

SERFF Tracking Number: MLLM-126657960 State: Arkansas
Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46450
Company Tracking Number: 0146KEM01-12
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Group Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146KEM01-12

Filing at a Glance

Company: Kemper Investors Life Insurance Company

Product Name: Group Insurance Policy

SERFF Tr Num: MLLM-126657960 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 46450

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

Co Tr Num: 0146KEM01-12

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jeff Kulesus, Jean
Moriarity

Disposition Date: 08/12/2010

Date Submitted: 08/10/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Kemper Investors Life Insurance Company

Status of Filing in Domicile: Pending

Project Number: 0146KEM01-12

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The forms have
been submitted in Illinois and are there pending
review and approval.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 08/12/2010

Explanation for Other Group Market Type:

State Status Changed: 08/12/2010

Deemer Date:

Created By: Jeff Kulesus

Submitted By: Jeff Kulesus

Corresponding Filing Tracking Number:

Filing Description:

Milliman, Inc. submits the forms provided with this submission for your review and approval for and on behalf of Kemper Investors Life Insurance Company (KILICO). Attached is a letter signed by a KILICO officer authorizing Milliman, Inc. to submit this filing on their behalf.

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Kemper Investors Life Insurance Company hereby submits the attached forms as follows:

- 1) Form 1000 ZAGP-01-01, Group Insurance Policy.
- 2) Form 4000 ZACERT-LF-01-01, Term Life Insurance Plan with Accidental Death and Dismemberment Coverage Certificate of Coverage.
- 3) Form 4000 ZASCH-LF-01-01, Term Life Insurance Plan with Accidental Death and Dismemberment Coverage Benefits Schedule.
- 4) Form ZA-EA-01, Employer Group Insurance Application.

All forms included with these submissions are intended to be marketed to large employer groups.

KILICO intends to issue the group insurance policy, certificates, and benefit schedules on a general use basis to employers in the small and large group markets. Plans will be marketed in the employee benefit and group insurance sector through brokers and employee benefit consultants. The forms will be used to market basic and supplemental plans to employers for their employees and their eligible dependents.

KILICO also intends to market its term life insurance and accidental death and dismemberment products to employers with a multi-national presence and an international employee base. Multi-national employers have a specific need to provide US style employee benefits to their global employees. These employee groups consist of expatriate employees, employees of non-US citizenship working in the United States under an INS Visa and employees working for a US company in another country, such as third country nationals and key local nationals.

Group Insurance Policy

The Group Insurance Policy will be issued with the Group Term Life Certificate of Coverage included in this submission.

The Group Insurance Policy has a series form number of 1000. All forms developed for the Group Insurance Policy will contain this series number. There are seven sections within the group policy. The section form numbers are:

- ZAGP-01-01 Agreement to Insure
- ZAGP-02-01 Group Insurance Policy Schedule
- ZAGP-03-01 Schedule of Initial Premium Rates
- ZAGP-04-01 Premiums and Fees
- ZAGP-05-01 Responsibilities of the Policyholder
- ZAGP-06-01 General Provisions
- ZAGP-07-01 Policy Cancellation and Modification

An Explanation of Variability for all sections is attached to the Supporting Documentation Tab.

Employer Group Insurance Application form ZA-EA-01 will be used with Group Insurance Policy form 1000 ZAGP-01-01

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and is provided with this submission.

Term Life Insurance Plan with Accidental Death and Dismemberment Coverage Certificate of Coverage

This submission also contains group term life insurance certificate forms. The term life product contains optional accidental death and accidental dismemberment benefits. The Certificate also includes an optional Accelerated Death Benefit. The certificate will be issued with the Group Insurance Policy #1000 ZAGP-01-01 et al. as stated above. The Term Life and Accidental Death and Dismemberment Certificate forms have a series form number of 4000. All forms developed for the Group Insurance Policy will contain this series number. There are ten sections within the Certificate:

- 4000 ZACERT-LF-01-01 Cover Page and Welcome Page
- 4000 ZACERT-LF-02-01 General Provisions
- 4000 ZACERT-LF-03-01 Dependent Coverage
- 4000 ZACERT-LF-04-01 Term Life Insurance Benefits
- 4000 ZACERT-LF-05-01 Accelerated Death Benefit Option
- 4000 ZACERT-LF-ADD-06-01 Accidental Death and Dismemberment Benefit
- 4000 ZACERT-LF-ADD-EU-06-01 Continental Scale Covered Loss Schedule
- 4000 ZACERT-LF-AF-07-01 Additional Benefit Features
- 4000 ZACERT-LFCLM-08-01 Term Life Claim Information
- 4000 ZACERT-ADD-CLM-09-01 Accidental Death and Dismemberment Coverage
- 4000 ZACERT-LF-GLOS-10-01 Glossary

Term Life Insurance Plan with Accidental Death and Dismemberment Coverage Benefits Schedule

This submission contains the Benefit Schedule for the group term life and accidental death and dismemberment insurance products. The Benefits Schedule will be issued with the Group Insurance Policy #1000 ZAGP-01-01 et al. and with Certificate 4000 ZACERT-LF-01-01 et al pending your review. The material enclosed in brackets is variable and subject to change as described in the Explanation of Variability. All the sections of the Schedule are contained in a single PDF document.

There are four sections within the Benefit Schedule:

- 4000 ZASCH-LF-01-01 Employer/Plan Information
- 4000 ZASCH-LF-02-01 Term Life Insurance Benefits
- 4000 ZASCH-LF-03-01 Accidental Death and Dismemberment Benefits
- 4000 ZASCH-LF-04-01 Additional AD&D Benefits

The forms included in this filing are new and have not been previously filed with or approved by the Department. The forms have been submitted in the KILICO domiciliary state, Illinois, and are there pending review.

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Material shown enclosed in brackets is variable, subject to change as described in the Explanations of Variability. An Explanation of Variability has been provided for each form (Policy, Certificate, Benefit Schedule). The EOV for each form is provided in a single PDF document.

Please contact me at (312) 499-5635 with any questions or concerns.

Company and Contact

Filing Contact Information

Jeff Kulesus, Consultant Jeff.Kulesus@Milliman.com
 2 Conway Park, Ste. 180 312-499-5635 [Phone]
 150 Field Drive 847-604-8671 [FAX]
 Lake Forest, IL 60045

Filing Company Information

(This filing was made by a third party - MUSA01)

Kemper Investors Life Insurance Company	CoCode: 90557	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type: Life and Annuity
Schaumburg, IL 60196-6801	Group Name:	State ID Number:
(887) 275-6017 ext. [Phone]	FEIN Number: 36-3050975	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	Yes
Fee Explanation:	4 forms x \$50.00@ = \$200.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kemper Investors Life Insurance Company	\$200.00	08/10/2010	38653651

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/12/2010	08/12/2010

SERFF Tracking Number: *MLLM-126657960* *State:* *Arkansas*
Filing Company: *Kemper Investors Life Insurance Company* *State Tracking Number:* *46450*
Company Tracking Number: *0146KEM01-12*
TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *Group Insurance Policy*
Project Name/Number: *Kemper Investors Life Insurance Company/0146KEM01-12*

Disposition

Disposition Date: 08/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	Explanations of Variability		Yes
Supporting Document	Filing Fee Form		Yes
Form	Group Insurance Policy		Yes
Form	Term Life Insurance Plan with Accidental Death and Dismemberment Coverage Certificate of Coverage		Yes
Form	Term Life Insurance Plan with Accidental Death and Dismemberment Coverage Benefits Schedule		Yes
Form	Employer Group Insurance Application		Yes

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Form Schedule

Lead Form Number: 1000 ZAGP-01-01

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1000 ZAGP-01-01	Policy/Cont	Group Insurance ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.200	1000 ZAGP-01-01 Group Life Policy 06-21-2010.pdf
	4000 ZACERT-LF-01-01	Policy/Cont	Term Life Insurance ract/Fratern al Certificate	Initial		50.200	4000 ZACERT-LF-01-01 Life-ADD Certificate 06-18-2010.pdf
	4000 ZASCHD-LF-01-01	Schedule Pages	Term Life Insurance Plan with Accidental Death and Dismemberment Coverage Benefits Schedule	Initial		50.200	4000 ZASCHD-LF-01-01 Life-ADD Benefits Schedule 06-16-2010.pdf
	ZA-EA-01	Application/ Enrollment Form	Employer Group Insurance Application	Initial		52.200	ZA-EA-01 Employer Group Insurance Application 07-20-2010.pdf

1[KEMPER INVESTORS LIFE INSURANCE COMPANY]

**15375 SE 30th Place, Suite 310
Bellevue, WA 98007]**

A stock insurance company

**Group 2[Life; Accidental Death and Dismemberment; Accidental Death; Short
Term and Long Term Disability] Insurance [Policy]**

Policyholder: 3[ABC Company
("the [Policyholder]")

Policy Number: 3[2010-1]

Agreement to Insure

This Group Insurance [Policy] ("Policy") is a legal contract between the [Policyholder] and [Kemper Investors Life Insurance Company]. This [Policy] takes effect on the [Policy] Effective Date shown on the Group Insurance [Policy] Schedule. All provisions on this and the following pages are part of the [Policy].

"The Company", "We", "Us", "Our", and "the Company" mean [Kemper Investors Life Insurance Company].

