelerated benefit is paid to you on the covered person's behalf;
2. the date the covered person's life insurance ends under the policy; [or
3. the policy anniversary on which the covered person is age [70].]

Accidental Death & Dismemberment Insurance

[This section applies to [the Basic Accidental Death & Dismemberment (AD&D) Benefit, the Supplemental AD&D Benefit, and the Voluntary Accidental Death & Dismemberment Benefit.]]

[For Basic AD&D [or Supplemental AD&D], you are the only covered person under this benefit.]

[For Voluntary AD&D, you and any dependents covered under the Voluntary AD&D benefit are covered persons under this benefit.]

If a covered person suffers a loss described below, we will pay the amount of insurance that applies. You or your beneficiary must give us proof that:

1. injury occurred while the insurance was in force under this section;
2. loss occurred within [365] days after the injury; and
3. loss was due to injury independent of all other causes.

Amount of Insurance

If a covered person suffers a specified loss, we will pay the benefit set opposite such loss; provided, however, that if the covered person sustains more than one such loss as the result of any one accident, we will pay only the one largest amount to which the covered person is entitled. In paying the benefit, we will consider only losses sustained while insured under this benefit.

Loss of Life	100% of the AD&D Amount
Loss of Two or More Members	100% of the AD&D Amount
Loss of One Member	[50%] of the AD&D Amount
Loss of Thumb and Index Finger of the Same Hand	[25%] of the AD&D Amount

Member means hand, foot, sight, speech, or hearing.

Loss of sight means total and irrecoverable loss of sight.

Loss of hands or feet means total and irrecoverable loss due to at or above the wrist or ankle, unless the state in which the policy is issued defines the loss differently.

Need Loss of Thumb and Index Finger means total and irrecoverable loss at the proximal phalanx.

Loss of speech means a total and irrecoverable loss of audible communication.

Loss of hearing means permanent total deafness in both ears such that it cannot be corrected to any functional degree by any aid or device.

Exclusions

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

1. [disease, bodily or mental infirmity, or infection (except bacterial infection of a visible injury);]
2. [war or any act of war, or while serving in the armed forces of any country or international authority;]
3. [suicide or intentional, self-inflicted injury, whether sane or insane;]
4. [your active participation in a riot or insurrection;]
5. [your voluntary commission of, or attempting to commit, [an assault or] felony; or participating in an illegal occupation;]

6. [your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;]
7. [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;]
8. [your being intoxicated as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.]

[Participation in a riot shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.]

[Riot shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.]

[War means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.]

Basic Short Term Disability Insurance

Definitions

Date of Disability means the first day that you are under the regular care of a physician and meet the definition of disability as defined below.

Disability or Disabled means an injury or sickness that requires you to be under the regular care of a physician, and prevents you from performing at least one of the material duties of [your regular] occupation.

[If your professional or occupational license or your certification is suspended, revoked or surrendered, loss of your license or certification, by itself, does not mean you are disabled.]

Elimination Period means the number of days during a period of disability for which no benefit is payable. The elimination period is shown on the Schedule of Insurance and begins on the first day of your disability.

[Gainful Occupation means an occupation for which you are qualified by education, training, or experience.]

[Regular Occupation means the occupation in which you were working immediately prior to becoming disabled.]

[Weekly Earnings means your normal weekly rate of pay in effect on the day before you became disabled, excluding any overtime pay[, bonuses] or any other extra pay. If your pay is from [commissions], the weekly earnings will be based on your average [commissions] for the prior [12] months.]

Weekly Benefit

We will pay the weekly benefit shown in the Schedule of Insurance [less Eligible Offsets], if you become disabled while insured and are under the regular care of a physician due to sickness or injury. We will begin payment on the day following completion of the elimination period as shown in the Schedule of Insurance. The weekly payments will continue as long as you remain disabled, up to the Maximum Benefit Period shown in the Schedule of Insurance.

If you are disabled for only part of a week, your weekly payment from us is pro-rated, and you will receive a payment equal to [1/7th] of a full weekly payment for each day of the week you are disabled.

Successive periods of disability will be considered as one continuous period of disability if they:

1. resulted from, or are contributed to by, the same or related causes; and
2. are not separated by your return to full-time, active work for at least the number of days equal to two of your normal work weeks.

Disabilities due to accidental injuries under the Short Term Disability benefit mean the accident must occur while you are insured under this benefit, [and the disability must begin within [30] days of the date of the accident. If the disability begins after [30] days, it will be considered a sickness.]

Your Weekly Payment If You Are Disabled and Not Working, or You Are Disabled and Working but Earning Less Than 20% of Your Pre-Disability Earnings

Our payment will be figured by using the following steps:

Step 1: Multiply your weekly earnings by the benefit percentage.

Step 2: Compare this amount to the maximum weekly benefit for this plan.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your [gross] weekly benefit.

Step 4: [Subtract from the gross weekly benefit any eligible offsets, except any income you earn or receive from any form of employment that when added to the benefit is in excess of 100% of your covered pre disability earnings. This is the payment that you may receive.]

Your Weekly Payment If You Are Disabled and Working, Earning Between 20% and [80%] of Your Pre-Disability Earnings

Our payment will be figured by using the following steps:

Step 1: Multiply your weekly earnings by the benefit percentage.

Step 2: Compare this amount to the maximum weekly benefit for this plan.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your gross weekly benefit.

Step 4: [Subtract from the gross weekly benefit any eligible offsets.] [

Step 5: Subtract from [the result of Step 4] any income you earn or receive from any form of employment that when added to the benefit is in excess of 100% of your covered weekly earnings. This is the payment that you may receive.]

Your loss of earnings must be as a result of or due to the same sickness or injury from which you are disabled.

If You Are Disabled and Working, Earning More Than [80%] of Your Pre-Disability Earnings, [Payment Will Be Limited to the Minimum Weekly Benefit Shown in the Schedule of Insurance.]

[Minimum Benefit: Your weekly payment will never be less than the minimum benefit shown in the Schedule of Insurance.]

[Eligible Offsets]

[If you or your family are eligible for any of the following benefits for loss of income as a result of the period of disability for which you are claiming benefits under this plan, the total of all weekly benefits and other amounts will be subtracted from your weekly benefit. This includes any such benefits for which you or your family are eligible or that are paid to you, to your family, or to a third party on your behalf, pursuant to any of the following:

1. [governmental law or program that provides disability or unemployment benefits as a result of your job with the employer;]
2. [a plan or arrangement of coverage, whether insured or not, as a result of employment by or association with the employer or as a result of membership in or association with any group, association, union or other organization;]
3. [any income you received from the employer as a result of any accumulated sick time, salary continuation, or paid time off], [which causes the Weekly Benefit, plus Eligible Offsets to exceed [100%] of your weekly earnings. The amount in excess of [100%] of your weekly earnings will be used to reduce the Weekly Benefit;]
4. [an individual insurance policy where the premium is wholly or partially paid by the employer;]

5. [mandatory “no-fault” automobile insurance plan;]
6. [disability benefit from the Veteran’s Administration, or any other foreign or domestic governmental agency:
   a. that begins after you become disabled; or
   b. if you were receiving the benefit before becoming disabled, the amount of any increase in the benefit that is attributed to your disability.]

