

SERFF Tracking Number: MADS-126652081 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 45826  
Company Tracking Number: GTL-END-0410  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life Insurance  
Project Name/Number: Additional Variability/GTL-END-0410

## Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: Group Term Life Insurance

SERFF Tr Num: MADS-126652081 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45826

Sub-TOI: L04G.500 Other

Co Tr Num: GTL-END-0410

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Julie Guess

Disposition Date: 06/02/2010

Date Submitted: 05/28/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Additional Variability

Status of Filing in Domicile: Authorized

Project Number: GTL-END-0410

Date Approved in Domicile: 05/19/2010

Requested Filing Mode: File & Use

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, Trust

Filing Status Changed: 06/02/2010

Explanation for Other Group Market Type:

State Status Changed: 06/02/2010

Deemer Date:

Created By: Julie Guess

Submitted By: Julie Guess

Corresponding Filing Tracking Number:

Filing Description:

This is an informational filing related to form GTL-C600-0708, which was approved in your state on 8/25/2008, under filing number MADS-125780360. This filing is intended to notify your Department of additional variability within provisions of the forms.

The Statement of Variability is included under the "Supporting Documentation" tab.

Much of the Group Term Life coverage issued by Madison National Life Insurance Company, Inc. (MNL) is to school districts and city/county/municipal employers. Frequently, the employees in these groups are members of unions which require us to match specific union-negotiated benefits and terms used within the union contracts.

SERFF Tracking Number: MADS-126652081 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 45826  
Company Tracking Number: GTL-END-0410  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life Insurance  
Project Name/Number: Additional Variability/GTL-END-0410

The forms were filed as a matrix filing, with each provision assigned a section number. The additional variability sheet included in this filing addresses any additional variability in each section of the certificate. This additional variability is new and does not replace any information that has been previously filed with your department.

We have included a blank amendment that may be used with a master policy or a joinder agreement, form GTL-END-0410-CN, and a blank endorsement for the certificate of insurance, form GTL-END-0410-C, that an employee receives to place with the Certificate of Insurance. The amendments would be used in other instances where MNL needs to amend language to correspond with employer/union contracts, to correct an error in a contract, or to coincide with coverage that a prior carrier provided. Please note that we will never amend language in a manner that is in violation of state laws and regulations.

We have also included an "Actively-at-Work Statement" page, form G-A-J-0510, to be used with a Joinder Agreement when coverage is issued through a trust. The page is used for the employer to notify MNL of any employees who are not actively at work as of the requested effective date.

We retain the right to change font, paper color and to correct grammar errors (as long as those corrections do not change the intent or purpose of this informational filing).

## Company and Contact

### Filing Contact Information

Julie Guess, Compliance Specialist jag@madisonlife.com  
PO Box 5008 800-356-9601 [Phone] 2062 [Ext]  
Madison, WI 53705 608-830-2700 [FAX]

### Filing Company Information

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin  
1241 John Q. Hammons Drive Group Code: 450 Company Type: Life and Health  
Madison, WI 53717 Group Name: State ID Number:  
(608) 830-2000 ext. [Phone] FEIN Number: 39-0990296

## Filing Fees

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? No  
Fee Explanation: 3 forms x \$50 per form = \$150.00

SERFF Tracking Number: MADS-126652081 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 45826  
Company Tracking Number: GTL-END-0410  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life Insurance  
Project Name/Number: Additional Variability/GTL-END-0410  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$150.00	05/28/2010	36887567

SERFF Tracking Number: MADS-126652081 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 45826  
Company Tracking Number: GTL-END-0410  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life Insurance  
Project Name/Number: Additional Variability/GTL-END-0410

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/02/2010	06/02/2010

*SERFF Tracking Number:* MADS-126652081 *State:* Arkansas  
*Filing Company:* Madison National Life Insurance Company, Inc. *State Tracking Number:* 45826  
*Company Tracking Number:* GTL-END-0410  
*TOI:* L04G Group Life - Term *Sub-TOI:* L04G.500 Other  
*Product Name:* Group Term Life Insurance  
*Project Name/Number:* Additional Variability/GTL-END-0410

## **Disposition**

Disposition Date: 06/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MADS-126652081 State: Arkansas  
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 45826  
 Company Tracking Number: GTL-END-0410  
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
 Product Name: Group Term Life Insurance  
 Project Name/Number: Additional Variability/GTL-END-0410

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Explanation of Variables - GTL-C600-0608		Yes
Supporting Document	Explanation of Variables - Joinder		Yes
Supporting Document	Explanation of Variables - GTL-END-0410		Yes
Form	Contract Amendment		Yes
Form	Certificate Amendment		Yes
Form	Actively-at-Work Statement		Yes

SERFF Tracking Number: MADS-126652081 State: Arkansas  
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 45826  
 Company Tracking Number: GTL-END-0410  
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
 Product Name: Group Term Life Insurance  
 Project Name/Number: Additional Variability/GTL-END-0410

## Form Schedule

### Lead Form Number: GTL-END-0410

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GTL-END-0410-CN	Policy/Cont Contract Amendment Initial ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40.400	GTL-END-0410-CN.pdf
	GTL-END-0410-C	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Initial		44.700	GTL-END-0410-C.pdf
	G-A-J-0510	Application/ Actively-at-Work Enrollment Statement Form	Initial		46.500	G-A-J-0510.pdf

# MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

## AMENDMENT #[1]

:

### [TO GROUP TERM LIFE INSURANCE ISSUED TO [GROUP NAME] PLAN NUMBER [9999]

[This Amendment, effective on [effective date], amends certain provisions of the Group Term Life Insurance Policy as specified below. Provisions under this Amendment are subject to all the terms and conditions, limitations and exclusions of the Group Policy, unless otherwise stated herein.

The Contract is amended and modified, as follows:

Class Number-Class Description: [class number/description]]

/

### [TO [TRUST NAME] JOINDER AGREEMENT FOR GROUP TERM LIFE INSURANCE

Employer Plan No: [plan number]

(For NIS Use Only)

Group No. [group number]

Employer: [employer name]

Policy No. [policy number]

Class No. [class number]

Employee Class: [employee class number and name]

This Amendment, made part of the [Trust name] Joinder Agreement (the "Agreement") by and between the Administrator of the [Trust name] and [Employer name], (the "Employer"), amends certain provisions of the Agreement effective [Effective date] as specified below. Provisions under this Amendment are subject to all terms and conditions, limitations and exclusions of the entire Contract.]

[Variable examples of form use:

Liberalize provisions or benefits

Adding / deleting optional benefits

Changing variable language after issue

Remove exclusion

Effective / termination Date changes

Administrator change

Contribution change

Add /remove / redefine a class of insureds]

All other terms, provisions and conditions of the entire Contract remain unchanged.

Continued payment of premium constitutes acceptance of this Amendment effective beginning [Effective date]. It shall become a part of the entire Contract and continue in force under the same provisions that govern the entire contract.

**Signature for amendment to Master Policy:**

[Signed on behalf of Madison National Life Insurance Company, Inc.

[



Larry R. Graber]  
[President]  
Date: [date signed]  
/

**[Signature for Trust-Issued contracts:**

Accepted for [Trust name] by Administrator,  
National Insurance Services of Wisconsin, Inc.