We agree to insure eligible [employees] of the [Policyholder]. We will pay benefits in accordance with the terms, conditions, limitations and exclusions set forth in this [Policy]. Eligible [employees] are all the classes of [employees] described in the Group Certificate(s) of [Coverage], ("Certificate").

We issue this [Policy] in consideration of the application and payment of the initial premium by the [Policyholder]. The first premium is due and payable on the [Policy] Effective Date. Subject to the grace period provision of the [Policy], all premiums after the first premium must be paid when or before they are due. No benefits will be paid in the absence of premium.

4[This [Policy] is governed by the laws of the state where it is delivered and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.] 5[It is the intent of this [Policy] to cover only [employees] [and their dependents], who are not residents in the United States.]

6[It is the intent of this [Policy] to cover only [employees] of the [Policyholder] [and their dependents] who are not United States citizens, who are employed by the [Policyholder] to work within the United States under an appropriate INS issued visa.]

This [Policy] is 7[Non-]Participating]

President

Secretary

[Countersigned by _____
Licensed Resident Agent or Registrar]

8[Table of Contents

Agreement to Insure
[Policy] Contents
Special Notices
Group Insurance [Policy] Schedule
Schedule of Initial Premium Rates
Premiums [and Fees]
Responsibilities of the [Policyholder]
General Provisions
[Policy] Cancellation and Modification]

9[[Policy] Contents

[SECTION 1]

All the provisions set forth in this document as well as the provisions found in the Certificate(s), rider(s), amendment(s), endorsement(s), and benefit schedules, if any, shown on this page and attached to this [Policy] are made part of this Group Insurance [Policy]. The application of the [Policyholder] and the [employees], if any are made part of this Group Insurance Policy. [A copy of the [Policyholder's] application(s) will be attached to the Policy when issued.]

[[Policy] Forms	Form Numbers	[Effective Date
		[04/01/2010]
Group Insurance [Policy]		[04/01/2010]
[Policyholder] Application – Form		[04/01/2010]
Group Term Life Certificate of Coverage and Life Insurance Benefits Schedule		[04/01/2010]
Accidental Death Rider		[04/01/2010]
Group Short Term Disability Certificate of Coverage and Short Term Disability Insurance Benefits Schedule		[04/01/2010]
Group Long Term Disability Certificate of Coverage[and Long Term Disability Insurance Benefits Schedule		[04/01/2010]
Riders and Amendments [XXXXX]		[04/01/2010]
The Evidence of Insurability submitted by the [employee(s)] and accepted by Us in connection with this Policy.]		

10[SPECIAL NOTICES

PLEASE READ THIS [POLICY] CAREFULLY

[In the event you need to contact someone about this insurance policy for any reason, please contact your [agent or broker]. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact Us at the following address and telephone number:

Kemper Investors Life Insurance Company
15375 SE 30th Place, Suite 310
Bellevue, WA 98007
(800)XXX-XXXX

Written correspondence is preferable so that a record of your inquiry is maintained. Have your [Policy] number available when contacting Us.]

[Fraud Notice

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]]

[Group Insurance [Policy] Schedule

[SECTION 2]

[Policy] Effective Date: [January 1, 2010] This [Policy] Effective Date begins at 12:01 AM [Standard] Time at the address of the [Policyholder] where this [Policy] is delivered.

[Initial Term of [Policy]: From [04/01/2010] through [XX/XX/2010]
The [6-365] consecutive month period beginning on the [Policy] Effective Date].

Policy Anniversaries: [January 1, of each year, beginning in 2011]

Grace Period: [31 Days]

Premium Due Dates: The [Policy] Effective Date and [the 1st, 15th day of each succeeding calendar month] [each monthly anniversary of the [Policy] Effective Date]. [Annually on the Policy Anniversary Date] [Quarterly]

Governing Jurisdiction: [State of Delaware]

11[Associated Companies: [XYZ Company] Associated Companies are [employers] who are the Policyholder's subsidiaries or affiliates and are reported to Us in writing for inclusion under the [Policy], provided We have approved such request.]

Minimum Participation Number: [2-unlimited]

12[Included Employers:

We extend benefits under this [Policy] to certain employees of Included employers and its Associated Companies, if any.

An employee of more than one Included Employer will be considered an employee of only one of those employers, for the purpose of the [Policy]. That employee's service with all other Included Employers will be treated as service with that one.

On any date when an *Employer* ceases to be an Included Employer, the [Policy] will be considered to end for employees of that employer. This applies to all of those employees except those who on the next day, are still within the [eligible classes] of a plan of benefits of the [Policy] as employees of another Included Employer. The plans of benefits for eligible classes are listed in the [Policy's] [Benefit Schedule].

The [Policyholder] must let Us know, in writing, within [30-90] days, when an employer listed as an Associated Company is no longer one of its subsidiaries or affiliates.]

[Schedule of Initial Premium Rates

[SECTION 3]

This schedule lists the initial premium rates on the effective date of the Policy. Rates are subject to change in accordance with the Premium Rate Changes Provision of this Policy.

Effective Date: [January 1, 2010]

Premium Due Date: [Effective date] and the [first] day of each calendar month thereafter]

Classes of Employees to which this Schedule applies:

[All Classes]

[Applicable Coverage: [Monthly] Rate]

[All Coverages The premium rates in effect on the [Policy] Effective Date are those determined by Us. Those rates will be shown on the billing notice(s) sent to the [Policyholder] (subject to any subsequent corrections).]

Cost of Insurance: The initial premiums for each plan of benefits is based on the initial rate(s) shown below.

[Basic Long Term Disability

Initial Rate

[Monthly rate of: [x.xx%] of total covered payroll].
[\$.451 per \$100 of monthly covered payroll]
[Per employee, per month]

Basic Short Term Disability

Initial Rate

[Monthly rate of: [xx%] of total covered payroll].
[\$0.30 per \$10 of monthly benefit]

Basic Life Insurance

Initial Rate: [\$0.15 per \$1000 of volume] [\$3.50 per employee]

Basic Accidental Death and Dismemberment

Initial Rate: [\$0.03 per \$1000 of volume] [\$0.75 per employee]

The premium rates are for a period of [one month]. Initial rates are subject to change as provided in this [Policy].

[Monthly Premium Rate Guarantee

Initial [monthly] premium rates are guaranteed as follows:

Insurance Coverage	Rate Guarantee Period
[Life	6 months
Accidental Death	6 months
Short Term Disability	6 months
Long Term Disability	6 months]

[The rate guarantee is subject to the terms and provisions of the Premium [and Fees Section] of this [Policy]. We may change the initial premium rates during the rate guarantee period in accordance with the Premium Rate Changes Provision of this [Policy].

Premium ¹³[and Fees]

[SECTION 4]

PAYMENT OF PREMIUMS

The [Policyholder] must pay Us all premiums on or before the date on which they fall due. The initial premium will be due on the [Policyholder's] [Policy] Effective Date. The initial premium covers the period from the [Policy] Effective Date to the first premium due date. The premium due date which begins [one] month or more after the [Policy] Effective Date. Premiums thereafter will be due on each succeeding premium due date as stated in the Group Insurance [Policy] Schedule.

Premiums are to be paid by the [Policyholder] to Us. Each premium due may be paid at Our ¹⁴[Home Office] ¹⁵[or to one of Our authorized agents]. If a premium is not paid on or before its due date, the [Policy] subject to the grace period, will be cancelled.

We may accept a partial payment of premium due without waiving our right to collect the entire amount due. If We expressly agree to accept late payment of a premium without terminating this [Policy], the [Policyholder] remains liable for all premiums and fees during the extended period.

[All amounts are to be paid in United States dollars.]¹⁶

COST OF THIS INSURANCE

The initial premium for each *Plan* is based on the initial rate(s) shown in the ¹⁷[Schedule of Initial Premium Rates. ¹⁷[The premium rates for a plan of coverage are shown on the initial rate sheet and any subsequent indication of rates issued by Us.]

PREMIUM AMOUNTS

The premium due under this policy on any premium due date will be the sum of the premium charges for all the insurance coverages provided under this [Policy]. The premium charges will be determined in accordance with the premium rates in effect on the premium due date and the [employees] then insured. ¹⁷[The initial monthly premium rates are set forth in the Schedule of Initial Premium Rates] ¹⁷ [The initial premium rates for coverage are shown on the initial rate sheet and any subsequent indication of rates issued by Us.] [All amounts are United States dollars.]

¹⁸ [Premiums may be determined by other methods which: (a) yields about the same total amount; and (b) is agreeable to both the [Policyholder] and the Company.]

[INITIAL RATE GUARANTEE

¹⁷[Refer to the Schedule of Initial Premium Rates for the initial rate guarantee.] ¹⁷[The initial rate guarantee(s) are shown on the initial rate sheet and any subsequent indication of rates issued by Us.]

The rate guarantee supersedes only those provisions appearing elsewhere in this [Policy] which give Us the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, we may change the premium rates during the rate guarantee period in accordance with the Premium Rate Changes provision below in this [Policy]. The rate guarantee in no way affects, amends or supersedes any other provision in the [Policy].]

PREMIUM RATE CHANGES

We have the right to change premium rates as follows:

- on any date if We and the [Policyholder] mutually agree to change premium; or
- as of any premium due date.

We will notify the [Policyholder] in writing at least [30-360] days before a premium rate is changed.