Eligible Offsets also include any payments that are made to you, your family, or to a third party on your behalf, pursuant to any of the following:

1. [disability benefit under the Employer’s Retirement Plan;]
2. [portion of a settlement or judgment, minus associated costs, of a lawsuit that represents or compensates for your loss of earnings;] or
3. [the amount you earn or receive from any form of employment except as allowed in the benefit calculation under the policy.]

If you are paid benefits under any of the Eligible Offsets in a lump sum or settlement, you must provide proof satisfactory to us of:

1. the amount attributed to loss of income; and
2. the period of time covered by the lump sum or settlement. We will pro-rate the lump sum or settlement over this period of time. If you can not or do not provide this information, we will assume the entire sum to be for loss of income, and the time period to be [24] months. We may make a retroactive allocation of any retroactive Eligible Offset. A retroactive allocation may result in an overpayment of your claim.

The amount of any increase in any of the Eligible Offsets will not be included as an Eligible Offset if such increase:

1. takes effect after the date benefits become payable under [this] plan; and
2. is a general increase which applies to all persons who are entitled to such benefits.]

Waiver of Premium Benefit

If a covered disability for which weekly benefits are payable has continued for 90 consecutive days, future payments will be waived as they fall due as long as benefits are payable. Premiums will not be waived beyond the Maximum Benefit Period. If coverage is to be continued, premium payments must be resumed following the period for which they were waived.

Termination of Benefit Payments

We will terminate benefit payments on the earliest of the following:

1. the date you are no longer disabled as defined; or
2. the date you fail to furnish Proof of Loss, when requested by us; or
3. the date you are no longer under the regular care of a physician, or refuse our request that you submit to an examination by a physician; or
4. the date you die; or
5. the date you are earning more than 80% of your pre-disability earnings; or
6. the date determined by the Maximum Benefit Period shown in the Schedule of Insurance.

Extension of Benefit Payments

If you are entitled to benefits while disabled and the policy terminates, benefits:

1. will continue as long as you remain disabled by the same disability; but
2. will not be provided beyond the date we would have ceased to pay benefits had the insurance remained in force.

Termination of the policy for any reason will have no effect on our liability under this provision.

Exclusions

We will not pay benefits for any disability caused by:

1. [war or any act of war, or while serving in the armed forces of any country or international authority;]
2. [attempted suicide or intentional self-inflicted injury, while sane or insane;]
3. [your active participation in a riot or insurrection;]
4. [your voluntary commission of, or attempting to commit, [an assault or] felony; or participating in an illegal occupation;]
5. [injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;]
6. [your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;]
7. [injury occurring while intoxicated;]
8. [alcoholism or drug addiction;]
9. [elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness; or]
10. [your acting as an organ donor.]

[No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of [30] or more consecutive days.]

[**Intoxicated** means that you were under the influence of alcohol as determined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.]

[**Participation in a riot** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in your own defense, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.]

[Riot shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together; whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.]

[**War** means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.]

Voluntary Short Term Disability Insurance

Definitions

Date of Disability means the first day that you are under the regular care of a physician and meet the definition of disability as defined below.

Disability or Disabled means an injury or sickness that requires you to be under the regular care of a physician, and prevents you from performing at least one of the material duties of [your regular] occupation.

[If your professional or occupational license or your certification is suspended, revoked or surrendered, loss of your license or certification, by itself, does not mean you are disabled.]

Elimination period means the number of days during a period of disability for which no benefit is payable. The elimination period is shown on the Schedule of Insurance and begins on the first day of your disability.

[Gainful Occupation means an occupation for which you are qualified by education, training, or experience.]

[Regular Occupation means the occupation in which you were working immediately prior to becoming disabled.]

[Weekly Earnings means your normal weekly rate of pay in effect on the day before you became disabled, excluding any overtime pay[, bonuses] or any other extra pay. If your pay is from [commissions], the weekly earnings will be based on your average commissions for the prior [12] months.]

Weekly Benefit

We will pay the weekly benefit shown in the Schedule of Insurance [less Eligible Offsets], if you while insured and are under the regular care of a physician due to sickness or injury. We will begin payment on the day following completion of the elimination period as shown in the Schedule of Insurance. The weekly payments will continue as long as you remain disabled, up to the Maximum Benefit Period shown in the Schedule of Insurance.

If you are disabled for only part of a week, your weekly payment from us is pro-rated, and you will receive a payment equal to [1/7th] of a full weekly payment for each day of the week you are disabled.

Successive periods of disability will be considered as one continuous period of disability if they:

1. resulted from, or are contributed to by, the same or related causes; and
2. are not separated by your return to full-time, active work for at least the number of days equal to two of your normal work weeks.

Disabilities due to accidental injuries under the Short Term Disability benefit mean the accident must occur while you are insured under this benefit, [and the disability must begin within [30] days of the date of the accident. If the disability begins after [30] days, it will be considered a sickness.]

Your Weekly Payment If You Are Disabled and Not Working, or You Are Disabled and Working but Earning Less Than 20% of Your Pre-Disability Earnings

Our payment will be figured by using the following steps:

Step 1: Multiply your weekly earnings by the benefit percentage.

Step 2: Compare this amount to the maximum weekly benefit for this plan.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your [gross] weekly benefit.

Step 4: [Subtract from the gross weekly benefit any eligible offsets, except any income you earn or receive from any form of employment that when added to the benefit is in excess of 100% of your covered pre disability earnings. This is the payment that you may receive.]

Your Weekly Payment If You Are Disabled and Working, Earning Between 20% and [80%] of Your Pre-Disability Earnings

Our payment will be figured by using the following steps:

Step 1: Multiply your weekly earnings by the benefit percentage.

Step 2: Compare this amount to the maximum weekly benefit for this plan.

Step 3: Take the lesser of the amounts from Steps 1 and 2. This is your gross weekly benefit.

Step 4: [Subtract from the gross weekly benefit any eligible offsets.] [

Step 5: Subtract from [the result of Step 4] any income you earn or receive from any form of employment that when added to the benefit is in excess of 100% of your covered weekly earnings. This is the payment that you may receive.]

Your loss of earnings must be as a result of or due to the same sickness or injury from which you are disabled.

If You Are Disabled and Working, Earning More Than [80%] of Your Pre-Disability Earnings, [Payment Will Be Limited to the Minimum Weekly Benefit Shown in the Schedule of Insurance.]

[Minimum Benefit: Your weekly payment will never be less than the minimum benefit shown in the Schedule of Insurance.]

[Eligible Offsets]

[If you or your family are eligible for any of the following benefits for loss of income as a result of the period of disability for which you are claiming benefits under this plan, the total of all weekly benefits and other amounts will be subtracted from your weekly benefit. This includes any such benefits for which you or your family are eligible or that are paid to you, to your family, or to a third party on your behalf, pursuant to any of the following:

1. [governmental law or program that provides disability or unemployment benefits as a result of your job with the employer;]
2. [a plan or arrangement of coverage, whether insured or not, as a result of employment by or association with the employer or as a result of membership in or association with any group, association, union or other organization;]
3. [any income you received from the employer as a result of any accumulated sick time, salary continuation, or paid time off], [which causes the Weekly Benefit, plus Eligible Offsets to exceed [100%] of your weekly earnings. The amount in excess of [100%] of your weekly earnings will be used to reduce the Weekly Benefit;]
4. [an individual insurance policy where the premium is wholly or partially paid by the employer;]

5. [mandatory “no-fault” automobile insurance plan;]
6. [disability benefit from the Veteran’s Administration, or any other foreign or domestic governmental agency:
   a. that begins after you become disabled; or
   b. if you were receiving the benefit before becoming disabled, the amount of any increase in the benefit that is attributed to your disability.]