[



Bruce A. Miller]  
Date: [date signed]]

**Used for Master Policy and Trust-Issued:**

[This signed and executed Amendment must be returned within 20 working days of the date of the signature above in order to insure acceptance of the Amendment as outlined.

\_\_\_\_\_  
Signed acceptance of Group Representative

\_\_\_\_\_  
Date]

# **MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**

**Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601**

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

## **AMENDMENT #[1] GROUP TERM LIFE INSURANCE ISSUED TO [GROUP NAME] PLAN NUMBER [9999]**

Class Number - Description: [01 – All Active, Eligible, Full-time Employees]

This Amendment is made a part of the Group Term Life Certificate of Insurance (“Certificate”) to which it is attached. The provisions of this Amendment are effective on [effective date] and will expire concurrently with the Contract.

In consideration of issuance, the Certificate is hereby amended and modified, as follows:

[Variable examples of form use:

Liberalize provisions or benefits

Adding / deleting optional benefits

Changing variable language after issue

Remove exclusion

Effective / termination Date changes

Administrator change

Contribution change

Add /remove / redefine a class of insureds]

All other terms, provisions and conditions of the Certificate remain unchanged. Provisions under this Amendment are subject to all the terms and conditions, limitations and exclusions of the Certificate.

# MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

PO Box 5008, Madison, WI 53705 • 1-800-356-9601 (Phone)  
Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

## ACTIVELY-AT-WORK STATEMENT

This statement certifies that as of the Requested Effective Date, all Employees who are eligible for insurance as described in this Application are actively at work with the following exceptions:

Name of Employee who is not Actively at Work	Date of Birth	Last Day Worked	Expected Return to Work Date	Reason for Absence

**This form becomes a part of the entire contract.**

**I understand that insurance coverage for the Employees listed above is not guaranteed without written acceptance by an authorized representative of Madison National Life Insurance Company, Inc.**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Printed Name of Authorized Employer Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Employer Representative

\_\_\_\_\_  
Date

SERFF Tracking Number: MADS-126652081 State: Arkansas  
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 45826  
 Company Tracking Number: GTL-END-0410  
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
 Product Name: Group Term Life Insurance  
 Project Name/Number: Additional Variability/GTL-END-0410

## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

READABILITY CERTIFICATION.pdf  
 AR CompNotice MNL 0210.pdf  
 AR GA Notice 0110.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**

The application to be used is G-A-1209, which was approved by your state on 1/15/2010.  
 The enrollment form to be used is G-E-1209, which was approved by your state on 1/15/2010.

**Item Status:** **Status Date:**

**Satisfied - Item:** Explanation of Variables - GTL-C600-0608

**Comments:**

**Attachment:**

Explanation of Variables - GTL-C600.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Explanation of Variables - Joinder

**Comments:**

**Attachment:**

Explanation of Variables - Joinder.pdf

**Item Status:** **Status**

SERFF Tracking Number: MADS-126652081 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 45826  
Company Tracking Number: GTL-END-0410  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life Insurance  
Project Name/Number: Additional Variability/GTL-END-0410

**Date:**

**Satisfied - Item:** Explanation of Variables - GTL-  
END-0410

**Comments:**

**Attachment:**

Explanation of Variables - GTL-END.pdf

## READABILITY CERTIFICATION

To: Department of Insurance  
RE: Forms GTL-END-0410-CN, GTL-END-0410-C, and G-A-J-0510

I hereby certify that that the forms referenced above meet the minimum requirements of the Flesch reading ease policy simplification test and are at least 10-point type or larger.

Form Number	Description	Score
GTL-END-0410-CN	Blank Endorsement – Contract	40.4
GTL-END-0410-CN	Blank Endorsement – Contract	44.7
G-A-J-0510	Actively at Work Statement	46.5



Robert J. Stubbe  
Executive Vice President – Operations  
Madison National Life Insurance Company, Inc.  
Dated: May 28, 2010

**Madison National Life Insurance Company, Inc.  
Madison, Wisconsin**

PO Box 5008, Madison, Wisconsin 53705  
1-800-356-9601

If we at Madison National Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201  
(501) 371-2640 or (800) 852-5494

The name and address of your agent is as follows:

---

---

---

---

## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase certain life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

### **DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

### **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract-holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a non-affiliate benefit plan or its trustees).

## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

<b>Section Number</b>	<b>Description</b>	<b>Possible values</b>
GTL-C600-0608 - Definitions	Annual Salary - all or some of these items may be listed as included in annual salary. Group must choose	[extra pay], [annuity contributions], [commissions], [bonuses]
	number of months over which to average bonus	[12-36]
	Annual salary - items that are not included in annual salary	[commissions], [bonus]
	Annual Salary - optional alternate definition. This will be used only if requested by the Group.	Annual Salary: Your current salary or wage from your Employer based on the annual wages in effect on the [November 30th] immediately preceding the date of loss. Annual Salary does not include extra pay, commissions, bonuses, overtime pay or any other extra compensation
GTL-C700-0608 - Schedule Page	NEW ITEM: A.9. "Employee Eligibility Date" - Group selects when employee becomes eligible for coverage.	[First day coinciding with or following the end of the Waiting Period] / [First day following the end of the Waiting Period] / [TBA]
	Additional variability to item A. 12. "Evidence of Insurability Requirements" Text used to explain EOI requirements for amounts over the guarantee issue amount.	[After initial approval of benefit amount over Guarantee Issue amount: Benefit increase in excess of [1-100%] in a [1-24] month period: Required  Salary increase in excess of [1-100%] within a [1-24] month period: Required]
	NEW ITEM: A.13. Minimum Participation Requirement: If coverage is non-contributory, 100% participation is required. If employees contribute to premium, participation requirements vary.	[[1-100%] participation is required.[At least [1-10] lives must be covered]] / [Greater of [1-10] lives or [1-100%] participation is required]
	NEW OPTIONAL ITEM: A.14.Leaves and Sabbaticals - Group must choose whether leaves/sabbaticals are included in the coverage.	Included or omitted

Section Number	Description	Possible values
	Sub-list for item A. 14. "Leaves and Sabbaticals" - this list would include any leave/sabbaticals that are included in the coverage.	[[Injury/Physical Disease] - [1-12] months from the date last worked]] [[Approved Leave of Absence] - [1-60] months from date last worked]]
	NEW OPTIONAL ITEM: Employee Voluntary Life - allows for an annual increase in benefit. This is optional coverage and the option for the annual increase is an option as well, chosen by the group.	Annual Increase in Coverage: Evidence of Insurability required if the benefit amount exceeds [[10-200]% of Annual Salary / [\$1,000-\$100,000]]
GTL-C800-0608 - Becoming Insured	Item B. 2. b) (4) - additional option for effective date of coverage in an annual enrollment period.	the date shown in the "Schedule of Benefits".
	Item B. 2. b) (5) - additional option for effective date of coverage in an open enrollment period.	the date shown in the "Schedule of Benefits".
GTL-C800-0608 - When Coverage Ends	addition to item A.2. - Group must choose to include, otherwise omitted.	[the date you cease to be an eligible employees, except during the first [1-180] days following a change in employment status from full-time to part-time];
	addition to item A.2. - Group must choose to include, otherwise omitted.	[the end of the month following the day you cease to be an eligible employees, except during the first [1-180] days following a change in employment status from full-time to part-time];
	Addition to Item A.7. - Group must choose to include, otherwise omitted.	[In the event of your death Dependent Coverage will be continued without premium payment for up to [1-365] [days/months/years] following your death as long as the Dependent is still eligible for Dependent Life Insurance as described in the Eligibility for Insurance provision.]
	NEW ITEM: A.9. - Group must choose to include, otherwise omitted.	[[1-365] [days/months] following the date Your employment terminates.]