Unless the Schedule of Initial Premium Rates or an amendment states otherwise, no change in rates will be made until [12-60 months] after the Policy Effective Date. An increase in rates will not be made more often than once in a [12 month] period. However, We reserve the right to change the rates at any time, even during a rate guarantee period if any of the following events takes place:

There is a change in the factors bearing on the risk assumed including the following: **[19]**

- The terms of the [Policy] change;
- A change occurs in the plan design.
- A division, subsidiary, associated company, affiliated company or eligible class is added or deleted;
- A new law is enacted; a judicial decision, or a change or clarification of any existing law by a regulatory agency that affects the costs or administration of this [Policy] or plan of insurance;
- We determine the [Policyholder] failed to promptly furnish any necessary information requested by Us, or has failed to perform any other obligations relating to the [Policy];
- A material misrepresentation by the [Policyholder], including but not limited to: its reported experience during the pre-sale process; or the number of insured persons changes by [10%-35%] or more.]

20[INCREASES OR DECREASES IN PREMIUM DUE

[Premium increases or decreases which take effect during a policy month are adjusted and due on the next premium due date following the change. Changes will not be prorated daily.]

[If premiums are payable monthly, any insurance for newly eligible [employees] becoming effective will be charged for from the first day of the [policy] month on or right after the date the insurance takes effect.]

[Premium charges for insurance, that terminates for eligible [employees and their dependents, if any] will cease as of the first day of the [policy] month on or right after the date the insurance terminates.]

[If premiums are payable less often than monthly, premium charges or credits for increases and decreases will result in pro-rated adjustment on the next premium due date for the number of policy months between the date premium charges start or cease and the end of the premium-paying period.]

[If this [Policy] is changed to provide more coverage to take effect on a date other than the first day of a premium-paying period, a pro rata premium for the coverage will be due and payable on that date. It will cover the period then starting and ending right before the start of the next premium-paying period.]

[Each premium due will include any adjustment in past premiums which is caused by those changes which have not been taken into account at a prior date.]]

GRACE PERIOD

We provide a Grace Period of [31-180] consecutive days for the payment of any premium [and fees] due after the initial premium. During the Grace Period, the [Policy] will remain in force and will not be terminated for nonpayment of premium if the [Policyholder] pays all premiums due by the last day of the Grace Period. If the [Policyholder] fails to pay all premiums [and fees] by the last day of the Grace Period, this [Policy] 21[terminates retroactively on the last day of the period for which all premiums have been paid] 21[automatically terminates on the date the Grace Period expires] 21[is terminated by Us pursuant to Cancellation Provision of this [Policy]].

The [Policyholder] is liable to pay premiums and fees to Us for the time the [Policy] is in force. We may recover from the [Policyholder] the costs of collecting any unpaid premiums [or fees], including reasonable attorney's fees and costs of suit incurred by Us in the collection of all overdue amounts.

21[No benefits will be paid for claims incurred during the Grace Period until and unless We receive the premium for that period.]

22[The [Policyholder] must pay interest on the total premium amount [and any fees] overdue after the premium due date, including the premium due for the Grace Period. The interest rate is [.5%-3%] per month for each month, or partial month, the balance remains unpaid.]

The [Policyholder] may write to Us in advance and request that the [Policy] be ended at the end of the period for which premiums have been paid or at any time during the grace period. Upon notice. We will cancel the [Policy] as of the earlier date. The [Policyholder] is liable to Us for any unpaid premium for the time the [Policy] was in force.

23[FEES.

In addition to the premiums, We may charge the following fees:

- An installation fee may be charged upon initial installation of coverage or any significant change in installation (e.g., a significant change in the number of [employees] or a change in the method of reporting [employee] eligibility to Us). A fee may also be charged upon initial installation for any custom plan set-ups
- A billing fee may be added to each [monthly] premium bill. [The billing fee may include a fee for the recovery of any surcharges for amounts paid through credit card, debit card or other similar means.]
- A reinstatement fee pursuant to the "Cancellation" provision of this [Policy].
- A conversion fee may be charged in connection with each [employee] [or dependent] electing conversion coverage. The conversion fee may be charged [monthly], based upon the number of covered persons electing conversion coverage during the previous [month].
- A fee may be charged in connection with a check returned due to insufficient funds.
- Interest on unpaid premium due.]

24PREMIUM REFUNDS AND ADJUSTMENTS

Retroactive Adjustments. We may, at Our discretion, make retroactive adjustments to the [Policyholder] to correct billing errors for overpayments or underpayments. However, the

[Policyholder] may only receive a maximum of 5[1 - 6] month's credit for any correction. We may reduce any such credits by the amount of any payments We may have made on behalf of an *insured* before the correction was requested. Retroactive additions will be made at Our discretion based upon eligibility guidelines stated in the Certificate of [Coverage], and are subject to the payment of all applicable premiums.

25[Age Adjustment

If an age is used to determine the premium charge for an [employee's] insurance and the age is found to be in error, the amount of the [employee's] insurance under any plan affected by the change in age will then be adjusted to reflect the amount that the premium paid would have provided at the correct age.]

26[Premium Contributions From [Employees]

The [Policyholder] determines the amount, if any, of each [employee's] contribution toward the cost of the insurance under the [Policy].]

27[ADDITIONAL PLAN ADMINISTRATIVE PROVISIONS For Disability Products

[FICA Taxes. We will calculate and withhold the [Policyholder's] portion of FICA taxes under the disability plan(s). We will pay the [Policyholder's] portion of FICA taxes due on behalf of the [Policyholder].]

Responsibilities of the [Policyholder]

[SECTION 5]

RECORDS

Either the [Policyholder] or Us, upon mutual agreement, will keep a record of the insured [employees]. The record will contain the key facts about their insurance. All records of the [Policyholder] and of the [employee], which bear on the insurance, must be open to Us for its inspection at any reasonable time.

The [Policyholder] will furnish to Us, on a monthly basis (or as otherwise required), such information as We may reasonably require to administer this [Policy] and to determine the premium amount. This includes, but is not limited to information about employees

- who are eligible to become insured;
- changes in family status;
- whose amounts of coverage change or terminate;
- occupational information; and
- any other information required to manage a claim and any other information reasonably required.

The [Policyholder] represents that all enrollment and eligibility information that has been or will be supplied to Us is accurate. The [Policyholder] acknowledges that We can and will rely on such enrollment and eligibility information in determining whether a person is eligible for coverage under this [Policy]. To the extent, the [Policyholder] supplies such information to Us (in electronic or hard copy format), the [Policyholder] agrees to:

- Maintain and make available to Us, a reasonably complete record of such information (in electronic or hard copy format, for at least seven years or until the final rights and duties under this [Policy] have been resolved, and to make such information available to Us upon request.
- [If applicable, obtain from [all employees, and] [late applicants] "Evidence of Insurability" authorization in the form currently being used by Us in the enrollment process (or such other form as We may reasonably approve).]

We will not be liable to [employees] for the fulfillment of any obligation prior to information being received in a form satisfactory to Us. The [Policyholder] may correct wrong data given to Us, if We have not been harmed by acting on it. Clerical error or omission by Us or the [Policyholder] will not prevent an [employee] from receiving coverage, affect the amount of an [employee's] coverage or cause an [employee's] coverage to begin or continue when coverage would not have otherwise been effective.

The [Policyholder] must notify Us of the date in which an [employee's] employment ceases for the purpose of termination of coverage under this [Policy]. Subject to applicable law, unless otherwise provided in the Certificate(s) of [Coverage], We will consider an [employee's] employment to continue until stopped by the [Policyholder].

The [Policyholder] must notify [employees] of the termination of the [Policy] in compliance with all applicable laws. However, We reserve the right to notify [employees] of termination of the [Policy] for any reason, including non-payment of premium. The [Policyholder] must provide written notice to [employees] of their rights upon termination of coverage.

ACCESS.

The [Policyholder] must make payroll and other records directly related to an [employee's] coverage under this [Policy] available to Us for inspection, at Our expense, at the [Policyholder's]

office, during regular business hours, upon reasonable advance request. This provision will survive termination of this [Policy].

FORM DISTRIBUTION.

The [Policyholder] agrees to timely distribute materials to [employees] regarding enrollment and coverage features. This includes Certificates of [Coverage] as described in Certificates Provision of this [Policy].

[POLICIES AND PROCEDURES AND COMPLIANCE VERIFICATION

The [Policyholder] must comply with all policies and procedures established by Us in administering and interpreting this [Policy]. The [Policyholder] must, upon request, provide a certification of its compliance with Our participation and contribution requirements. [The [Policyholder] must, upon request, submit proof that it continues to meet the definition of an eligible group as provided under applicable law or regulation.]]

RIGHT TO AUDIT

We reserve the right to audit, [once every two years,] the [Policyholder's] billing records and premium accounting practices. If We discover:

- an underpayment of premium by the [Policyholder], the [Policyholder] will be obligated to remit, in a timely manner, the underpayment amount; or
- an overpayment of premium, We will return any overpayment amount in a timely manner.

CONTINUATION RIGHTS [and CONVERSION]. The [Policyholder] is responsible to notify all eligible [employees] and [dependents] of their right to continue coverage pursuant to the continuation provisions in the Certificate(s) of [Coverage] and applicable law. [The [Policyholder] is responsible to provide notification to each [employee] within [15] days after termination of coverage, of their conversion right, including a description of plans available, premium amounts, and application forms.]