Eligible Offsets also include any payments that are made to you, your family, or to a third party on your behalf, pursuant to any of the following:

1. [disability benefit under the Employer’s Retirement Plan;]
2. [portion of a settlement or judgment, minus associated costs, of a lawsuit that represents or compensates for your loss of earnings;] or
3. [the amount you earn or receive from any form of employment except as allowed in the benefit calculation under the policy.]

If you are paid benefits under any of the Eligible Offsets in a lump sum or settlement, you must provide proof satisfactory to us of:

1. the amount attributed to loss of income; and
2. the period of time covered by the lump sum or settlement. We will pro-rate the lump sum or settlement over this period of time. If you can not or do not provide this information, we will assume the entire sum to be for loss of income, and the time period to be [24] months. We may make a retroactive allocation of any retroactive Eligible Offset. A retroactive allocation may result in an overpayment of your claim.

The amount of any increase in any of the Eligible Offsets will not be included as an Eligible Offset if such increase:

1. takes effect after the date benefits become payable under [this] plan; and
2. is a general increase which applies to all persons who are entitled to such benefits.]

Waiver of Premium Benefit

If a covered disability for which weekly benefits are payable has continued for 90 consecutive days, future payments will be waived as they fall due as long as benefits are payable. Premiums will not be waived beyond the Maximum Benefit Period. If covered is to be continued, premium payments must be resumed following the period for which they were waived.

Termination of Benefit Payments

We will terminate benefit payments on the earliest of the following:

1. the date you are no longer disabled as defined; or
2. the date you fail to furnish Proof of Loss, when requested by us; or
3. the date you are no longer under the regular care of a physician, or refuse our request that you submit to an examination by a physician; or
4. the date you die; or
5. the date you are earning more than 80% of your pre-disability earnings; or
6. the date determined by the Maximum Benefit Period shown in the Schedule of Insurance.

Extension of Benefit Payments

If you are entitled to benefits while disabled and the policy terminates, benefits:

1. will continue as long as you remain disabled by the same disability; but
2. will not be provided beyond the date we would have ceased to pay benefits had the insurance remained in force.

Termination of the policy for any reason will have no effect on our liability under this provision.

Pre-Existing Condition Exclusion

Benefits will not be paid if your disability begins in the first [12] months following the effective date of your coverage and your disability is caused by, contributed to by, or the result of a pre-existing condition.

Pre-Existing Condition means any condition for which you have done any of the following at any time during the [12] months just prior to your effective date of coverage:

1. received medical treatment or consultation;
2. taken or were prescribed drugs or medicine; or
3. received care or services, including diagnostic measures,

whether or not that condition is diagnosed at all or is misdiagnosed during that period of time.

Exclusions

We will not pay benefits for any disability caused by:

1. [war or any act of war, or while serving in the armed forces of any country or international authority;]
2. [attempted suicide or intentional self-inflicted injury, while sane or insane;]
3. [your active participation in a riot or insurrection;]
4. [your voluntary commission of, or attempting to commit, [an assault or] felony; or participating in an illegal occupation;]
5. [injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you are entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law;]
6. [your voluntary use of any drug, hallucinogen, controlled substance, or narcotic unless taken as prescribed by a physician;]
7. [injury occurring while intoxicated;]
8. [alcoholism or drug addiction;]
9. [elective or cosmetic surgery, except for surgery to repair damage to the natural body caused by an injury or treatment of a sickness; or]
10. [your acting as an organ donor.]

[No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of [30] or more consecutive days.]

[**Intoxicated** means that you were under the influence of alcohol as determined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.]

[**Participation in a riot** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in your own defense, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.]

[Riot shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together; whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.]

[**War** means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.]

[Continuity of Coverage]

[If you were insured by the prior group insurance plan for short term disability benefits just before you became eligible for coverage under this plan; and you are in active employment; and you are insured under this plan, then you may be eligible for payments from us under this plan if your disability is due to a pre-existing condition.

In order to receive payments from us, you must satisfy the pre-existing condition exclusion of:

1. this plan; or
2. the prior group insurance plan, had the plan stayed in effect.

We will consider the total amount of time you were continuously insured under both the prior group insurance plan and this plan to determine if you satisfy the pre-existing condition exclusion. If you cannot satisfy the pre-existing condition exclusion of either plan then we will not pay you a disability benefit.

We will determine our payment to you using the provisions of this plan with respect to eligibility, elimination period, benefit amount and maximum benefit duration, but your weekly payment will not be more than the maximum weekly payment of the prior group insurance plan. Your weekly payments will end on the earlier of the following dates:

1. the end of the maximum payment duration under this plan; or
2. the date benefits would have ended under the prior group insurance plan if the plan had stayed in effect.]

Important Notice

The following information is provided to assist you in answering any questions you might have:

Soliciting Agent
The name, address and telephone number of our soliciting agent is available to you, if needed, by calling our Customer Service Department at [501-375-7200].

USAble Life

USAble Life
P. O. Box 1650
Little Rock, AR 72203-1650
Phone [(501) 375-7200 or
Toll Free (800) 648-0271]

If we fail to provide you with reasonable and adequate service, you may contact:

Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
Phone (501) 371-2640 or
Toll Free 1-800-852-5494

We appreciate the opportunity to serve your insurance needs.

STATEMENT OF VARIABILITY

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

GENERAL VARIABLES

1. Items which are customarily varied according to the individual policyholder's specific plan of insurance. This includes all the items appearing in the applications and on the Schedule pages.

2. Vary the definitions to the extent that such definition may be included, omitted or transferred to another page to suit the needs of a particular policyholder.

   For specific variables within a definition, see the Specific Variables.

3. Vary the paragraphs to the extent that such paragraphs may be included, omitted or transferred to another page to suit the needs of a particular policyholder.

   For specific variables within a paragraph, see the Specific Policy Variables.

4. Numbers and percentages may vary, but will not be more restrictive than allowed by state law.

5. Time periods may be modified according to a policyholder’s plan, but will not be more restrictive than allowed by state law.

6. Benefit amounts may be modified according to a policyholder’s plan.

7. References to “you” may be changed to “covered person”.

8. Company name may be changed as approved by the governing jurisdiction.

9. Company address, phone numbers, e-mail addresses, officer names, titles and signatures may be changed as necessary.

10. Headings may be modified to reflect the specifics of a particular plan.

11. The words "employee," "individual," "employer," and "policyholder" are completely variable to incorporate the exact classes of employees and the exact eligible groups for a specific policyholder.

    Example: Employee means any manager, supervisor or clerical staff in active employment with the ABC Company.

12. All letters and numbers (excluding form numbers) are variable subject to the laws of the governing jurisdiction.

13. 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.

SPECIFIC POLICY VARIABLES
GRP-P

Policy Face Page

The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policyholder's name, policy number, policy effective date, premium due date, anniversary date, and the name of the state in which the policy is delivered.

The Policy Title is bracketed to accommodate display of the benefit(s) contracted for by the group.

Section 1 - Schedule of Insurance

The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policyholder's name, policy number, policy effective date, and the renewal date.

The Policy Title is bracketed to accommodate display of the benefit(s) contracted for by the group.