Section Number	Description	Possible values
	Option to replace item D. 1. a. 1) that is currently in use.	1) The paid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid sabbatical; and 2) The documentation of the advance approval of the paid sabbatical beginning and end dates is available to Us at Our request; and
	Addition to item D - Paid Sabbatical, item D. 1. b. 2. new option for end date of coverage. Group selects which option between items 2 and 3.	2. the end of the month following the month in which the paid sabbatical began.
	Addition to item D - Paid Sabbatical, item D. 1. b. 3) Previous version only referred to a timeframe in months, now includes days and years as choices.	[1-365] [days/months/years]
	Addition to item D.1.b.4. Group selects whether this item is included in certificate.	4. when termination of employment with the Employer.
	NEW ITEM: D. 2. b. 3) - new item to allow the paid sabbatical to last for one month after month in which it began. Group may request this item to be used in lieu of optional item D. 2 .b. 2).	3) the end of the month following the month in which the paid sabbatical began.
	NEW ITEM: D. 2. b. 4) Group must choose to include, otherwise, item will be omitted.	4) upon termination of Employment with the employer.
	Option to replace item E. 1. a. 1) that is currently in use.	1) The unpaid sabbatical is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the unpaid sabbatical; and 2) The documentation of the advance approval of the unpaid sabbatical beginning and end dates is available to Us at Our request; and

Section Number	Description	Possible values
	Addition to item E - Unpaid Sabbatical, item E. 1. b. 2) Previous version only referred to a timeframe in months, now includes days and years as choices.	[1-365] [days/months/years]
	Addition to item E - Unpaid Sabbatical, item E. 1. b. 2nd option for end date of coverage. Group chooses between this item and item E.1.b.2).	the end of the month following the month in which the unpaid sabbatical began.
	Item E. 2. b. 2) - this item is now variable. Group may request that it not be included at all so there will be no time limit on the unpaid sabbatical. Also, previous version only referred to a timeframe in months, now includes days and years as choices.	[1-365] [days/months/years]
	NEW ITEM: E. 2. b. 3) - new item to allow the unpaid sabbatical to last for one month after month in which it began. Group may request this item to be used in lieu of optional item E. 2 .b. 2).	3) the end of the month following the month in which the unpaid sabbatical began.
	NEW ITEM: E. 2. b. 4) Group must choose to include, otherwise, item will be omitted.	4) upon termination of Employment with the employer.

Section Number	Description	Possible values
	Option to replace item F. 1. a. 1) that is currently in use.	1) The paid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid leave of absence; and 2) The documentation of the advance approval of the paid leave of absence beginning and end dates is available to Us at Our request; and
	Addition to item F - Paid Leave of Absence, item F. 1. b. Previous version only referred to a timeframe in months, now includes days and years as choices.	[1-365] [days/months/years]
	NEW ITEM in F - Paid Leave of Absence, item F. 1. b. 3) alternate option for end date of coverage. Group chooses between this item and item F.1.b.2).	the end of the month following the month in which the paid leave of absence began.
	NEW ITEM: F.1 c. (Paid Leave of Absence) - Group must choose to include, otherwise omitted.	[c. if at the end of the [1-365] [day/month/year] period you are not able to return to Active work because of a Physical Disease or Injury, and you have exhausted all other accrued leave (paid and unpaid), coverage may be extended for an additional [1-365] [days/months/years] provided You continue to pay the required premium and the Employer continues to remit premium to Us on Your behalf.]
	Item F. 2. b. 2) - this item is now variable. Also, previous version only referred to a timeframe in months, now includes days and years as choices.	[1-365] [days/months/years]
	NEW ITEM: F. 2. b. 3) - new item to allow the paid leave of absence to last for one month after month in which it began.	3) the end of the month following the month in which the paid leave of absence began.
	NEW ITEM: F. 2. b. 4) Optional - group must choose, otherwise omitted.	4) upon termination of Employment with the employer.

Section Number	Description	Possible values
	NEW ITEM: F.2 c. (Paid Leave of Absence) - Group must choose to include, otherwise omitted.	[c. if at the end of the [1-365] [day/month/year/ period you are not able to return to Active work because of a Physical Disease or Injury, and you have exhausted all other accrued leave (paid and unpaid), coverage may be extended for an additional [1-365] [days/months/years] provided You continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to Us on Your behalf.]
	Option to replace item G. 1. a. 1) that is currently in use.	1) The unpaid leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the unpaid leave of absence; and 2) The documentation of the advance approval of the unpaid leave of absence beginning and end dates is available to Us at Our request; and
	Addition to item G - Unpaid Leave of Absence, item G. 1. b. 2) Previous version only referred to a timeframe in months, now includes days and years as choices.	[1-365] [days/months/years]
	NEW ITEM in G - Unpaid Leave of Absence, item G. 1. b. 3) - another option for end date of coverage. Group chooses which option in item G.1.b.	the end of the month following the month in which the paid leave of absence began.
	NEW ITEM: G. 1. c. (Unpaid Leave of Absence) - Group must choose to include, otherwise omitted.	[c. if at the end of the [1-365] [day/month/year] period you are not able to return to Active work because of a Physical Disease or Injury, and you have exhausted all other accrued leave (paid and unpaid), coverage may be extended for an additional [1-365] [days/months/year] provided You continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to Us on Your behalf.]

Section Number	Description	Possible values
	Item G. 2. b. 2) - this item is now variable. Group may request that it not be included at all so there will be no time limit on the unpaid leave of absence. Also, previous version only referred to a timeframe in months, now includes days and years as choices.	[1-365] [days/months/years]
	NEW ITEM: G. 2. b. 3) - new item to allow the unpaid leave of absence to last for one month after month in which it began. Group may request this item to be used in lieu of optional item G. 2 .b. 2).	3) the end of the month following the month in which the unpaid leave of absence began.
	NEW ITEM: G. 2. b. 4) Group must choose to include, otherwise, item will be omitted.	4) upon termination of Employment with the employer.
	NEW ITEM: G.2 c. (Unpaid Leave of Absence) - Group must choose to include, otherwise omitted.	[c. if at the end of the [1-365] [day/month/year/ period you are not able to return to Active work because of a Physical Disease or Injury, and you have exhausted all other accrued leave (paid and unpaid), coverage may be extended for an additional [1-365] [days/months/years] provided You continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to Us on Your behalf.]
	NEW ITEM: H - Unpaid Extended Leave of Absence. Group must choose to include this leave option, otherwise omitted. This entire subsection is new.	