General Provisions

[SECTION 6]

28[Certificates of [Coverage].

We will issue the [Policyholder], Certificates of [Coverage] (referred to as "Certificates"), riders(s), endorsement(s) and amendments, if any, which are evidence of the coverage we agree to provide under this [Policy]. We may deliver Certificates in electronic or paper form as required by the [Policyholder]. The [Policyholder] must make available or distribute the Certificate(s) to each insured [employee]. The insurance in force will be set forth in the Certificate(s). Certificate values, benefits and all applicable charges are administered separately for each Certificate issued under the [Policy].

Policies and Procedures.

We have the right to adopt reasonable policies, procedures, rules, and interpretations of this [Policy] and the Certificate(s) in order to promote orderly and efficient administration. Our failure to implement or insist upon compliance with any provision of this [Policy] at any given time or times does not constitute a waiver of our right to implement or insist upon compliance with that provision at any other time or times. This includes, but is not limited to, the payment of premiums. This applies regardless if the circumstances are the same.

[Policy] Modification and Amendment:

All agreements made by Us are signed by an authorized executive officer of the Company. Only officers of the Company have authority to:

- waive any conditions or restrictions of the [Policy];
- extend the time in which a premium may be paid;
- make or change a contract; or
- to bind the Company by a promise or a representation or by information given or received.

An agent or a broker is not an officer of the Company and has none of the above listed authority, whether implied or express.

The [Policy] may be amended without the consent of the insured [employees] or of anyone else with a beneficial interest in it. An amendment does not affect a claim incurred before the date of change.

[This [Policy] is deemed to be automatically amended to conform with the provisions of applicable laws and regulations.]

Mutual Consent: The [Policy] may be amended at any time by mutual written consent of the [Policyholder] and Us. This can be done through written request made by the [Policyholder] and agreed to by Us.

All Other Changes: This [Policy] may also be amended by Us with [30] days written notice to the [Policyholder]. The [Policyholder] will not have to give written agreement of a change in this [Policy] if:

- The [Policyholder] has asked for the change and We have agreed to it.
- The change is needed to correct an error in the [Policy], including any Certificate of [Coverage] issued to anyone.
- The change is needed so that this [Policy] will conform to any state or federal law, regulation or ruling of a jurisdiction that affects a person covered under this [Policy];
- The change has been initiated by Us and is not resulting in either a reduction or elimination in benefits or coverage; or an increase in premium.

The [Policyholder] will have to give written agreement of a change in this [Policy]:

- That reduces or eliminates benefits or coverage; or
- That increases benefits or coverage with a concurrent increase in premium during the [policy] term, except if the increased benefits or coverage is required by law.

29[Payment of the applicable premium after notice of the proposed changes will be deemed to constitute the [Policyholder's] written agreement of those changes on behalf of all persons covered under this [Policy].]

Prior Agreements; Severability.

As of the [Policy] Effective Date, this [Policy] replaces and supersedes all other prior agreements between the parties as well as any other prior written or oral understandings, negotiations, discussions or arrangements between the [Policyholder] and Us related to matters covered by this [Policy]. If any provision of this [Policy] is deemed invalid or illegal, that provision is severable and the remaining provisions of this [Policy] shall continue in full force and effect.

Clerical Errors.

A clerical error in keeping records, or a delay in making an entry, does not alone cause the [Policy] or the coverage for any [employee] under the [Policy] to become invalid. An equitable adjustment in premiums will be made when the error or delay is found. If the clerical error affects the existence or amount of insurance, the facts as determined by Us will be used to decide if insurance is in force and its amount. We may also modify or replace a [Policy], Certificate of [Coverage] or other document issued in error.

30[ERISA Claim Fiduciary -Claim Determinations.

For the purpose of section 503 of Title I of the Employee Retirement Income Security Act of 1974, as amended (ERISA), We are a fiduciary with complete authority to review all denied claims for benefits under this [Policy]. In exercising this fiduciary responsibility, We have discretionary authority to determine whether and to what extent eligible [employees] and beneficiaries are entitled to benefits and to construe any disputed or doubtful terms under this [Policy], the Certificate(s) of [Coverage] or any other incorporated document. We are deemed to have properly exercised such authority unless We abuse our discretion by acting arbitrarily and capriciously. We have the right to adopt reasonable policies, procedures, rules, and interpretations of this [Policy] to promote the orderly and efficient administration of the [Policy].

The [Policyholder] is responsible for making reports and disclosures required by ERISA. This includes the creation, the distribution, and the final content of:

- Summary plan descriptions;
- Summary of material modifications; and
- Summary annual reports.]

31[Administrative Matters and Claim Determinations.

For non-ERISA claims, We have complete discretionary authority to review all denied claims for benefits under this [Policy], and to determine whether and to what extent [employees] and beneficiaries are entitled to benefits. We also have complete discretionary authority to construe any disputed or doubtful terms of this [Policy].

We are deemed to have properly exercised our discretionary authority unless We abuse our discretion by acting arbitrarily and capriciously. We have the right to adopt reasonable policies, procedures, rules and interpretations of this [Policy] to promote the orderly and efficient administration of this [Policy].

The [Policyholder] is responsible for making reports and disclosures required by law or regulation. This includes the distribution to [employees] of Certificates of [Coverage], and disclosures prepared by Us.]

Misstatements.

If any fact as to the [Policyholder] or any [employee] [or dependent] is found to have been misstated or omitted, a fair change in premiums may be made. If the misstatement or omission affects the existence or amount of coverage, the facts will be used in determining whether coverage is or remains in force and its amount.

All statements made by the [Policyholder] or an [employee] shall be deemed representations and not warranties. No written statement made by an [employee] shall be used by Us in a contest unless a copy of the statement is or has been furnished to the [employee] or his beneficiary, or the person making the claim.

32[Other Goods and Services.

From time to time, We may offer or provide insureds or their beneficiaries certain programs, goods and services in addition to the insurance coverage provided under this [Policy]. We also may arrange for third party vendors to provide programs, goods and services at a discount (including without limitation beneficiary financial counseling services and employee assistance programs) to the insured or their beneficiaries. Though We may make the arrangements, the third party vendors are solely liable for providing the goods and services. We are not responsible for providing or failing to provide the goods and services to insureds or their beneficiaries. Further, We shall not be liable to insureds or their beneficiaries for the negligent provision of the programs, goods and services by third party vendors.]

Delegation and Subcontracting.

The [Policyholder] acknowledges and agrees that We may enter into arrangements with third parties to delegate functions under this [Policy] such as We determine appropriate in Our sole discretion and as consistent with applicable laws and regulations. The [Policyholder] also acknowledges that Our arrangements with third party vendors are subject to change in accordance with applicable laws and regulations.

Incontestability.

As to the [Policy] in general: We may not contest the validity of this [Policy], except for non-payment of premiums, after it has been in force for [2] years from the [Policy] Effective Date.

33 [As to Life Insurance Benefits: In the absence of fraud, We may not contest the validity of the life insurance provided to an [employee] based on a representation provided in writing to Us signed by the [employee] concerning his or her insurability if the life insurance coverage We provide has been in force for [2] years during the [employee's] lifetime. If the life insurance coverage was increased, We may not contest the validity of the increase amount if the increased amount of life insurance coverage has been in force for [2] years during the [employee's] lifetime.]

33 [As to Disability Benefits: In the absence of fraud or failure to pay premiums when due, We may not use any statement made by:

- the [Policyholder] or any [employee] [or dependent] as the basis for voiding coverage or denying coverage or be used in defense of a claim unless it is in writing.
- the [Policyholder] as the basis for voiding this [Policy] after it has been in force for [2] years from the [Policy] Effective Date.
- an eligible [employee] [or dependent] in a defense of a claim for loss incurred or starting after coverage, as to which claim is made, has been in effect for [2] years.]

Conformity With Law.

If the provision of the [Policy] does not conform to the requirements of any state or federal law or regulation that applies to the [Policy], the [Policy] is automatically changed to conform with Our interpretation of the requirements of that law or regulation.

[The policy conforms to the minimum requirements of the state where the [Policy] is issued. The state law where the policy is issued supersedes any conflicting laws of any other state.]

34[Assignment.

No assignment of the benefits under this [Policy] or any Certificate of [Coverage] will be binding on Us until the original assignment or a certified copy of the assignment is given to Us at our home office. The assignment is subject to any action We may have taken before receiving it. We do not assume responsibility for the validity or sufficiency of an assignment. An assignment of the Certificate operates so long as the assignment remains in force. [To the extent provided under the terms of the assignment, an assignment transfers all rights and obligations of the insured or the owner if other than the insured.] [This insurance may not be levied on, attached garnished, or otherwise taken for a person's debts. This does not apply where it is contrary to law.]

Relationship Between the Parties.

The relationship between the parties is a contractual relationship between independent contractors. Neither party is an agent or employee of the other in performing its obligations pursuant to this [Policy].

35[Indemnification.

We agree to indemnify and hold the [Policyholder] harmless against that portion of its liability to third parties as determined by a court of final jurisdiction or by binding arbitration caused directly by Our willful misconduct, criminal conduct or material breach of this [Policy].