Section 4 – Premium Provisions

Our Right to Change Premiums Rates:

1. The renewal date referenced in the first item 1 is variable by group.
2. The 12 month period referenced in the second item 1 is variable by group; but will never be less than 12 months.
3. The 31 day advance notice referenced in item 2 is variable by group. The range is a minimum of 31 days to a maximum of 180 days.

Section 5 – Policy Provisions

1. Changes to the Policy: The reference to 31 days advance written notice is variable by group, but will never be less than 31 days.
2. Grace Period: The reference to a 31 day grace period is variable by group. The range is a minimum of 31 days to a maximum of 90 days.
3. Termination of Policy:
   a. In items 2 and 4 under “For Cause” the number of days may vary from 30 to 60 by group.
   b. Under “For No Cause” the number of days may vary from 10 to 30 by group.

Section 6 – Self-Administered Provisions

The entire section may be included or excluded.

If Section 6 is included, the following variables apply:

1. The Policyholder’s Obligation:
   a. The reference to “on an annual basis” in item 5 is included or excluded. When included, it is variable by group.
   b. The reference to “90 days” in item 5 is variable by group.
   c. The bracketed statement in item 5f is included or excluded.
2. Notice: the bracketed statement is variable by the Company.

SPECIFIC CERTIFICATE VARIABLES
GRP-C

Certificate Face Page and Schedule of Insurance

1. The group information on the certificate cover and all information on the Schedule of Insurance describing the plan is variable to describe the plan purchased by a particular policyholder.

Table of Contents

The table will vary to reflect the pages and benefits included.

Definitions

1. Annual Enrollment Period definition would be omitted if coverage is not Voluntary.
2. Annual Salary definition may be varied according to the needs of a particular policyholder. For example, it could include bonuses and/or commissions. If it includes "commissions" those will be based on 12 to 36 months, as determined by the policyholder.
3. Dependent definition age limits for dependent children may be varied according to the policyholder's plan. The range is a minimum of 19 years to a maximum of 30 years; but will never be less than as required by law.
4. Definition of Full-time may be varied to meet the needs of a particular policyholder.
5. Waiting Period definition may be varied to reflect days or months as requested by a particular policyholder.

Eligibility and Effective Date

1. The Effective Date wording may vary to meet the needs of a particular policyholder.
2. Employee Eligibility Date
   a. Bracketed content referring to "Voluntary coverage" will be included or excluded based on the plan purchased by the policyholder.
   b. Bracketing content referring to "Rehires" will be included or excluded based on the policyholder's request.
   c. If "Rehires" is included, the period is chosen by the policyholder. The range is a minimum of six months to a maximum of 24 months.
3. Effective Date of Employee Insurance
   a. Bracketed sections labeled "For Benefit Amounts Not Requiring Evidence of Insurability" and "For Benefit Amounts Requiring Satisfactory Evidence of Insurability" will be included, excluded, or the language may vary to meet the needs of a particular policyholder. If the section labeled "For Benefit Amounts Not Requiring Evidence of Insurability" is included; each item, in and of itself, is variable based on the policyholder's needs.
   b. Bracketed content referring to "voluntary coverage" will be included or excluded based on the plan purchased by the policyholder.
4. Dependent Eligibility
   a. This section, including the Effective Date of Dependent Insurance and the Delayed Effective Date provisions, will be included or excluded, based on the plan purchased by the policyholder.
   b. If Dependent coverage is included, the second, third, and fourth paragraphs will be included or excluded based on the plan purchased by the policyholder,
5. Effective Date of Dependent Insurance:
   a. The statement "Dependents will not be insured until you are insured" and bracketed sections labeled "For Benefit Amounts Not Requiring Evidence of Insurability" and "For Benefit Amounts Requiring Satisfactory Evidence of Insurability" will be included, excluded, or the language may vary to meet the needs of a particular policyholder.
   b. If the section labeled "For Benefit Amounts Not Requiring Evidence of Insurability" is included; each item, in and of itself, is variable based on the policyholder's request.

6. Newborn Child Coverage: The section will only be included if Voluntary AD&D is purchased by the policyholder. The first paragraph under this section will only be included if needed for clarity.

Changes in Coverage Provisions

1. When Coverage Amounts Change (Redetermination Date)
   a. The amount of insurance will be redetermined on one of the following dates, based on the policyholder's request:
      i) The policy anniversary; or
      ii) The date a change occurs, or
      iii) The first day of the policy month after a change occurs.
   b. The content beginning with the phrase, "If benefits are based on your salary" will be included or excluded, depending on whether or not the plan is based on salary.
   c. If the plan is salary based, one of the following variables will be included:
      i) The policyholder must report current earnings for all covered persons under the policy on the policy anniversary; or
      ii) The policyholder must report updates to all covered person's earnings as they occur.
2. Delayed Effective Date of Change
   Bracketed content will be included or excluded, based on whether or not salary-based benefits are included.
3. Changes to the Policy
   Bracketed content will be included or excluded, based on whether or not voluntary coverage.

Termination Provisions

1. Continuance of Insurance will be included or excluded to meet the needs of a particular policyholder.
   If Continuance of Insurance is included, the following variables apply:
   a. The range for the bracketed number in item 1. is 1 to 3.
   b. The range for the bracketed number in item 2. is 6 to 12.
2. Termination of Dependent Insurance:
   a. This section will be included or excluded, based on whether or not dependent coverage is included in the plan purchased by the policyholder.
   b. Item 3 may be revised to omit "except for Voluntary Life"
   c. Item 3 may be revised to read as follows or an additional item may be added that reads as follows: "[for voluntary life only] the date you cease to be an eligible employee".
3. Continuation of Insurance for a Handicapped Dependent Child will be included or excluded, based on whether or not dependent coverage is included in the plan purchased by the policyholder. If it is included the following variable applies:
   a. Bracketed age for dependent children will be varied according to the policyholder's plan. The range is a minimum of 19 years to a maximum of 30 years; but will never be less than as required by law.

Claim Provisions

1. Payment of Claims is variable as follows:
   a. The second paragraph referencing short term disability benefits will be included or excluded, based on whether the plan purchased by the policyholder includes short term disability benefits.
   b. The third paragraph will list only the benefits included in the issued policy.
   c. The fourth paragraph will be included or excluded, based on whether the plan purchased by the policyholder includes life benefits.
2. The Beneficiary section will be included or excluded, based on whether the plan purchased by the policyholder includes life benefits. The last sentence of the first paragraph of the Beneficiary section

will be included or excluded, based on whether the plan purchased by the policyholder includes dependent life benefits.

General Provisions

Policy Management, Duties of Covered Persons, is variable as follows: Items 9 and 10 will be included or excluded, depending on whether the plan purchased by the policyholder includes offsets for other income.

The following benefits are optional and will only be included if purchased by the policyholder.

Employee Term Life Insurance Benefits

1. The first sentence may be omitted if not necessary, or the bracketed content in the first sentence will be revised to reflect the actual coverage sold (i.e., basic life, supplemental life, and/or voluntary life)
2. The Suicide provision will be included or excluded, depending on whether the plan purchased by the policyholder includes supplemental or voluntary coverage.
3. If the Suicide provision is included, the following variables apply: References to “one year” may be changed to “two years”.

Dependent Term Life Insurance Benefits

1. The first sentence may be omitted if not necessary, or the bracketed content in the first sentence will be revised to reflect the actual coverage sold (i.e., dependent life and/or voluntary life).
2. The Suicide provision will be included or excluded, depending on whether the plan purchased by the policyholder includes voluntary or supplemental coverage.
3. If the Suicide provision is included, the following variables apply: References to “one year” may be changed to “two years”.