Section Number	Description	Possible values
	Optional leave of absence requirements in item H.1.a. 1)	1) The unpaid extended leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the unpaid extended leave of absence; and 2) The documentation of the advance approval of the extended unpaid leave of absence beginning and end dates is available to Us at Our request; and
	Item H - minimum # of years allowed for "extended leave of absence"	1-3 years
	Item H - maximum # of years allowed for "extended leave of absence" - selected by group.	1-5 years
	Item H - employment term requirement before employee is eligible to request "extended leave of absence" - selected by group	1-10 years
	Item H - employment term requirement for employee to work within district before employee is eligible to request "extended leave of absence". Determined by group.	1-10 years
	Item H. 1. c. 2) - this item is now optional. Item was restricted to months, but now allows for days/months/years.	[1-365] [days/months/years]
	Item H. 1. c. - included at option of group.	the end of the month following the month in which the unpaid extended leave of absence began.
	Item H.2.a.2) - MNL's right to approve coverage during "extended unpaid leave of absence"	Included or omitted. Group determines.
	Item H.2.b.	Included or omitted. Group determines.

Section Number	Description	Possible values
	Item H.2.c.2) - time limit for continuation of Unpaid Extended Leave of Absence. Included at option of group.	[[1/365] [days/months/years] from the date the Unpaid Extended Leave of Absence began;]
	H. 2. b. 3) - new item to allow the unpaid extended leave of absence to last for one month after month in which it began. Included at option of group.	3) the end of the month following the month in which the unpaid leave of absence began.
	H. 2. b. 4) Included at option of group.	4) upon termination of Employment with the employer.
	NEW ITEM: I - Physical Disease or Injury. Group must choose to include, otherwise omitted. This entire subsection is new.	
	Item I.1.b. 1) - included at option of group.	[1-365] [days/months/years] from the date Your Active Work ceased.
	Item I.1.b) 2) - included at option of group.	the end of the month following the month in which the Physical Disease or Injury began;
	Item I.1.b) 3) - included at option of group.	upon termination of employment with the Employer.
	Item I.2.b) 1) - return to active work time frame -included at option of group.	[1/365] [days/months/years] from the date Your Active Work ceases;
	Item I.2.b) 2) - return to active work time frame - included at option of group.	the end of the month following the month in which Your Active Work ceased.
	Item I. 2. b) 3) return to active work time frame -included at option of group.	upon termination of employment with the Employer

Section Number	Description	Possible values
	Addition to item J - Paid Suspension, item J. 1. b. Previous version only referred to a timeframe in months, now includes days and years as choices.	[1-365] [days/months/years]
	Optional leave of absence requirements in item J.1.a. 1)	1) The paid suspension is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the paid suspension; and 2) The documentation of the advance approval of the paid suspension beginning and end dates is available to Us at Our request; and
	Addition to item J - Paid Suspension, item J. 1. b. - included at option of group.	the end of the month following the month in which the paid suspension began.
	Item J. 2. b. 2) - this item is now variable. Included at option of group. Previous version only referred to a timeframe in months, now includes days and years as choices.	[1-365] [days/months/years]
	NEW ITEM: J. 2. b. 3) - new item to allow the paid suspension to last for one month after month in which it began. Included at option of group.	3) the end of the month following the month in which the paid suspension began.
	NEW ITEM: J. 2. b. 4) Included at option of group.	4) upon termination of Employment with the employer.
	NEW ITEM: K - [Paid/Unpaid] Educational Leave of Absence - Group must choose to include, otherwise omitted. This entire subsection is new.	Group selects whether this is leave is paid or unpaid. If group wants both paid and unpaid educational leaves of absence included in contract, another separate lettered item would be added. For example, item K would be Paid Educational Leave and item L would be Unpaid Educational leave.

Section Number	Description	Possible values
	Optional leave of absence requirements in item K.1.a. 1)	1) The [paid/unpaid] educational leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the [paid/unpaid] educational leave of absence; and 2) The documentation of the advance approval of the [paid/unpaid] educational leave of absence beginning and end dates is available to Us at Our request; and
	Item K - [Paid/Unpaid] Educational Leave of Absence, item K. 1. b. - timeframe for return to service. Standard to include.	[1-365] [days/months/years]
	Item K - [Paid/Unpaid] Educational Leave of Absence, item K. 1. b. - timeframe for return to service. Included at option of group.	the end of the month following the month in which the [Paid/Unpaid] educational leave of absence began.
	Item K. 2. b. 2) - variable item - standard is to include. Included at option of group.	[1-365] [days/months/years]
	K. 2. b. 3) - allows the [Paid/Unpaid] educational leave of absence to last for one month after month in which it began. Included at option of group.	3) the end of the month following the month in which the [Paid/Unpaid] educational leave of absence began.
	K. 2. b. 4) Included at option of group.	5) upon termination of Employment with the employer.

Section Number	Description	Possible values
	NEW ITEM: L - [Paid] Sick Leave. Group must choose to include, otherwise omitted. This subsection is new. The word "Paid" either will be included or omitted throughout the section. There is no standard, it will be used or omitted at request of group.	[Paid] - omitted or included.
	Optional leave of absence requirements in item K.1.a. 1)	1) The [paid] sick leave is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the [paid] sick leave; and 2) The documentation of the advance approval of the [paid] sick leave beginning and end dates is available to Us at Our request; and
	Item L - [Paid] Sick Leave item L. 1. b. - timeframe for return to service. Included at option of group.	[1-365] [days/months/years]
	Item L - [Paid] Sick Leave, item L. 1. b. - timeframe for return to service. Included at option of group.	the end of the month following the month in which the [paid] sick leave began.
	Item L. 2. b. 2) - variable item - included at option of group.	[1-365] [days/months/years]
	L. 2. b. 3) - allows the [paid] sick leave to last for one month after month in which it began. Included at option of group.	3) the end of the month following the month in which the paid sick leave began.
	L. 2. b. 4) Group must choose to include, otherwise, item will be omitted.	4) upon termination of Employment with the employer.
	NEW ITEM: M - Unpaid Board-approved Leave of Absence for Teachers. Group must choose to include, otherwise omitted.	

Section Number	Description	Possible values
	Item M.1.minimum length of leave. Determined by group.	1-9 years
	Item M.1. maximum length of leave. Determined by group.	1-10 years
	Item M. 2. b) determined by group.	1-10 years
	Item M. 2. d) - included at option of group.	d) upon termination of Employment with the employer.
	Item N - Layoffs. Group chooses whether to extend coverage after layoff.	
	The items listed to the right are the options for how long coverage can be extended during a layoff. The group chooses the option that best fits its needs.	<p>"for [up to] [1-365] [days/months/years], provided that any premium for You is paid for that period."</p> <p>"for [1-365] [days/months/years] following the date on which you last worked prior to the layoff, provided that any premium for You is paid for that period."</p> <p>"through the end of month in which you last worked prior to the layoff, provided that any premium for You is paid for that period."</p> <p>"through the end of the month following the month in which last worked prior to the layoff, provided that any premium for You is paid during that period."</p> <p>"until termination of employment with the Employer, provided that any premium for You is paid during that period."</p>
	NEW ITEM: Item O - Reduction in Hours. Group chooses whether to extend coverage after reduction in hours.	