The [Policyholder] agrees to indemnify and hold Us harmless against that portion of Our liability to third parties as determined by a court of final jurisdiction or by binding arbitration caused directly by the [Policyholder's] negligence, breach of this [Policy], breach of applicable state and federal laws, willful misconduct, criminal conduct, fraud, or its breach of a fiduciary responsibility in the case of an action under ERISA, related to or arising out of this [Policy] or the [Policyholder's] role as employer or Plan Sponsor, as defined by ERISA.

The indemnification obligations described above shall terminate upon the termination of the [Policy] except as to any matter concerning a claim that has been made in writing before termination or within [365 days] after termination.]

Not in Lieu of Worker's Compensation.

This [Policy] does not satisfy any requirements for workers' compensation insurance.

36[End Of Employment.

An [employee's] employment ends when the [employee] is no longer in *active employment* on a full-time basis for the [Policyholder]. But, for insurance purposes, the [Policyholder] may consider the [employee] as still employed and in the [eligible classes] for the insurance during certain types of absences from full-time work. The [Policyholder] decides which [employees] with those types of absences are to be considered as still employed, and for how long. In doing this, the [Policyholder] must not discriminate among persons in like situations.

An [employee] may be considered as still employed up to any time limit for the [employee's] type of absence. When so considered, the [employee's] insurance under a plan will be continued only while the [employee] is paying contributions for it at the time and in the amounts, if any, required by the [Policyholder] (whether or not that insurance would otherwise be non-contributory insurance). But it will not be continued after it would end for a reason other than

end of employment. The types of absences and the time limits are shown below, subject to any exceptions.

Types of Absences and Time Limits

- For absence due to part-time employment or retirement, there is no time limit.
- For absence due to disability, there is no time limit.
- For absence due to temporary layoff the time limit is the end of the contract month following the contract month in which the absence from full-time work starts.
- For absence due to leave of absence, there is no time limit.

Exceptions:

[Employee] Term Life Coverage

An [employee] will not be continued as a member of the [*eligible classes*] beyond the date the [employee] gives Us written proof of Total Disability. This proof must be given according to the rules of the Extended Death Benefit During Total Disability section of the Coverage.

Retirement is not an eligible type of absence.

[Employee] Accidental Death and Dismemberment Coverage

Retirement is not an eligible type of absence.]

[Policy] Cancellation and Modification

[SECTION 7]

[Policy] Cancellation

Either We or the [Policyholder] may cancel this [Policy] on any premium due date by giving [30-120] days advance written notice to the other party. This [Policy] or a plan under this [Policy] can be cancelled by Us or by the [Policyholder] at any time by the mutual written consent of the [Policyholder] and Us. When both the [Policyholder] and The Company agree, this policy or a plan can be cancelled on an earlier date. If The Company or the [Policyholder] cancels this policy or a plan, coverage will end at 12:00 midnight on the last day of coverage at the address of the [Policyholder].

Cancellation by the [Policyholder].

This [Policy], or any coverage included may be cancelled by the [Policyholder]. [The [Policyholder] may cancel this [Policy] as to all or any class of its [employees]. [The Policyholder must give Us written notice at least [30-120] days in advance of any premium due date. The notice must state when such termination shall occur. It shall not be effective during a period for which a premium has been paid to Us for the coverage.

The [Policyholder] may cancel this policy or a plan by written notice delivered to Us at least [30-120] days prior to the cancellation date.

Cancellation By The Company.

We may cancel or modify this [Policy] upon [30-120] days advance written notice to the [Policyholder] if: **[37]**

- There is less than 100% participation of those eligible [employees] for a [Policyholder] paid plan;
- The [Policyholder] does not promptly provide Us with information that is reasonably required;
- The [Policyholder] fails to perform any of its obligations that relate to this policy
- Fewer than [1] [employees] are insured under a plan or the Policy];
- The premium is not paid in accordance with the provisions of the policy that specify whether the [Policyholder], the [employee], or both pays the premiums;
- The [Policyholder] does not promptly report to Us the names of any [employees] who are added or deleted from the [eligible class];
- We determine that there is a significant change, in the size, occupation, or age of the [eligible class] as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the [Policyholder] and/or its [employees]; or
- If the [Policyholder] breaches a provision of this [Policy] and such breach remains uncured at the end of the notice period;
- If the [Policyholder] ceases to meet Our requirements for an employer group as defined under applicable state law or regulation;
- If the [Policyholder] fails to meet Our contribution or participation requirements applicable to this [Policy];
- If the [Policyholder] fails to provide the certification required by the Policies and Procedures Provision within a reasonable period of time specified by Us; or
- If the [Policyholder] changes its eligibility or participation requirements without Our consent.

Further, We may cancel the [Policy] immediately:

- upon notice to [Policyholder] if the [Policyholder] has performed any act or practice that constitutes fraud or made any intentional misrepresentation of a material fact relevant to the coverage provided under this [Policy];
- **38**[upon notice to the [Policyholder] if a member of an association group and the [Policyholder]'s] membership in the association ceases.]
- The Participating Employer fails to pay any premium within the Grace Period. The policy will be automatically cancelled and no further notice will be provided.

If We modify this [Policy] or a plan, for reasons other than the [Policyholder]'s failure to pay premium, a written notice will be delivered to the [Policyholder] at least [31] days prior to the modification date. The [Policyholder] may cancel this [Policy] or a plan if the modifications are unacceptable.

If this [Policy] or a plan is cancelled, the cancellation will not affect a payable claim.

If the [Policy] terminates for any reason, the [Policyholder] remains liable for all premiums [and fees] due and unpaid before the termination, including, but not limited to, Premium payments for any period of time [Policy] is in force during the Grace Period. Covered [employees] also remain liable for their cost sharing and other required contributions to coverage for any period of time the [Policy] is in force during the Grace Period. We may recover from the [Policyholder] Our costs of collecting any unpaid Premiums [or fees], including reasonable attorneys' fees and costs of suit.

Effect of Cancellation. The cancellation of this [Policy] will not relieve either party from any obligation incurred before the date of cancellation. When cancelled, this [Policy] and all coverage provided hereunder will end at 12:00 midnight on the effective date of termination.

We may, at Our sole discretion, reinstate cancelled coverage[, provided any past due premium and reinstatement fees are paid.

Notice to [Employees]. It is the responsibility of the [Policyholder] to notify [employees] of the termination of the [Policy] in compliance with all applicable laws. However, We reserve the right to notify [employees] of termination of the [Policy] for any reason, including non-payment of Premium. In accordance with the Certificate, the [Policyholder] shall provide written notice to [employees] of their rights upon termination of coverage.

39[Life Insurance Portability.] Unless otherwise stated: Termination of this [Policy] by the [Policyholder] or Us will not terminate Life Insurance then in force for any covered person under the terms of the *Group Life Insurance Portability* section in the Certificate. This [Policy] will be deemed to remain in force solely for continuing such Life Insurance, but without further obligation of the [Policyholder] hereunder. Any Life Insurance continued by the terms of this paragraph will remain in force until terminated under the terms of the *Group Life Insurance Portability* section in the Certificate of [Coverage]. A person may only elect coverage according to the terms of the *Group Life Insurance Portability* section in the Certificate of [Coverage] on or after the date of termination by the [Policyholder] or Us.]

[Kemper Investors Life Insurance Company]
Certificate of [Coverage]

**1 [Term Life Insurance Plan [with Accidental Death and Dismemberment
Coverage]]**

[Kemper Investors Life Insurance Company] is pleased to welcome you as our client. This is your Certificate of [Coverage], referred to as "Certificate", as long as you are eligible for coverage and you meet the requirements for becoming insured. You will want to read this Certificate carefully and keep it in a safe place.

Throughout this document the words "we", "our", "us", and "the Company" means [Kemper Investors Life Insurance Company]. The words "you" and "your" mean the insured [employee] and any covered dependents, of the [*Policyholder*] sponsoring this plan. Some terms and provisions are written as required by insurance law. Important terms are defined in the Glossary section of the Certificate. Defined terms appear in italic print. If you should have any questions about the content or provisions, please consult us electronically through our website or at the toll free number provided below. We will assist you in any way to help you understand your benefits.

The benefits described in this Certificate are subject in every way to the entire Group Insurance [Policy]. If the terms and provisions of the Certificate are different, the Policy will govern. **2**[The Group Insurance [Policy] includes this Certificate, the [Benefit Schedule(s)], and any riders or amendments issued with the Group Insurance [Policy]. The [Policyholder's] application and any application or evidence of insurability completed by you or on your behalf, when applying for coverage or an increase in coverage, are also considered part of the [Policy].]

Your coverage may be cancelled or changed in whole or in part under the terms and provisions of the [Policy]. The [Policy] is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. When making a benefit determination under the policy, we have discretionary authority to determine your eligibility for benefits and to interpret the terms and provisions of the policy.

For purposes of effective dates and ending dates under the Group [Policy], all days begin at 12:01 a.m. and end at 12:00 midnight at the [Policyholder's] address.