Conversion Privilege for Life Insurance

1. This provision will be included or excluded, based on whether the plan purchased by the policyholder includes life benefits. If it is included the following variables apply:
   a. If Employee only coverage is included, the “For Dependents” provision may be omitted.

Life Insurance – Waiver of Premium

1. This provision will be included or excluded, based on whether the plan purchased by the policyholder includes life benefits. If it is included the following variables apply.
2. The first sentence may be omitted if not necessary, or the bracketed content in the first sentence will be revised to reflect the actual coverage sold (i.e., basic life, supplemental life, dependent life and/or voluntary life).
3. Extended Insurance Benefit Waiver (Waiver of Premium)
   a. The reference to age “60” in item 2 is variable according to the policyholder’s plan. The range is a minimum of age 60 to a maximum of age 65.
   b. The reference to “six (6) months” in item 3. is variable according to the policyholder’s plan. The range is a minimum of three (3) months to a maximum of nine (9) months.
   c. Item 6 may be omitted according to the policyholder’s plan.
   d. The last paragraph may be omitted if dependent coverage is not included in the plan.
4. Gainful Occupation: The reference to 80% is variable according to the policyholder’s plan. The range is a minimum of 60% to a maximum of 80%.
5. Termination of the Extended Insurance Benefit:
   a. The reference to age “65” in item 3 is variable according to the policyholder’s plan. The range is a minimum of age 65 to a maximum of age 70.
   b. Item 3 may be revised to read “[1] year following the date you became disabled,” and the range

for "1" year would be from 1 to 5 years.

c. Item 4 may be omitted according to the policyholder's plan.

6. Termination of the Extended Insurance Benefit for the Covered Dependent.
   a. The provision will be included or excluded, depending on whether the plan purchased by the policyholder includes dependent coverage.
   b. If Dependent coverage is included, item 3 may be omitted or the reference to 12 months in item 3 may vary according to the policyholder's plan. The range is a minimum of 12 months to a maximum of 36 months.
7. Continuity of Coverage for Waiver of Premium upon Transfer of Insurance Carriers
   a. This section would only be included if the policyholder had a prior carrier for group life.
   b. The reference to age "60" in item 2 is variable according to the policyholder's plan. The range is a minimum of age 60 to a maximum of age 65.
   c. The reference to "six (6) months" in item 3 is variable according to the policyholder's plan. The range is a minimum of three (3) months to a maximum of nine (9) months.
   d. Item 6 will be included or excluded, depending on the plan purchased by the policyholder.

Life Insurance – Portability

1. This provision will be included or excluded, based on whether the plan purchased by the policyholder includes a portability benefit. If it is included, the following variables apply.
2. The first sentence may be omitted if not necessary, or the bracketed content will be included or excluded to reflect the actual coverage sold that includes the portability benefit (i.e., basic life, supplemental life, dependent life, and/or voluntary life).
3. Portability Benefit
   a. The phrase "and your spouse's" can be omitted or changed to "and your dependent's" if all dependents are eligible to port.
   b. The term "voluntary" can vary or be removed depending on which life benefits portability applies to (i.e., basic life, supplemental life, and/or voluntary life).
   c. The reference to age "70" in item 2a is variable according to the policyholder's plan. The range is a minimum of age 65 to a maximum of age 70.
   d. The reference to age "65" in item 2b is variable according to the policyholder's plan. The range is a minimum of age 60 to a maximum of age 70.
   e. The third paragraph can be changed to read as follows if dependents are not eligible for portability: "Dependents are not eligible for the Portability provision; however, dependent coverage may be converted under the "Conversion Privilege" provisions of the policy.]
   f. In the third paragraph, first sentence, the word "spouse's" can be changed to "dependent's" if children are eligible for portability. If changed, the second sentence would be removed.
4. Amount of Insurance: the word "spouse" can be changed to "dependent" if children are eligible for portability.
5. When Portability Ends
   a. Item 2. will be included or excluded, depending on the plan purchased by the policyholder.
   b. If item 2 is included, the reference to 3 years is variable according to the policyholder's plan. The range is a minimum of 1 year to a maximum of 5 years.
   c. The reference to age 70 in item 3. is variable according to the policyholder's plan. The range is a minimum of age 65 to a maximum of age 70.
   d. The references to age 65 in item 4. are variable according to the policyholder's plan. The range is a minimum of age 60 to a maximum of age 70.
   e. Item 6 will be included or excluded, depending on the plan purchased by the policyholder.
   f. If item 6 is included, the reference to "spouse" can be changed to "dependent".
   g. Item 7 will be included or excluded, depending on the plan purchased by the policyholder.
   h. If item 7 is included, the reference "to age 65" is variable according to the policyholder's plan. The range is a minimum of age 65 to a maximum of age 70.

i. Bracketed content in the second paragraph will be excluded if spouse or dependent coverage is not sold. If included, the term “spouse” will be changed to “dependent” if children are eligible for portability.

Group Life Accelerated Benefit

1. The first sentence may be omitted if not necessary, or the bracketed content in the first sentence will be revised to reflect the actual coverage sold (i.e., basic life, supplemental life, and/or dependent life and/or voluntary life).
2. Eligibility
   a. References to covered dependents may be omitted if dependents are not covered under the policy.
   b. The reference to “under age 70” may be omitted according to the policyholder’s plan, or age 70 is variable according to the policyholder’s plan. The range is a minimum of age 65 to a maximum of age 75.
   c. The reference to $10,000 is variable according to the policyholder’s plan. The range is a minimum of $5,000 to a maximum of $15,000.
3. Amount of Accelerated Benefit
   a. The reference to 75% is variable according to the policyholder’s plan. The range is a minimum of 25% to a maximum of 100%.
   b. The reference to $250,000 is variable according to the policyholder’s plan. The range is a minimum of $50,000 to a maximum of $500,000.
4. Effect of Payment of an Accelerated Benefit on Policy Provisions: the last paragraph may be omitted if AD&D coverage is not included in the policy.
5. Date Insurance Ends Under this Benefit: Item 3 will be included or excluded, depending on the plan purchased by the policyholder; and, if included, age 70 may vary from 65 to 70.

Accidental Death & Dismemberment Insurance

1. The first sentence may be omitted if not necessary, or the bracketed content in the first sentence will be revised to reflect the actual coverage sold (i.e., basic accidental death & dismemberment, supplemental accidental death and dismemberment, and/or voluntary accidental death & dismemberment).
2. The second sentence will be excluded if not necessary according to the policyholder’s plan, or the reference to supplemental AD&D may me omitted.
3. The third sentence will be included or excluded according to the policyholder’s plan. It will always be included when voluntary accidental death & dismemberment is part of the plan.
4. The bracketed reference to 365 days in item 2 in the fourth sentence is variable according to the policyholder’s plan. The range is a minimum of 90 days to a maximum of 365 days, but never less than required by law. This item will be removed if required by law.
5. Amount of Insurance:
   a. The reference to 50% for Loss of One Member is variable according to the policyholder’s plan. The range is a minimum of 50% to a maximum of 75%.
   b. The reference to 25% for Loss of Thumb and Index Finger of the Same Hand is variable according to the policyholder’s plan. The range is a minimum of 10% to a maximum of 25%.
6. Exclusions:
   a. Any of the exclusions may be omitted if required by a policyholder’s plan.
   b. Reference to “an assault or” in item 5 will be included or excluded, according to the policyholder’s plan.
   c. The definitions of “Participation in a riot’” “Riot” and “War” will be omitted if the corresponding exclusion is omitted.