Section Number	Description	Possible values
	The items listed to the right are the options for how long coverage can be extended during a layoff/reduction in hours. The group chooses the option that best fits its needs.	<p>"for [up to] [1-365] [days/months/years], provided that any premium for You is paid for that period."</p> <p>"for [1-365] [days/months/years] following the date on which you last worked prior to the hour reduction, provided that any premium for You is paid for that period."</p> <p>"through the end of month in which you last worked prior to the hour reduction, provided that any premium for You is paid for that period."</p> <p>"through the end of the month following the month in which last worked prior to the reduction in hours provided that any premium for You is paid during that period."</p> <p>"until termination of employment with the Employer, provided that any premium for You is paid during that period."</p> <p>"for [1-365] days, provided that any premium for You is paid during that period."</p>
	NEW ITEM: P - Strike or Lockout - Contributory or Non contributory Coverage - Group must choose to include, otherwise omitted. Text of provision is in right column.	<ol style="list-style-type: none"> <li>1. If You are on strike or locked out, coverage will continue if there is a written agreement between the Employer and Us continuing coverage or if there is applicable statutory legislation or regulation requiring the continuation of insurance during a strike or lockout, provided that any premium for You is paid for the duration of the strike or lockout.</li> <li>2. If You choose not to continue coverage or Your coverage terminates during a strike or lockout and You subsequently wish to obtain coverage, You will be treated as a Late Enrollee and required to provide Evidence of Insurability.</li> </ol>
	NEW ITEM: Q - Workers' Compensation - Contributory or Noncontributory coverage - Group must choose to include, otherwise omitted. Text of item is in right column.	While You are eligible to receive or are receiving compensation under the Workers' Compensation Act, coverage will continue provided that any premium for You continues to be paid
	NEW ITEM: R - Family Care Leave - Group must choose to include this coverage.	

Section Number	Description	Possible values
	Optional leave of absence requirements in item R.1.a. 1)	1) The family care leave is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the family care leave; and 2) The documentation of the advance approval of the family care leave beginning and end dates is available to Us at Our request; and
	Item R. 1. b. Option for end date of coverage. Included at option of group.	[1-365] [days/months/years]
	Item R. 1. b. Option for end date of coverage. Included at option of group.	the end of the month following the month in which the family care leave began.
	Item R. 2. b. 2) - this item is now variable. Included at option of group.	[1-365] [days/months/years]
	R. 2. b. 3) - new item to allow the family care leave to last for one month after month in which it began. Included at option of group.	3) the end of the month following the month in which the family care leave began.
	NEW ITEM: R. 2. b. 4) Included at option of group.	4) upon termination of Employment with the employer.
	NEW ITEM: S - [Unpaid] Military Leave of Absence - Group must choose to include this coverage. The word "Unpaid" will be included or omitted at the preference of the group.	
	Optional leave of absence requirements in item S.1.a. 1)	1) The[unpaid] military leave of absence is approved in advance by the Employer and such approval includes documentation of the beginning and ending dates of the [unpaid] military leave of absence; and 2) The documentation of the advance approval of the [unpaid] military leave of absence beginning and end dates is available to Us at Our request; and

Section Number	Description	Possible values
	Item S. 1. b. Option for end date of coverage. Included at option of group.	[1-365] [days/months/years]
	Item S. 1. b. Option for end date of coverage. Included at option of group.	the end of the month following the month in which the military leave of absence began.
	Item S. 2. b. 2) - this item is now variable. Included at option of group.	[1-365] [days/months/years]
	S. 2. b. 3) - new item to allow the family care leave to last for one month after month in which it began. Group may request this item to be used in lieu of optional item R. 2 .b. 2).	3) the end of the month following the month in which the military leave of absence began.
	NEW ITEM: S. 2. b. 4) Included at option of group.	4) upon termination of Employment with the employer.
	NEW ITEM: T. - Military Leaves - this is an alternate provision to item R above.	[1-365] [days/months/years]
	Item U. Termination or Amendment of the Group Policy - NO CHANGE.	
GTL-C900-0608 - Waiver of Premium	Item A.1. - this is an alternate to the filed item A. 1. Group must choose which item A. 1. is included in the plan.	[1. Elimination Period means a specific period of time during which you must be continuously disabled before the Waiver of Premium benefit begins. If you are an Insured Person under a Group Long Term Disability (LTD) plan issued by Us, your Elimination Period under this Group Term Life plan is the same as the Elimination Period under the LTD plan. If you are not an Insured Person under the LTD plan, your Elimination Period is [6 months]

Section Number	Description	Possible values
	Item B - this is an alternate to the filed item B. Group must choose which item B to include in the plan. See below for an explanation of the bracketed items in this item B.	B. Waiver of Premium does not apply to AD&D Insurance [Dependent Life,] [Supplemental Life,] [, Retiree Life Insurance] [or] [Paid Up Life Insurance]. If premiums for Life Insurance are being waived, premiums for AD&D Insurance will be waived for up to one year from the date You became disabled.
	[Supplemental Life]	Included if the group's plan includes Supplemental Life.
	[Dependent Life]	Included if the group's plan includes Dependent Life.
	[Retiree Life Insurance]	Included if the group's plan includes Retiree Life Insurance.
	[or]	Included if grammatically required.
	[Paid Up Life Insurance]	Included if the group's plan includes Paid Up Life Insurance.
	Item E. 7. - new item. Group must choose to include, otherwise it is omitted.	[[7.] The date You retire, unless you are eligible for Retiree coverage. If You are eligible for Retiree coverage and are not Disabled on the date you retire, Your coverage will end as shown in the "Insurance Reduction Schedule" in the "Schedule of Benefits". If You are eligible for Retiree coverage, but are Disabled on the date You would have become eligible for Retiree coverage, coverage will end on the date your Retiree coverage would have ended as shown in the "Insurance Reduction Schedule" in the "Schedule of Benefits."]
	Item E. 8. - new item. Group must choose to include, otherwise it is omitted.	[[8.] If Disabled prior to age 60, the earlier of the last day of the 36th month of Disability; or the day you Retire;]
	Item E. 9. - new item. Group must choose to include, otherwise it is omitted.	[[9. If Disabled after age 60, but prior to age 65, the earlier of last day of the 12th month of Disability; or the day you attain age 65; or the day you Retire.]
	Item E. 10 - new item. Group must choose to include, otherwise it is omitted.	[[10.] Five years following the first day of Disability.]