Kemper Investors Life Insurance Company is located at:

**3[15375 SE 30th Place, Suite 310
Bellevue, WA 98007]**

Our toll free number is: [XXX-XXX-XXXX]

Our website address is: [www.xxx.com]]

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[Special Notices

3[Kemper Investors Life Insurance Company]

[Toll Free Number:

Claim Information Toll Free Number

[XXX-XXX-XXXX]

[XXX-XXX-XXXX]]

4[Important Information Regarding the Availability of Coverage

No benefits are covered under this Certificate in the absence of payment of current premiums subject to the grace period and the Premium Section of the Group Insurance Policy. Unless specifically provided for in any applicable termination or continuation of coverage provision, described in this Certificate or under the terms of the Group Insurance Policy, this Plan does not pay benefits for the loss of life[, an accident] [or a disability] incurred before coverage starts under this plan. This plan will not pay any benefits for any losses, claims or expenses that start after coverage ends.

Benefits may be modified during the term of this Plan as specifically provided under the terms of the Group Insurance Policy or upon renewal. If benefits are modified, the revised benefits (including any reduction in benefits or elimination of benefits) apply to any losses incurred that start on or after the effective date of the Plan modification. There are no vested rights to receive any benefits described in the Group Insurance Policy or in this Certificate beyond the date of termination or renewal including if the loss, accident or disability starts on or after the effective date of the Plan modification, but prior to your receipt of amended Plan documents.]

5[Coverage under this Plan is non-occupational. A Life insurance claim will not be paid if death results from an occupational *injury* or *sickness*.] [Additionally, this policy does not cover your death claim if you die as a result of an *accident* or *accidental bodily injury*.]

[Fraud Notice

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]

[Kemper Investors Life Insurance Company]
(also referred to as we, us, our, the Company)

**1 [Your Life, [Accidental Death [and Dismemberment] Insurance Plan
(the "plan")]**

General Provisions

2What Is The Certificate?

This Certificate of [Coverage] ("Certificate") is a written document prepared by [Kemper Investors Life Insurance Company]. We have provided you this [Certificate of Coverage] ("Certificate") to tell you about important plan information such as:

- the coverage to which you may be entitled;
- claim processing and administrative procedures;
- to whom we will make a payment; and
- the limitations, exclusions and requirements that apply within the plan.

3[The Certificate may include attachments such as amendments and riders, which describe additional provisions about your plan. Please carefully read all the documents we provide you to fully understand your Plan.]

3[This section of the Certificate describes: [

Eligibility
Enrollment
Effective Date of Coverage
How to Change Coverage Amounts
Evidence of Insurability Requirements
When Coverage Ends
Reinstatement]

[Eligibility]

Who Is Eligible For Coverage

To be eligible for coverage under this plan, the following requirements must be met:

- You must be [employed] by the [*Policyholder*]; and
- You must be in [*active employment*],
- You must be in an [*eligible class*]; [and
- **4**You must be working [outside] [inside] the United States.]

5[Dependent Coverage

If you elect coverage for yourself or are insured under the plan, you are eligible to elect dependent coverage for your [spouse] [or] [domestic partner] [and] [or] [your dependent children. Refer to Dependent Coverage Section of this Certificate for information on dependent eligibility

and how to enroll your dependents.]

Determining Your [Eligible Class]

6[Your [employer] determines the criteria that is used to define the [eligible class(es)] for insurance coverage under this Plan. Your [employer] determines if you are in an [eligible class]. [Such criteria are based solely upon the conditions [related to your employment] [established by your [employer].] We will rely upon the representation of the [employer] as to your eligibility for coverage under this Plan and as to any fact concerning such eligibility.]

7[The criteria describing [eligible classes] of [employees] [is listed on the [Benefits Schedule] attached to this Certificate] is listed below]. [Refer to the [Benefits Schedule] or] [C]ontact your [employer] to determine if you are in an [eligible class.]

8[You are in an [eligible class] if you are a: [

- regular full-time [employee] in **active employment**, as defined by your [employer] who is scheduled to work [35] hours per week on a regular basis.]

When Are You Eligible for Coverage?

If you are working for your [employer] in an [eligible class], the date you are eligible for coverage is the later of:

- the plan effective date; [or
- 9the day after you complete your [service] waiting period.]

Once you are eligible for coverage, your coverage will begin in accordance with the provisions of the Section entitled "When Coverage Begins?".

10[New Hires:

If you are in an [eligible class] on the date of hire, your eligibility date is [the date you are hired] [the date you complete the [service] waiting period.]. [If you enter an [eligible class] after your date of hire, your *eligibility date* is the date you complete your [service] waiting period. If you have already satisfied the [service] waiting period with the [Policyholder] before you enter the [eligible class], your *eligibility date* is the date you enter the [eligible class].]

11[What is a [Service] Waiting Period?

Once you enter an [eligible class], you will need to complete the [service] waiting period before your coverage under the plan begins. The [service] waiting period is the continuous length of time that you must be in *active employment* and in an [eligible class] before you are eligible for coverage under this plan. ¶ [The [service] waiting period will be extended by the number of days you are not in *active employment*.] ¶ [The [service] waiting period is shown on the [Benefits Schedule].]

5[Except as noted in the "Reinstatement Provision", if you terminate this insurance and later wish to reapply, or if you are a former [employee] who is rehired, a new [service] waiting period must be satisfied.]]

[Effective Date of Coverage]

12 When Does Your Coverage Begin?

[If you have met all your eligibility requirements[, you have enrolled in the plan] and you are in *active employment*], your coverage takes effect at 12:01 a.m. on the date you are eligible for coverage.]

[When your [employer] pays 100% of the cost of your coverage under a plan, your coverage will begin at 12:01 a.m. on [1st -30th day [of the month] following the date on which you are eligible for coverage.]

[(Option 1)

Evidence of insurability is required for any amount of life insurance. You pay 100% of the cost of your coverage [under a plan].

Once you are eligible for coverage and your *evidence of insurability* form has been approved, your coverage will begin at 12:01 a.m. on the later of:

- **12**[the [1st -30th day] of the month following] the date you are eligible for coverage, if you apply for insurance on or before that date; or
- [the [1st -30th day] of the month following] the date you apply for insurance, if you apply within [31-365] days after your eligibility date.]

[(Option 2)

[Evidence of insurability is required for any amount of life insurance over the amount shown in the Life Insurance Benefits Schedule.]

You pay 100% of the cost of your coverage [under a plan]. Once you are eligible for coverage, you have [31-365] days from the date you become eligible to apply for coverage.

Your coverage will begin at 12:01 a.m. on the later of:

- [the [1st -30th day] of the month following] the date you are eligible for coverage, if you apply for insurance on or before that date for any amount of insurance that is not subject to *evidence of insurability* requirements; or
- [the [1st -30th day] of the month following] the date you apply for insurance, if you apply within 31 days after your eligibility date, for any amount of insurance that is not subject to *evidence of insurability* requirements; and
- [the [1st -30th day] of the month following] the date we approve your *evidence of insurability* form, if you apply for insurance on or before your eligibility date or within [31-365] days after your eligibility date, for any amount of insurance that is subject to *evidence of insurability* requirements.]

[(Option 3)

[*Evidence of insurability* is required for any amount of life insurance over the amount shown in the Life Insurance [Benefits Schedule].]

You and [your employer] share the cost of your coverage [under a plan]. Once you are eligible for

coverage, you have [31-60] days from the date you become eligible to apply for coverage.

Your coverage will begin at 12:01 a.m. on the later of:

- [the [1st -30th day] of the month following] the date you are eligible for coverage, if you apply for insurance on or before that date for any amount of insurance that is not subject to *evidence of insurability* requirements; or
- [the [1st -30th day] of the month following] the date you apply for insurance, if you apply within [31-60] days after your eligibility date, for any amount of insurance that is not subject to *evidence of insurability* requirements; and
- [the [1st -30th day] of the month following] the date we approve your *evidence of insurability* form, if you apply for insurance on or before your eligibility date or within [31-60] days after your eligibility date, for any amount of insurance that is subject to *evidence of insurability* requirements.]

[(Option 4)

Your [employer] pays 100% of the cost of your coverage [under a plan]. Your coverage will begin at 12:01 a.m. on:

- [the [1st -30th day] of the month following] the date you are eligible for coverage, for any amount of insurance that is not subject to *evidence of insurability* requirements; and;
- [the [1st -30th day] of the month following] the date we approve your *evidence of insurability* form for any amount of insurance that is subject to *evidence of insurability* requirements.

[Evidence of insurability is also required for any amount of life insurance over the amount shown in the Life Insurance [Benefits Schedule].]

[(Option 5)

[When your [employer] pays 100% of the cost of your coverage under a plan, you will be covered at 12:01 a.m. on the later of:

- the [[1st -30th day] of the month following] the date you are eligible for coverage; [or
- the [[1st -30th day] of the month following] date we approve your *evidence of insurability* form, if *evidence of insurability* is required.]]

[When you and [your employer] share the cost of your coverage under a plan or when you pay 100% of the cost yourself, you will be covered at 12:01 a.m. on the latest of:

- [the [1st -30th day] of the month following] the date you are eligible for coverage, if you apply for insurance on or before that date;
- [the [1st -30th day] of the month following] [the date you apply for insurance, if you apply within [31-365] days after your eligibility date;] or
- [the [1st -30th day] of the month following] the date we approve your *evidence of insurability* form, if *evidence of insurability* is required[; or
- the date your first premium is received by us].]

[Evidence of insurability is required for any amount of life insurance over the amount shown in the Life Insurance [Benefits Schedule].]

An *Evidence of Insurability* Form can be obtained from [your employer].]