Basic Short Term Disability Benefits

1. Definitions
   a. The reference to "your regular" occupation within the "Disability or Disabled" definition may be changed to "any gainful" occupation according to the policyholder's plan.
   b. The second sentence of the "Disability or Disabled" definition may be omitted if not required by a particular policyholder.
   c. The definitions for "Gainful Occupation" and "Regular Occupation" will be included or excluded to reflect the policyholder's plan. One or the other of the definitions will always be included.
   d. The definition of "Weekly Earnings" is variable according to the policyholder's plan.
   e. References to "bonuses" and "commissions" within the "Weekly Earnings" definition will be included or excluded to reflect the policyholder's plan.
   f. Reference to 12 months in the "Weekly Earnings" definition is variable from 12 to 36 months according to the policyholder's plan.
2. Weekly Benefit:
   a. Reference to "less Eligible Offsets" will be removed if offsets are not included in the policyholder's plan.
   b. Reference to 1/7th in the second paragraph is variable according to the policyholder's plan. The range is a minimum of 1/5th to a maximum of 1/7th.
3. Disabilities due to accidental injuries: The bracketed language may be omitted. If included, references to 30 days are variable according to the policyholder's plan. The range is a minimum of 1 day to a maximum of 30 days.
4. Your Weekly Payment If You Are Disabled And Not Working, or You Are Disabled And Working but Earning Less Than 20% of Your Pre-Disability Earnings:
   a. The reference to "gross" weekly benefit may be omitted if the policyholder's plan does not include eligible offsets.
   b. Step 4 may be omitted if the policyholder's plan does not include eligible offsets.
5. Your Weekly Payment If You Are Disabled And Working, Earning Between 20% and [80%] of Your Pre-Disability Earnings:
   a. The reference to 80% in the title is variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 80%.
   b. Step 4 may be omitted if the policyholder's plan does not include eligible offsets.
   c. If Step 4 is omitted, Step 5 will become Step 4, and "the result of Step 4" will be replaced with "your gross weekly benefit.
6. If You Are Disabled and Working, Earning More Than [80%] of Your Pre-Disability Earnings, Payment Will Be Limited to the Minimum Weekly Benefit Shown in the Schedule of Insurance:
   a. The reference to 80% in the title is variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 80%.
   b. The phrase "Payment will be limited to the minimum weekly benefit shown in the Schedule of Insurance" will be revised to read: "No payments will be made" if the plan does not include Eligible Offsets.
7. The Minimum Benefit paragraph may be omitted if the plan does not include Eligible Offsets.
8. Eligible Offsets
   a. This provision will be included or excluded, based on the plan purchased by the policyholder. If it is included the following variables apply.
   b. Items 1 through 6 will be included or excluded, according to the policyholder's plan.
   c. References to 100% in item 3 are variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 100%.
   d. Bracketed items in the paragraph beginning, "Eligible offsets also include…" will be included or excluded, based on the plan purchased by the policyholder.
   e. The reference to 24 months in the third item 2 is variable according to the policyholder's plan. The range is a minimum of 12 months to a maximum of 36 months.

   f. The reference to “this” may be changed to “your employer sponsored” plan in the fourth item 1 according to the policyholder’s plan.
9. Exclusions
   a. Any of the exclusions may be omitted if required by a policyholder’s plan.
   b. Reference to “an assault or” in item 4 will be included or excluded, according to the policyholder’s plan.
   c. The second paragraph may be omitted, or the reference to 30 days may be varied according to the policyholder’s plan. The range is a minimum of 10 days to a maximum of 45 days
   d. The definitions of “Intoxicated,” “Participation in a riot’” “Riot” and “War” will be omitted if the corresponding exclusion is omitted.

Voluntary Short Term Disability Benefits

1. Definitions
   a. The reference to “your regular” occupation within the “Disability or Disabled” definition may be changed to “any gainful” occupation according to the policyholder’s plan.
   b. The second sentence of the “Disability or Disabled” definition may be omitted if not required by a particular policyholder.
   c. The definitions for “Gainful Occupation” and “Regular Occupation” will be included or excluded to reflect the policyholder’s plan. One or the other of the definitions will always be included.
   d. The definition of “Weekly Earnings” is variable according to the policyholder’s plan.
   e. References to “bonuses” and “commissions” within the “Weekly Earnings” definition will be included or excluded to reflect the policyholder’s plan.
   f. Reference to 12 months in the “Weekly Earnings” definition is variable from 12 to 36 months according to the policyholder’s plan.
2. Weekly Benefit:
   a. Reference to “less Eligible Offsets” will be removed if offsets are not included in the policyholder’s plan.
   b. Reference to 1/7th in the second paragraph is variable according to the policyholder’s plan. The range is a minimum of 1/5th to a maximum of 1/7th.
3. Disabilities due to accidental injuries: The bracketed language may be omitted. If included, references to 30 days are variable according to the policyholder’s plan. The range is a minimum of 1 day to a maximum of 30 days.
4. Your Weekly Payment If You Are Disabled And Not Working, or You Are Disabled And Working but Earning Less Than 20% of Your Pre-Disability Earnings:
   a. The reference to “gross” weekly benefit may be omitted if the policyholder’s plan does not include eligible offsets.
   b. Step 4 may be omitted if the policyholder’s plan does not include eligible offsets.
5. Your Weekly Payment If You Are Disabled And Working, Earning Between 20% and [80%] of Your Pre-Disability Earnings:
   a. The reference to 80% in the title is variable according to the policyholder’s plan. The range is a minimum of 60% to a maximum of 80%.
   b. Step 4 may be omitted if the policyholder’s plan does not include eligible offsets.
   c. If Step 4 is omitted, Step 5 will become Step 4, and “the result of Step 4” will be replaced with “your gross weekly benefit.
6. If You Are Disabled and Working, Earning More Than [80%] of Your Pre-Disability Earnings, Payment Will Be Limited to the Minimum Weekly Benefit Shown in the Schedule of Insurance:
   a. The reference to 80% in the title is variable according to the policyholder’s plan. The range is a minimum of 60% to a maximum of 80%.
   b. The phrase “Payment will be limited to the minimum weekly benefit shown in the Schedule of Insurance” will be revised to read: “No payments will be made” if the plan does not include Eligible Offsets.

7. The Minimum Benefit paragraph may be omitted if the plan does not include Eligible Offsets.
8. Eligible Offsets
    a. This provision will be included or excluded, based on the plan purchased by the policyholder. If it is included the following variables apply.
    b. Items 1 through 6 will be included or excluded, according to the policyholder's plan.
    c. References to 100% in item 3 are variable according to the policyholder's plan. The range is a minimum of 60% to a maximum of 100 %.
    d. Bracketed items in the paragraph beginning, "Eligible offsets also include…" will be included or excluded, based on the plan purchased by the policyholder.
    e. The reference to 24 months in the third item 2 is variable according to the policyholder's plan. The range is a minimum of 12 months to a maximum of 36 months.
    f. The reference to "this" may be changed to "your employer sponsored" plan in the fourth item 1 according to the policyholder's plan.
9. Pre-Existing Condition Exclusion
    a. References to 12 months in this section are variable according to the policyholder's plan. The range is a minimum of 3 months to a maximum of 24 months, but never more than allowed by law.
10. Exclusions
    a. Any of the exclusions may be omitted if required by a policyholder's plan.
    b. Reference to "an assault or" in item 4 will be included or excluded, according to the policyholder's plan.
    c. The second paragraph may be omitted, or the reference to 30 days may be varied according to the policyholder's plan. The range is a minimum of 10 days to a maximum of 45 days
    d. The definitions of "Intoxicated," "Participation in a riot'" "Riot" and "War" will be omitted if the corresponding exclusion is omitted.
11. Continuity of Coverage
    a. This provision will be omitted if the policyholder did not have a prior carrier.