Section Number	Description	Possible values
GTL-C1000-0608 - Life Insurance - Living Benefit	Item B. There are 3 alternates to the filed item B. Group must choose which item B to include in plan. The 3 alternatives are in column C. The range for any variability within the alternates is shown within the brackets. The benefit now allows for Basic Life Insurance only, Supplemental Life Insurance only, or both Basic and Supplemental in all versions.	B. With Your Beneficiary's consent, the Living Benefit will be an amount equal to [25-80%] of [Your Employee Basic Life Insurance] [plus] [Your Employee Supplemental Life Insurance] in effect on the day Your election is made subject to a minimum of [\$500-\$10,000] and a maximum of [\$5,000 - \$250,000]. Without your beneficiary's consent, the Living Benefit will be an amount equal to [25%-80%] of Your Employee Basic Life Insurance in effect on the date Your election is made, subject to a minimum of [\$500-\$5,000] and a maximum of [\$5,000-\$250,000]. The amount payable will be equal to the Living Benefit less applicable amounts, if any, charged for an investment loss (interest) and administrative fees.
		B. The Living Benefit will be an amount up to [25%-50%] of [Your Employee Basic Life Insurance] [plus] [Your Employee Supplemental Life Insurance] in effect on the date Your election is made, or [\$5,000-\$75,000], whichever is less. The amount payable will be equal to the Living Benefit less applicable amounts, if any, charged for an investment loss (interest) and administrative fees. If you have elected Dependent Spouse Basic Life Insurance, and your Dependent Spouse becomes Terminally Ill while covered for life insurance under the Group Policy, you may request payment of [25%-50%] of your Dependent Spouse Basic Life Insurance, subject to a maximum of [\$5,000-\$75,000], if the Dependent Spouse Basic Life Insurance amount is [\$1,000-
		B. The Living Benefit will be an amount equal to [25%-80%] of [Your Employee Basic Life Insurance] [plus] [Your Employee Supplemental Life Insurance] in effect on the date your election is made, subject to a maximum of [\$5,000-\$150,000] plus [25%-50%] of your Employee Supplemental Life Insurance in effect on the date Your election is made, subject to a maximum of [\$5,000-\$150,000]. A combined Employee Basic Life and Employee Supplemental Life Insurance minimum of [\$500-\$5,000] is required under this election. The amount payable will be equal to the Living Benefit less applicable amounts, if

<b>Section Number</b>	<b>Description</b>	<b>Possible values</b>
GTL-C1200-0608 - Life Exclusions	Item A. 1. Alternate item A. 1. At the option of the group, this alterenate item A.1. will be included instead of standard, filed option 1.	1. Except as provided for below, the death benefit payable will be limited to to the Basic Life Guarantee Issue amount shown on the schedule page for a death of an Insured Person occurring within 2 years from the Insured Person s effective date of coverage under the Group Policy, if such death was caused by suicide, attempted suicide, or any other intentionally self-inflicted Injury or Physical Disease, while sane or insane. This Suicide Exclusion shall reapply to increases of such insurance as of the effective date of the increase.
GTL-C1300-0608 - Life Insurance Conversion Benefit	Item A. 1. - add "and AD&D" as option. Group must choose to include AD&D, otherwise it will be omitted.	1. If an Insured Person's coverage under the Policy ends, the Insured Person may, as described below, apply for Our individual life [and AD&D] insurance policy without submitting Evidence of Insurability.
	Item A. 1.c. - add "and AD&D" as option. Group must choose to include AD&D, otherwise it will be omitted.	c. The Insured Person may convert all or part of the amount of life [and AD&D] insurance benefit, as shown in the "Schedule of Benefits".
	Item B. 1. - add "and AD&D" as option. Group must choose to include AD&D, otherwise it will be omitted.	1. Premiums for such individual life [and AD&D] policy will be based on: (1) Our usual rate for the amount and type of individual policy; (2) the Insured Person's class of risk; and (3) the Insured Person's attained age.
	Item B. 2. - add "and AD&D" as option. Group must choose to include AD&D, otherwise it will be omitted.	2. If an Insured Person dies during the Conversion Period, the maximum amount of life insurance [and AD&D] to which he or she would have been entitled to under such individual policy shall be payable as a claim under the Group Policy, whether or not application for the individual policy or the payment of the first premium has been made
GTL-C1500-0608 - Life Insurance Portability Benefit	Item A.1.g. - NEW ITEM. The group must choose this version, otherwise it will be omitted.	g. Employee Supplemental Accidental Death and Dismemberment Insurance.

Section Number	Description	Possible values
	Item G. 4. - alternate to filed G.4. Group must choose to use the new G.4., otherwise, the original will be used. Ranges for variability within the new G.4. is shown in brackets.	4. Your Portable Coverage will reduce by [1% - 75%] upon Your attainment of age [45-75] and will reduce [2%-85%] upon Your attainment of age [46-90].
	Item G. 5. alternate to filed item G.5. Group must choose to use the new item G.5., otherwise, the original will be used. Range for variability within the new G.5. is shown in brackets.	5. Your Portable coverage will terminate on the premium due date immediately prior to the earliest of the following dates: a. Your retirement; b. Your attainment of the Social Security Normal Retirement Age as stated in the 1983 revision or any subsequent revisions of the United States Social Security Act; c. on the date You enter the armed forces of any country or international authority on a full-time basis; or d. [1-24] months from the effective date of the portable coverage.
	Item G. 5. 2nd alternate to filed item G.5. This may be used at the option of Madison National Life Insurance Company, Inc.	In the event of termination of [Your Employer's coverage under] the Group Policy, Your Portable Coverage will terminate on that date.
	Item G.7. - NEW ITEM - Group must choose to include, otherwise, omitted.	7. The amount of Your Portable Coverage benefit will be reduced by any new life insurance coverage that is issued to You.
	Item G.8. - NEW ITEM - Group must choose to include, otherwise, omitted.	Your Portable Coverage is governed by all other terms of the Group Policy.

Section Number	Description	Possible values
GTL-C1600-0608 - Accidental Death and Dismemberment Insurance	Item C. 5. - definition of Brain Damage - included or omitted. Included at request of group. If the definition is included, there will be a "Brain damage" item listed in the "Covered Losses" chart included in the section (see below).	Brain Damage – means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material activities of daily living. Such damage must manifest itself within [1 day - 3 months] of the accidental injury, require hospitalization or at least [1-5] days, and persist for [1-12] consecutive months after the date of the accidental injury.
	Item C. 5. - definition of Brain Damage - time frame for manifestation	1 day - 3 months
	Item C. 5. - definition of Brain Damage - hospitalization requirement	1 day - 5 days
	Item C. 5. - definition of Brain Damage - persistence requirement	1-12 consecutive months