13[Deferred Effective Date

If you are absent from work due to *injury, sickness, 11*[temporary **layoff** or **leave of absence**,] on the date your insurance would otherwise become effective, your coverage, increase in coverage or a new benefits will [be deferred until] [begin] the date you return to *active employment*.

[Enrollment

14[Initial Enrollment in the Plan

[You will be provided with plan design [and enrollment] information when you first become eligible [to enroll].] [If you are not required to contribute towards the cost of coverage, you are not required to request coverage or complete an enrollment form. Your enrollment will be handled by your [*employer*].]

[However, you are required to enroll for [optional] coverage.]

[You are required to enroll for coverage. To do so you must complete and sign a group insurance enrollment form satisfactory to us and deliver it to your [*employer*].]

[If you must contribute towards the cost of [basic] coverage or you elect to purchase additional coverage at the time of enrollment you are required to enroll for coverage. To do so you must complete and sign a group insurance enrollment form, satisfactory to us, and deliver it to your [*employer*].]

[To complete the enrollment process, you will need to provide all requested information[, including any *evidence of insurability* form].]

14[How Do You Enroll For Coverage?

You must enroll on a group insurance enrollment form approved and provided by us. [If an *evidence of insurability* application is required, you must complete it in accordance with the instructions below.]

[You have the option to enroll by voice recording or electronically. Your [*employer*] will provide instructions.]]

14[When Do You Enroll?

[If you are required to [apply] [enroll] for your insurance, you will need to enroll within [10-365] days of your *eligibility date*. Otherwise, you may be considered a **late applicant**. If you miss the enrollment period, you will not be able to participate in the *plan* until: [

- you complete the requirements for a *late applicant* described below; and
- we approve you as a *late applicant*]; or
- until the next [**annual**] **enrollment period**.]

[If you do not enroll for coverage when you first become eligible:

- you may be denied coverage if your *evidence of insurability* is not satisfactory;

- your [monthly] benefits may be reduced; or
- your coverage may be deferred [up to [1-24] months] [until the next [open] [annual] enrollment period.]

14[Late Applicant Enrollment Requirements

[Option 1

If you do not enroll for coverage within [31-365] days after becoming eligible, but wish to do so later, your [employer] will provide you with information on when and how you can enroll as a *late applicant*.

[IMPORTANT NOTE: As a late applicant, you may be denied coverage if your evidence of insurability is not satisfactory to us, the effective date of your coverage may be delayed or your benefits may be reduced.]

You must complete an enrollment form [and submit *evidence of insurability*] to us. [*Evidence of insurability* is required for any amount of insurance.] ¶[We will review the information and solely determine your *eligibility date*.] ¶[We will notify you and your [employer] of our decision.]

¶[You may not enroll until the next annual enrollment period [or your [employer's] *Open Enrollment Period*.] [You must return your completed enrollment form and submit it to your [employer] before the end of the next [annual] enrollment period.]

[(Option 2

You can apply for coverage [at anytime during the plan year,],[, during the *open enrollment period*] [or] [within [31-365] days of a Life Status change]. [or during an annual enrollment period].

Evidence of insurability is required for any amount of insurance. Your amount of coverage will be the amount as shown for "Late Applicants" in the Benefit Schedule [for each plan]. In no event will this amount exceed the maximum benefit available under the plan.

Coverage will begin at 12:01 a.m. on [the first of the month] following the date we approve your *evidence of insurability* form.]]

14[When Is Evidence of Your Insurability Required?

[*Evidence of Insurability* is not required for the Guarantee Issue Amount.]

Evidence of Insurability means a statement of your medical history which we will use to determine if you are approved for coverage [or an increase in coverage.] This requirement will be met when we decide the *evidence of insurability* is satisfactory. An *evidence of insurability* form can be obtained from [your employer].

13[If you are required to submit *evidence of insurability*, you must:

- complete and sign a health and medical history form provided by us;
- submit to a medical examination, if requested;
- provide any additional information that we require including verification of earnings and attending physicians' statements, and
- furnish all such evidence at your own expense.]

1[*Evidence of insurability* is required for any amount of insurance [over the amount shown in the Life Insurance [Benefits Schedule] [over the Guarantee Issue amount shown in the [Benefits Schedule].]

[Evidence of Insurability] (EOI) is required if: **15** [

- you enroll for coverage for the first time.
- you re-enroll for coverage after your coverage ends for any reason.
- you enroll for an increase in your coverage [above the guarantee issue amount]. You must complete new *evidence of insurability* each time you request an increase. This applies even if we have approved *evidence of your insurability* in the past. We may deny your increase if the *evidence of insurability* is not satisfactory to us;
- you are a *late applicant*, which means you apply for coverage more than [31-365] days after the date you are eligible for coverage;
- you voluntarily cancelled your coverage and are reapplying.
- your coverage was cancelled because you did not make the required contributions;
- you were eligible but not enrolled for any group [life] [or] [accidental death] [and] [dismemberment] coverage sponsored by your [*employer*] on the day before the effective date of this plan;
- you enroll on the effective date of this plan for an amount of coverage that is greater than the amount of coverage you had in effect under any group [life] [or] [accidental death] [and] [dismemberment] coverage sponsored by your [*employer*] on the day before the effective date of this plan;
- on the effective date of this plan, you elect to increase the amount of your [life] [or] [accidental death] [and] [dismemberment] coverage that was in effect under prior coverage. We may deny your increase if the *evidence of insurability* is not satisfactory to us;]
- you have not met a previous evidence requirement to become *insured* under any plan the [*employer*] has with us.]

15[The [Policyholder] may not waive the *evidence of insurability* requirement for any reason.]

15[If your *evidence of insurability* is not acceptable to us, [you will not be covered under this plan. This rule also applies to your request for an increase in coverage and] your increase will not be covered.]]

16[Annual Enrollment Period

During the **annual enrollment period**, you will have the opportunity to review your coverage needs for the upcoming year. Your [employer] and the Company determine when the annual enrollment period begins and ends. During this period, you have the option to apply for insurance, change your coverage or [apply for an] [increase in your] insurance. The choices you make during this *annual enrollment period* will become effective [the following plan year] as indicated on the [Benefits Schedule].

You may enroll for coverage for the first time during the annual enrollment period. The choices you make during this annual enrollment period will become effective [the following plan year as indicated on the Schedule of Benefits. All increases will be subject to *evidence of insurability* and our approval.

[Any changes in the amount of your insurance during the *annual enrollment period* will be limited

to [the lesser of] [one- three] incremental increase(s) [or \$10,000-\$100,000] without *evidence of insurability* [excluding those [employees] whose *evidence of insurability* application was previously disapproved]. [All [other] increases will be subject to *evidence of insurability* and our approval.] In no event will your increased life insurance amount exceed the guarantee issue amount in the Schedule of Benefits. All other increases will be subject to *evidence of insurability* and our approval.]

[New Enrollees

You may enroll for coverage for the first time during the open enrollment period. The choices you make during this annual enrollment period will become effective [the following plan year] as indicated on the [Benefits Schedule]. [*Evidence of insurability* is required for any amount of life insurance [over the amount shown in the Life Insurance [Benefits Schedule].] Your [supplemental] coverage will be limited to the lesser of [one-three] incremental increase(s) or [\$10,000-\$100,000] with[out] *evidence of insurability*. [All [other] increases will be subject to *evidence of insurability* and our approval. [In no event will your life insurance amount exceed the benefit maximums for which you can apply with *evidence of insurability*.]]

16[Open Enrollment Period

There will be an **open enrollment period**. Your [employer] will notify you of the time and place and provide you with enrollment forms, if any. [*Evidence of insurability* will not be required during this *open enrollment period*, excluding those [employees] whose *evidence of insurability* application was previously disapproved.] During this period, you have the option to apply for insurance, change your coverage or [apply for an] [increase in your] insurance. The effective date of insurance for [employees] who enroll in the plan during the *open enrollment period* will be [the next plan renewal date] [the next premium due date] [after your enrollment form has been received by us]. In no event will your increased life insurance amount exceed the benefit maximums for which you can apply with *evidence of insurability*.] Your [employer] and the Company determine when the annual enrollment period begins and ends.]]

[After Coverage Begins]

17[When May You Elect to Change Your Coverage?

[(Option 1)

[You will need to contact your [employer] to determine when you may increase or decrease your coverage.] Your [employer] will provide you with information and forms you need to initiate the process. Your [employer] will notify us of the date of the change.]

[You must provide us with *evidence of insurability* if you:

- did not enroll for supplemental life insurance when you first became eligible, and now want to enroll; or
- would like to increase the amount of your supplemental life coverage.]

[We may require you to provide *evidence of insurability* if your life insurance amount exceeds [the greater of [1Xs-10Xs] your *annual earnings*] [or] [\$10,000-\$100,000]. We will review the *evidence of insurability* and inform you of the approval or denial. Contact [your human resources department] [[your employer]] for the appropriate forms and additional information.]

[We may require you to undergo a health exam at your own expense to verify your good health.]

[Once your coverage begins, you may elect to make changes to the options in your coverage. You must request the changes on a form approved by your [employer] and us and agree to pay the required premium contributions, if any.]

[You may decrease your coverage **18**[anytime] during the plan year.]

You may increase your coverage **18**[anytime] during the plan year or] during any annual enrollment period.]