Certificate Riders

Accidental Death & Dismemberment Child Care Rider, GADD-CCC

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.
4. Reference to 365 days in item 2.b., under the Child Care Center Benefit provision, is variable according to the policyholder's plan. The range is a minimum of 90 days to a maximum of 365 days.
5. Reference to 3% in the second item one, under the Child Care Center Benefit provision, is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 25%.
6. Reference to $5,000 in the second item one, under the Child Care Center Benefit provision, is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $10,000.
7. Reference to 4 consecutive years in the third paragraph under the Child Care Center Benefit provision is variable according to the policyholder's plan. The range is a minimum of 4 years to a maximum of 6 years.
8. Reference to $1,000 in the fifth paragraph under the Child Care Center Benefit provision, is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of 5,000.
9. References to a twelve-month period in the eighth paragraph under the Child Care Center Benefit provision are variable according to the policyholder's plan. The range is a minimum of 3 months to a maximum of 12 months.
10. Reference to [annual] in the eighth paragraph can be changed to quarterly or semi-annual to coincide with any change to the monthly period.

Accidental Death & Dismemberment Coma Rider, GADD-COMA

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.
4. Reference to Basic, Supplemental and Voluntary in the fourth paragraph under the Coma Benefit provision may vary to reference the exact benefits sold. They may be omitted if not needed for clarity.
5. References to 5% in the fourth paragraph under the Coma Benefit provision are variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 10%.
6. The second bracketed phrase in the fourth paragraph under the Coma Benefit provision may be omitted if required by the policyholder's plan.
7. Reference to 11th month in item 2 of the fourth paragraph under the Coma benefit is variable according to the policyholder's plan. The range is a minimum of 11 to a maximum of 100.
8. Reference to 11 straight months in the seventh paragraph under the Coma benefit is variable according to the policyholder's plan. The range is a minimum of 11 straight months to a maximum of 100 straight months.
9. Reference to Basic, Supplemental and Voluntary in the seventh paragraph under the Coma Benefit provision may be omitted if not needed for clarity.
10. References to age 70 in the Date Coverage Ends under This Rider provision are variable according to

the policyholder's plan. The range is from age 65 and up.

Accidental Death & Dismemberment Common Carrier Rider, GADD-CC

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.

Accidental Death & Dismemberment Exposure and Disappearance Rider, GADD-E&D

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.

Accidental Death & Dismemberment Felonious Assault Rider, GADD-FA

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. Reference to 25% in the first paragraph under Felonious Assault Benefit is variable according to the policyholder's plan. The range is a minimum of 25% to a maximum of 100%.
4. Reference to $50,000 in item 1 under Felonious Assault Benefit is variable according to the policyholder's plan. The range is a minimum of $25,000 to a maximum of $100,000.

Accidental Death & Dismemberment Human Immunodeficiency Virus (HIV) Rider, GADD-HIV

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. Reference to 20% in the second paragraph under the HIV Benefit provision is variable according to the policyholder's plan. The range is a minimum of 10% to a maximum of 50%.

Accidental Death & Dismemberment Paralysis Rider, GADD-PAR

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.

2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.
4. Bracketed percentages in the Paralysis Benefit Amount provision are variable according to the policyholder's plan. The range is a minimum of 50% to a maximum of 100%.

Accidental Death & Dismemberment Repatriation Rider, GADD-REPT

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.
4. Reference to 10% in the second item 2 under Repatriation Benefit is variable according to the policyholder's plan. The range is a minimum of 10% to a maximum of 100%.
5. Reference to $5,000 in the second item 2 under Repatriation Benefit is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $10,000.
6. References to age 70 in the Date Coverage Ends under This Rider provision are variable according to the policyholder's plan. The range is from age 65 and up.

Accidental Death & Dismemberment Seat belt – Air Bag Rider, GADD-SBAB

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the policyholder.
4. Reference to 10% in the first paragraph under Seat Belt Benefit is variable according to the policyholder's plan. The range is a minimum of 10% to a maximum of 100%.
5. Reference to $10,000 in the first paragraph under Seat Belt Benefit is variable according to the policyholder's plan. The range is a minimum of $10,000 to a maximum of $50,000.
6. Reference to 10% in the first paragraph under Air Bag Benefit is variable according to the policyholder's plan. The range is a minimum of 10% to a maximum of 100%.
7. Reference to $10,000 in the first paragraph under Air Bag Benefit is variable according to the policyholder's plan. The range is a minimum of $10,000 to a maximum of $50,000.

Accidental Death & Dismemberment Special Education Rider, GADD-SE

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. The fourth & fifth paragraphs will be included or excluded, based on the plan purchased by the

policyholder.

4. Reference to 5% in the second item one, under the Special Education Benefit provision, is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 25%.
5. Reference to $2,500 in the second item one, under the Special Education Benefit provision, is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $10,000.
6. Reference to 4 consecutive years in the third paragraph under the Special Education Benefit provision is variable according to the policyholder's plan. The range is a minimum of 4 years to a maximum of 6 years.
7. Reference to $1,000 in the fourth paragraph under the Special Education Benefit provision is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $5,000.

Accidental Death & Dismemberment Spouse Training Rider, GADD-ST

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. Bracketing in the third paragraph may reference the actual benefits based on the plan purchased by the policyholder, or may be revised to refer to "all Accidental Death & Dismemberment Benefits under the plan."
3. Reference to 5% in the second item one, under the Spouse Training Benefit provision, is variable according to the policyholder's plan. The range is a minimum of 3% to a maximum of 25%.
4. Reference to $2,500 in the second item one, under the Spouse Training Benefit provision, is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $10,000.
5. Reference to 4 consecutive years in the second item two, under the Spouse Training Benefit provision, is variable according to the policyholder's plan. The range is a minimum of 4 years to a maximum of 6 years.
6. Reference to $1,000 in the third paragraph, under the Spouse Training Benefit provision, is variable according to the policyholder's plan. The range is a minimum of $1,000 to a maximum of $5,000.

Domestic Partner Rider, GRP-DP-RDR

1. The phrase "on January 1, 2009" in the second paragraph may be removed completely if the rider is effective on the same date as the original policy. The phrase and correct date will be included, if needed, to reflect the actual effective date of the rider.
2. The reference to 12 months under the Domestic Partner definition is variable according to the policyholder's plan. The range is a minimum of 6 months to a maximum of 24 months.
3. Eligible Domestic Partners: The phrase "and his children" may be omitted according to the policyholder's plan. If omitted "is" will be used. If included "are" will be used.

Change Rider –Portability, GRP-PORT-RDR

1. The identifying information at the top of the rider is variable to reference the particular policy and certificate holder and effective date.
2. The Schedule of Insurance information is variable to reference the coverage for a particular certificate holder such as type of coverage, amount of coverage, who is covered, and the rates.
3. The Reductions, Termination, and Special Provisions are variable to reference those that apply to a particular certificate holder.