Section Number	Description	Possible values
	<p>Additional covered losses for existing chart. Group must choose to include, otherwise these options will be omitted. Range for variability is shown in each item.</p>	<p>[Loss of Speech or Hearing in both Ears.....[1%-100%]/[\$&gt; max benefit]]                      [Loss of use of 4 limbs.....[1%-100%]/[\$&gt; max benefit]]                      [Loss of use of 3 limbs.....[1%-100%]/[\$&gt; max benefit]]                      [Loss of use of 2 limbs.....[1%-100%]/[\$&gt; max benefit]]                      [Loss of use of 1 limb.....[1%-100%]/[\$&gt; max benefit]]                      [Loss of Speech and loss of hearing in both Ears.                      .....[1%-100%]/[\$&gt; max benefit]]                      [Brain Damage.....[1%-100%]/[\$&gt; max benefit]]                      [Loss of thumb and index finger on same hand[1%-100%]/[\$&gt; max benefit]]                      [Paralysis of one arm or leg.....[1%-100%]/[\$&gt; max benefit]]                      [Loss of an Arm permanently severed at or                      above the elbow ..... [1%-100%]/[\$&gt; max benefit]]                      [Loss of a Leg permanently severed at or                      above the knee..... [1%-100%]/[\$&gt; max benefit]]                      [Loss of [1-4] Fingers on the Same Hand.....[1%-100%]/[\$&gt; max benefit]]                      [Loss of Speech or loss of Hearing in both Ears.[1%-100%]/[\$&gt; max benefit]]                      [Paralysis of the Arm and Leg on either side                      of the body.....[1%-100%]/[\$&gt; max benefit]]                      [Paralysis of one Arm or Leg .....[1%-100%]/[\$&gt; max benefit]]                      [Brain Damage .....[1%-100%]/[\$&gt; max benefit]]                      [Loss of Both Hands and Both Feet..... [1-100%]/[\$&gt; max benefit]]                      [Loss of One Hand or One Foot..... [1-100%]/[\$&gt; max benefit]]                      [Loss of One Arm or One Leg..... [1-100%]/[\$&gt; max benefit]]                      [Loss of One Hand and One Foot.....[1-100%]/[\$&gt; max benefit]]                      [Loss of Hearing in One Ear.....[1-100%]/[\$&gt; max benefit]]</p>
<p>GTL-C1700-0608 - additional AD&amp;D Benefits</p>	<p>Air Bag Benefit Item 6. a. (2) condition to be met for benefit. This item is now variable and may be removed from provision at the request of the group.</p>	<p>[and                      2. the seatbelt(s) was in use and properly fastened at the time of the covered Accident.]</p>

Section Number	Description	Possible values
	NEW ITEM - Air Bag Benefit 6. b.(6) - optional exclusion from coverage. Text will be included at request of group, otherwise it will not appear in the provision.	[6] a Seat Belt Benefit is payable.]
GTL-C1800-0608 - additional AD&D benefits	Item 8 - Coma Benefit - item a. 2) - added variability for time limit during which coma must begin. Time limit is chosen by group.	(2) the coma must commence within [1-365] [days/months] of the Accident
	Item 8 - Coma Benefit - item a) (3) - added variability for waiting period for coma benefit. Waiting	(3) no Coma Benefit is payable for the first [1-31] [days/months] that the Insured Person is in a coma
	Item 8 - Coma Benefit - item b) - additional text at the end of the sentence	b) ...[or when you are no longer in a coma]
	Item 8 - Coma Benefit - item d) - entire item is now optional.	d) We will use the Rancho Los Amigos Levels of Cognitive Functioning scale to evaluate the coma
GTL-C2000-0608 - additional AD&D benefits	Item 12 - Education Benefit - item a) 4) - adds variability to allow benefit to be a dollar amount or a percentage	The maximum benefit amount per semester is the lesser of [5-100]% of Your AD&D Insurance Amount or \$[1,000-200,000]
	Day Care Benefit, additional optional language is in blue type. Language will be included at request of group.	If You die as a result, and within 365 days, of an accidental death, payable under this Certificate, the surviving spouse, who must be a Beneficiary under this Certificate, may be eligible for reimbursement for any incurred day care expense. To be eligible for reimbursement for an incurred day care expense, the Child must be between the ages of birth to 12 years, at the date of Your accidental death, and must be enrolled with a legally licensed child care provider [within 90 continuous days from the date of loss,] which is not a member of Your or Your Spouse's immediate family. [Coverage is not extended to include children born after the date of death unless pregnancy commenced prior to the date of death.]

Section Number	Description	Possible values
	Day Care Benefit - Clarification of benefit amount and limits. This is very similar to the previously approved language. The last 2 sentences are new.	<p>The Day Care Benefit is subject to a maximum of [1-5] years.</p> <p>The Day Care Benefit will not exceed the lesser of the following:</p> <ol style="list-style-type: none"> <li>1) an overall maximum of [1-10]% of Your AD&amp;D benefit;</li> <li>2) actual incurred expenses; or</li> <li>3) annual maximum of \$[1,000-5,000].</li> </ol> <p>[The total maximum benefit amount payable is \$[5,000-\$25,000.]]</p> <p>[If at the time of death, You or Your Spouse has no dependent children eligible for the Day Care Benefit, we will pay \$[1,000] to Your Beneficiary.]</p>
	Item 17 NEW ITEM. The group must choose to include this benefit, otherwise it will be omitted.	17. Air Travel Benefits. Insurance provided under the Policy includes injury sustained while You are a pilot or passenger, riding in or on, boarding, or getting off: (A) any civilian aircraft with a current and valid standard airworthiness certificate. The aircraft must be operated by a pilot with a current and valid medical certificate and pilot certificate with proper rating to pilot such aircraft, or (B) any transport type aircraft operated by the Military Aircraft Command (MAC) of the United States. This includes similar air transport service run by any Government Agency.
GTL-C2100-0608 - AD&D Exclusions	phrase bracketed will be included or excluded.	2. Suicide, attempted suicide or other intentionally self-inflicted Injury, while sane or insane[, within the first 2 years of coverage];
	NEW ITEM - Optional exclusion. Used only at request of group, otherwise this is omitted.	[16. Any Loss incurred while operating, riding in or descending from any aircraft, except [as a fare-paying passenger on a commercial aircraft / while you are a pilot or passenger riding in or on, boarding, or getting off: A) any civilian aircraft with a current and valid standard airworthiness certificate. The aircraft must be operated by a pilot with a current and valid medical certificate and pilot certificate with proper rating to pilot such aircraft, or B) any transport type aircraft operated by the Military Aircraft Command (MAC) of the United States. This includes similar air transport service run by any Government Agency]

Section Number	Description	Possible values
GTL-C2200-0608 - Claims Provisions	Alternate item C.4. The group must choose this alternate item. Otherwise, the original filed version will be used.	<p>4. Facility of Payment. If the benefits provided by the Group Policy are payable to the Insured Person's estate or to a beneficiary who is a minor or otherwise not legally competent to give a valid release, We may pay up to one of the following, not to exceed the Insured Person's Basic Life Insurance Amount:</p> <ul style="list-style-type: none"> <li>a. \$5,000 to any person related to the Insured Person by blood or marriage;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>b. \$2,000 to any person who is a non-relative of the Insured Person who: <ul style="list-style-type: none"> <li>(1) has assumed and provided proof of the care and support of the Insured Person or the Insured Person's beneficiary;</li> <li>(2) has incurred and provided proof of expense as a result of the Insured Person's last Physical Disease or death; or</li> <li>(3) is the personal representative of the Insured Person's estate.</li> </ul> </li> </ul> <p>Any payment made in good faith will fully release Us to the limit of the payment. If a beneficiary is a minor, or is not able to give a valid release for any payment of benefits made, We will pay the life proceeds to the legally appointed guardian. The guardian must provide Us with adequate written proof of such appointment. This provision does not prevent Us from making</p>