Change Rider –Reduced Life Benefit, GRP-RLB-RDR

1. The identifying information at the top of the rider is variable to reference the particular policy and certificate holder and effective date.
2. The reduced life amount is variable to reference the coverage for a particular certificate holder

Disclosure for Group Life Accelerated Benefit

1. Amount of Accelerated Benefit
   a. The reference to 75% is variable according to the policyholder's plan. The range is a minimum of 25% to a maximum of 100%.
   b. The reference to $250,000 is variable according to the policyholder's plan. The range is a minimum of $50,000 to a maximum of $500,000.
2. Effect of Payment of an Accelerated Benefit on Policy Provisions: the last paragraph may be omitted if AD&D coverage is not included in the policy.
3. Date Insurance Ends Under this Benefit: Item 3 will be included or excluded, depending on the plan purchased by the policyholder; and, if included, age 70 may vary from 65 to 70.

USAble Life
P.O. Box 1650 Ÿ Little Rock, Arkansas 72203

EVIDENCE OF INSURABILITY (Please Print)

A completed Enrollment Form must accompany this form.

SECTION 1 –Completed By Employer

Group Name	Telephone # (include area code)	Group Number

Amount of Insurance Applying for: Employee Life: $ Dependent Life $ Disability $ Other:	Employee's Annual Salary

SECTION 2 – Completed by Employee ☐ **Vol. Group Term Life** ☐ **Amount over Guarantee Issue** ☐ **Late Enrollee**

Name (First, MI, Last)	Social Security No.

Home Address	City	State	Zip	County

Date of Birth	Birth State or Country	Gender	Height (ft-in.)	Weight (lbs.)	Work Phone	Home Phone
		☐ M ☐ F			( )	( )

Spouse & Children Information – Complete if Applying for Dependent's Coverage.

Person Proposed for Insurance Show first, middle, last name	Occupation	Date of Birth & Place				Height	Weight	Marital Status	Sex
		Month	Day	Year	State or Country				
(Spouse)									
(Child)									
(Child)									
(Child)									
(Child)									

Spouse's Social Security No.:	Spouse's Work Telephone #:

SECTION 3 – Insurability Questionnaire	**Yes**	**No**
1. Has anyone to be covered used any tobacco products in the past year?	☐	☐
2. Does anyone to be covered have any condition for which consultation or treatment is contemplated or has been advised?	☐	☐
3. Has anyone to be covered been hospitalized for any reason during the past five (5) years?	☐	☐
4. Has anyone to be covered consulted a physician in the past one (1) year for any reason?	☐	☐

5. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for:

	Yes	No
a. Cancer, cancer related disease or benign tumor?	☐	☐
b. Disease of the heart or blood vessels, or had a stroke?	☐	☐
c. Kidney disease or diabetes?	☐	☐
d. Alcohol or drug abuse?	☐	☐
e. Lung, asthma, liver or blood disorder?	☐	☐
f. Emotional, nervous system, eating disorder, or mental health problems?	☐	☐
g. Ulcer, stomach or digestive disorder?	☐	☐
h. Arthritis, back, bones or joint disorder?	☐	☐
i. Bladder, urinary system or reproductive organs disorder?	☐	☐

6. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for: Acquired Immunodeficiency Syndrome ("AIDS") or AIDS Related Complex, or Human Immunodeficiency Virus ("HIV")?	☐	☐
7. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for hypertension (high blood pressure) or high cholesterol? If yes, list name of person(s), medications taken, medication dosage, last two blood pressure readings, and/or last two cholesterol readings in Section 4.	☐	☐
8. Is anyone to be covered currently taking medication(s)? If yes, list name of person, reasons, medications and dosage in Section 4.	☐	☐
9. Has anyone to be covered ever had any impairments, diseases or illnesses not covered in questions 2 – 8?	☐	☐
10a. Are you now pregnant? ☐ Yes ☐ No 10b. Have you ever had an ectopic pregnancy, a problem pregnancy, a miscarriage, a problem delivery, a therapeutic abortion, or a Cesarean section?	☐	☐
11. Are you actively at work on the date of this application and have you been actively at work for the 31 days prior to such date? If No, give full details in Section 4.	☐	☐

12. Names, addresses, and phone numbers of the personal physicians of all applicants:

_____

SECTION 4 – Give Details to "Yes" answers to questions 2 through 10 include dates of treatment: ☐ **Separate Sheet Attached**

Ques. No.& Individual	Illness/Reason for Checkup or Medication & Dosage or Doctor's Treatment/Consultation	Date & Duration	Full Name, Complete Address and Telephone Number of Doctors & Hospitals

Be Sure to Read the Important Disclosures and sign on Page 2/Reverse

EOI (5-09)

NOTICE OF INSURANCE INFORMATION PRACTICES

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

The above is a general description of our information practices. If you would like to receive a more detailed explanation of those practices, please send your request to the chief underwriter, P.O. Box 1650, Little Rock, AR 72203

FEDERAL FAIR CREDIT REPORTING ACT NOTICE

In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

Employee's Name (First, MI, Last)	Social Security #	Employer Name

NOTICE FOR PROPOSED INSURED

IMPORTANT NOTICE FOR DISABILITY COVERAGE

Acceptance of your application for disability income insurance will be based upon the information contained in the Evidence of Insurability, including the medical information disclosed and information obtained from your medical providers. **Your insurance coverage may not be issued as applied for.** If not, an "Exclusion of Coverage Amendment" will be attached to your certificate of coverage.

PLEASE READ YOUR CERTIFICATE OF COVERAGE CAREFULLY UPON ITS RECEIPT.

IMPORTANT NOTICE CONCERNING YOUR EFFECTIVE DATE

1. Insurance will not be effective until the application is approved by USAble Life.
2. Insurance will not be effective if there has been a change in the health of the proposed insured(s) after the date of the application and prior to the effective date.
3. For benefits sheltered under a Section 125 Cafeteria plan: To satisfy premium deduction requirements of your employer and dating requirements of the Section 125 Plan, your coverage will be dated and become effective on the first day of the month following the effective date (anniversary date for resolicitation) of the Section 125 agreement or on the first day of the month following underwriting approval, whichever is later. There is no coverage until the effective date of the policy.

In signing below, I: (a) represent that the statements and answers given in this application, are true, complete and correctly recorded; (b) understand that the insurance applied for is not effective until the application is approved by USAble Life; (c) authorize any physician, medical practitioner, hospital, clinic, or other medical facility, insurance or reinsurance company, or MIB, Inc., formerly known as Medical Information Bureau, Inc., having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to USAble Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (d) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (e) agree that this authorization shall be valid for two (2) years from the date the authorization is signed; (f) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (g) acknowledge I have read and understand all disclosures on this form; and (h) acknowledge receipt of written notification describing the use of the MIB as required by the Fair Credit Reporting Act and the Notice of Information Practices. I have read and understand the above statements and agreements.

Insurance Fraud Warning – It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

Date Received Home Office

Signed at: _____ Date of Application _____

City and State — Month, Day, Year

X _____ X _____

Agent's Signature — Employee's Signature

EOI (5-09)

MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. USAble Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Braintree, Massachusetts 02184-8734.

USAble Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

PLEASE READ YOUR CERTIFICATE OF COVERAGE CAREFULLY UPON ITS RECEIPT.

Check to see if it includes an Exclusion of Coverage amendment.