Explanation of Variables

Form Number	Description	Possible values
GTL-JA-0708MTr	Under INSURANCE AND BENEFIT INFORMATION, item A. 14. Employee Premium Contribution - Information regarding employee and dependent Voluntary Insurance premium contribution. May be included or omitted, depending on type of coverage issued to group.	Employee Voluntary [0-100]% Dependent Voluntary [0-100]%
	Under INSURANCE AND BENEFIT INFORMATION, item A. 15. Insurance Reduction Schedule - Information regarding employee and dependent Voluntary Insurance benefit reduction and termination. May be included or omitted, depending on type of coverage issued to group.	Employee Voluntary [[0-95]% at age [65-100]] Dependent Voluntary [[0-95]% at age [65-100]]
	Under INSURANCE AND BENEFIT INFORMATION, New item - Voluntary Life Insurance.	<b>Voluntary Life Insurance</b> <u>Employee Voluntary Life:</u> \$[1 - 1,000,000] Guaranty Issue: \$[0 - 1,000,000] Maximum Issue: \$[1 - 1,000,000] Annual Increase in Coverage: Evidence of Insurability required if the benefit amount exceeds [[10-200]% of Annual Salary / [\$1,000-\$100,000]]
		<u>Dependent Voluntary Life</u> Family Voluntary Life: \$[100 - 500,000] Guaranty Issue: \$[0 - 500,000] Maximum Issue: \$[100 - 500,000]
		Spouse Voluntary Life: \$[1,000 - 500,000] Guaranty Issue: \$[0 - 500,000] Maximum Issue: \$[100 - 500,000]

Explanation of Variables

Form Number	Description	Possible values
		<p>Child Voluntary Life                      Age: [Birth] through [14] [days]: \$[0 - 50,000]                      Age: [15] [days] through [6] [monts]: \$[100 - 50,000]                      Age: [6] [months] through Limiting Age: \$[100 - 50,000]                      Guaranty Issue: \$[0 - 50,000]                      Maximum Issue: \$[1 - 50,000]</p>
		<p>Retiree Voluntary Life: \$[1- 1,000,000]                      Guaranty Issue: \$[0 - 1,000,000]                      Maximum Issue: \$[1 - 1,000,000]</p>
	<p>Under INSURANCE AND BENEFIT INFORMATION, New item - Voluntary AD&amp;D Insurance.</p>	<p><b>Voluntary AD&amp;D Insurance</b>                      Employee Voluntary AD&amp;D: \$[1 - 1,000,000]                      Guaranty Issue: \$[0 - 1,000,000]                      Maximum Issue: \$[1 - 1,000,000]</p>
		<p><u>Dependent Voluntary AD&amp;D</u>                      Family Voluntary AD&amp;D: \$[100 - 500,000]                      Guaranty Issue: \$[0 - 500,000]                      Maximum Issue: \$[100 - 500,000]</p>
		<p>Spouse Voluntary AD&amp;D: \$[1,000 - 500,000]                      Guaranty Issue: \$[0 - 500,000]                      Maximum Issue: \$[100 - 500,000]</p>
		<p>Child Voluntary AD&amp;D                      Age: [Birth] through [14] [days]: \$[0 - 50,000]                      Age: [15] [days] through [6] [monts]: \$[100 - 50,000]                      Age: [6] [months] through Limiting Age: \$[100 - 50,000]                      Guaranty Issue: \$[0 - 50,000]                      Maximum Issue: \$[1 - 50,000]</p>
		<p><u>Retiree Voluntary AD&amp;D:</u> \$[1- 1,000,000]                      Guaranty Issue: \$[0 - 1,000,000]                      Maximum Issue: \$[1 - 1,000,000]</p>
	<p>Under PREMIUMS, PAYMENTS, and TERMINATION, item A. 4. Additional address for premium payment</p>	<p>Box 88789, Milwaukee, WI 53288-0789</p>

Explanation of Variables

Form Number	Description	Possible values
	Additional paragraph - used to clarify contract under the GENERAL PROVISIONS section of the Joinder Agreement.	The Employer agrees that any insurance applied for shall not become effective unless this Joinder and any attached page(s) are received, accepted and approved by the Insurer. The Employer further agrees that insurance applied for shall not become effective or remain effective unless the Employer: a) is actively engaged in business for profit within the meaning of the Internal Revenue Code, or is established as a legitimate nonprofit corporation within the meaning of the Internal Revenue Code; and b) meets the participation and contribution requirements.
		The Employer agrees to offer and allow all eligible employees to apply for coverage in accordance with, and within, the Employer's rules regarding classes eligible for coverage at the time of hire and during his/her probationary (waiting) period. The Employer will require that any Employee who declines to apply at this time, sign a statement to that effect, which will be maintained by the Employer. Should the Insurer's guidelines require an Employee to submit evidence of insurability, such Employee must complete and submit to the Insurer an Evidence of Insurability form. No coverage shall be in effect for said Employees until Insurer approves and accepts the enrollment form and Evidence of Insurability form.
		The Employer agrees to timely notify the Insurer of any Employee termination, status change, or other material changes that may affect the eligibility of Employees or their dependents. Timely notification is no more than 31 days past the actual date of such change.
		The Employer agrees to notify Employees and other Insured Persons who cease to be eligible for coverage under its policies of their right, if any, to continue group coverage and their right, if any, to apply to Insurer for an individual conversion policy. The Employer shall provide such Employees and other insured persons with the forms and applications necessary to continue group coverage or to apply for such conversion coverage as may then be available.
		On the Requested Effective Date, if there are any employees not actively at work, please complete the "Actively-at-Work Statement" page of this Joinder.

## GTL-END-0410

<b>Form Number</b>	<b>Description of field</b>	<b>Possible Values</b>
GTL-END-0410-CN - Amendment to master policy or contract issued through trust	Amendment Number - identifier assigned to amendment. Each new amendment gets a unique identifier.	1 - infinity
	Amendment to Policy section - used to amend a master policy that is issued to a group	
	Group Name	Name of the group to which the coverage is issued
	Plan Number	Identifying number assigned to group to which coverage is issued
	Effective Date	Date change becomes effective
	Class Number	1 - infinity
	Class Description	Description of class. Example - "All Active, Eligible, Full-time Employees"
	Amendment to Joinder section - used to amend the contract that is issued through a trust.	
	Trust Name	National Insurance Services of Wisconsin Insurance Trust / Schools Insurance Fund of Wisconsin / National Plan Services Insurance Trust
	Plan Number	Identifying number assigned to group to which coverage is issued
	Employer name	Name of the group to which the coverage is issued
	Employee Class	Class number and description of class. Example - "Class 1 - All Active, Eligible, Full-time Employees"
	Under (For NIS use only) column	
	Group No.	Internal identifier assigned to group by agency which sold the coverage.
	Policy No.	Internal identifier assigned to policy by agency which sold the coverage.
	Class No.	Internal identifier assigned to class of coverage by agency which sold the coverage.
	Effective Date	Date the amendment is effective
	Signature field for amendment to master policy	Signature, name, and title of officer of Madison National Life Insurance Company, Inc.
	Signature field for amendment to trust-issued contracts	Signature, name, and title of officer of the trust through which the plan was issued.
	Signature of group representative	If required, signature of group representative.

GTL-END-0410

Form Number	Description of field	Possible Values
GTL-END-0410-C - Amendment to certificate	Amendment Number - identifier assigned to amendment. Each new amendment gets a unique identifier - this amendment number will correspond to the amendment number in form GTL-END-0410-CN	1 - infinity
	Group Name	Name of the group to which the coverage is issued
	Plan Number	Identifying number assigned to group to which coverage is issued
	Class Number - Description	Class number and description of class affected by amendment
	Effective date	Date the amendment is effective