[You are required to apply for the additional coverage by enrolling in the plan. To do so, you must complete and sign a group insurance enrollment form [with *evidence of insurability*], satisfactory to us, and deliver it to your [employer]. We will review the information and solely determine your eligibility to increase your coverage. We will notify you and your [employer] of our decision.]

19Life Status Changes

[You may elect or increase coverage within [31-365] days after you have a life status change. A **life status change** is an event that qualifies you to make changes in benefit selections at a time other than an *Annual Enrollment Period*. Changes in coverage must be appropriate and consistent with the change in status. The following events are *life status changes*: [

- marriage [or execution of a domestic partnership agreement];
- divorce, annulment or legal separation [or termination of a domestic partnership agreement];
- birth or adoption of a child or becoming a legal guardian of a child;
- death of a spouse [or domestic partner];
- the death or emancipation of a child
- termination of a spouse's [or domestic partner's] employment;
- a change in the benefit plan available to your spouse [or domestic partner];
- a change in your or your spouse's [or domestic partner's] employment status that affects either person's eligibility for benefits;
- a change in classification from part-time to full-time or from full-time to part-time.]]

19[A change in coverage due to a *life status change* will begin at 12:01 a.m. on the latest of:

- the date of the change in status, if you apply on or before that date;
- the date you apply, if you apply within [31-365] days after the date of the change in status; or
- the date we approve your evidence of insurability form, if *evidence of insurability* is required.

Option 2

[[You can change your coverage by applying for additional benefit units at anytime during the plan year. You can increase your coverage any number of benefit units up to the maximum benefit available under the plan. *Evidence of insurability* is required for any amount of life insurance applied for during a plan year. Changes in coverage that are made during a plan year will begin at 12:01 a.m. on [the first of the month following] the date we approve your *evidence of insurability* form.]

[You [also] can change your coverage by applying for additional benefit units during an annual

enrollment period. You can increase your coverage any number of benefit units up to the maximum available under the plan.

[*Evidence of insurability* is required for any amount of life insurance over the amount shown in the Life Insurance [Benefits Schedule].]

Changes in coverage that are made during an annual enrollment period will begin at 12:01 a.m. on the [later of:

- the first day of the next plan year for any amount of insurance that is not subject to *evidence of insurability* requirements; and
- the [first of the month] following the date we approve your *evidence of insurability* form for any amount of insurance that is subject to *evidence of insurability* requirements].

In addition, you can decrease your coverage any number of benefits units at anytime during the plan year.] [or during an annual enrollment period.] Any decrease in coverage will take effect on the [first of the month following] the date you provide notification to [your employer].

[An *Evidence of Insurability* Form can be obtained from [your employer].]

Option 3

[You can change your coverage by applying for additional benefit units [options] at anytime during the plan year [only during an annual enrollment period][or within [31-365] days of a change in status]. You can increase your coverage any number of benefit units up to the maximum benefit available under the plan. *Evidence of insurability* is required for any amount of life insurance applied for during the plan year. A change in coverage that is made during a plan year will begin at 12:01 a.m. on the first of the month coincident with or next following the date we approve your *Evidence of Insurability* Form.

You can also change your coverage by applying for additional benefit units during an annual enrollment period. You can increase your coverage any number of benefit units up to the maximum benefit available under the plan.

Evidence of insurability is required for any amount of life insurance over the amount shown in the Life Insurance [Benefits Schedule].]

[If you are not approved for the increase in your coverage, you will automatically remain at the same level you had prior to applying for the increase.]

[A change in coverage that is made during an annual enrollment period will begin at 12:01 a.m. on:

- the first day of the next plan year for any amount of insurance that is not subject to *evidence of insurability* requirements; and
- the [first of the month coincident with or next following the] date we approve your *evidence of insurability* form for any amount of insurance that is subject to *evidence of insurability* requirements.]

In addition, you can decrease your coverage any number of benefit units during the plan year [or annual enrollment period]. Any decrease in coverage will take effect **18**[immediately] but will not affect a payable claim that occurs prior to the decrease.]

When Will Changes To Your Coverage Take Effect?

Once your coverage begins, any increased or additional coverage will take effect **18**[immediately] [on the first of the month following the date the changes occur] [or] [the first of the month following the date we approve your *evidence of insurability* form, if evidence of insurability is required] [on the date your *evidence of insurability* is approved by us, if *evidence of insurability* is required.]

You must be in *active employment* **13**[or on a covered *layoff or leave of absence*].

Any decrease in coverage will take effect **18**[on the first of the month following the date you provide notification to your [employer] **18**[immediately] [upon [the effective date of the change].

Neither an increase nor a decrease in coverage will affect a **payable claim** that occurs prior to the increase or decrease.

Deferred Effective Date For an Increase in Coverage

If you are not in *active employment* due to *injury* or *sickness*, any increased or additional coverage will begin on the date you return to *active employment*.

20[How Do You Pay For Your Coverage?

[We will bill your [employer] for the premium and any amount you owe. Your [employer] will pay the premium on your behalf.]

[Your [employer] [may] require[s] you to pay [a portion] [for] [or] [all] [of] the cost of your insurance. Your [employer] will determine the amount of your plan contributions, if any. Your [employer] will advise you of the required amount of your contributions [and inform you of any required payroll deductions.]

[When Coverage Ends]

When Does Your Coverage End?

Your [or your dependents] coverage under this *Plan* ends on **21**[the earliest of:

- the date the [Policy] or a *Plan* is cancelled;
- you voluntarily stop your coverage;
- the date you are no longer in an [eligible class];
- the date you are no longer eligible for coverage;
- the date your [eligible class] is no longer covered;
- the last day of the period for which you made any required contributions;
- the last day you are in *active employment*;
- **21(a)** your return to the [U.S.A]. for more than [30-365 continuous days] [1-60 months];
- [90-180] days after the date you return to the U.S. to establish residency.
- the date your employment stops for any reason, including job elimination, or being placed on severance. This will be [either] the date you stop *active employment* [, or the day before the first premium due date that occurs after you stop *active employment*].
- the date on which you are age [60–100];
- the date on which you retire;
- the date of your death; or
- the date on which you begin active duty in the armed forces of any country.]

22[When Will Your Coverage Continue If You Are Temporarily Not Working?

If premium payments continue to be made on your behalf, we may deem your employment to continue for purposes of remaining eligible for coverage under this plan as described below:

[If you are not working due to *sickness* or *injury* or, and if premium is paid, you may continue to be covered up to the earlier of

- your retirement date; or
- the date the group policy is cancelled.]

[If you are not in *active employment* due to *sickness* or *injury* [, *sabbatical*] [or other authorized leave as agreed to by your [*employer*] and us, your coverage may continue [up to a maximum of [3-60] months from the start of your absence,] [until stopped by your [*employer*.]] [Your coverage will not continue beyond the end of the next [policy] month after the [policy] month in which your absence started.]

Continued coverage is subject to any reductions in the Policy and terminates when the Policy terminates.

13[If you are on a temporary *layoff*, [and if premium is paid], you will be covered through [the end of the month that immediately follows the month] in which your temporary *layoff* begins.]

13[If you are on an [*employer*] approved] *leave of absence*, [and if premium is paid], you will be covered through [the end of the month that immediately follows the month] in which your *leave of absence* begins.]

23[When You Are not Working Due to a Strike, a Lockout or Other Labor Dispute

If you are not working due to a strike, a lockout or other labor dispute involving [your employer], and if premium is paid, coverage will be continued until:

- the expiration of [6-12] months from the date you ceased active employment; or
- the date you accept active employment with another *employer*,

whichever occurs first.

[Your *employer*] must inform you of your right to keep your coverage in force. You must pay, on time, to [your *employer*], an amount equal to the required premium during the continuation. [Your *employer*] will forward your premium to us.]

24[What Happens To Coverage While You Are on a Family and Medical Leave of Absence or a Military Leave of Absence.

[We will follow your [*employer's*] written guidelines. Contact your [*employer*] for a copy of their policy.]

[We will continue your coverage in accordance with the [*Policyholder's*] written guidelines on family medical and military leaves of absence if premium payments continue and the [*Policyholder*] approved your leave in writing.]

[Coverage will be continued until the end of the later of:

- the leave period required by the federal *Family and Medial Leave of Absence Act of 1993*

- and any amendments;
- the leave period required by applicable national, state or local law, or any similar **law, plan** or act; or
- for life [and accidental death and dismemberment] insurance, the leave period provided to you for an *injury* or *sickness*.

If the [*Policyholder's*] policy does not provide for continuation of your coverage during a family and medical *leave of absence*, your coverage will be reinstated when you return to *active employment*.]

[If you return to work within [1-24] months. We will not:

- apply a new [service] waiting period; [or
- require *evidence of insurability*.]

[For the above exceptions to apply, you must request to reinstate contributory coverage within [31-120] days of your return to active work.]]

25[Reinstatement of Coverage

If your coverage ends, you may apply to reinstate [coverage] [the coverage you previously had in effect] subject to the rules described in the "*When Does Your Coverage Begin*" Section. If we approve your request, **21** [the reinstatement will be effective on the first day of the month coinciding with or following the approval date] [we will notify you of your reinstatement date].

25[If you return to *active employment* within [6-12] months of the date your coverage terminated and you request coverage from your [*employer*] within [31-120] days of your return the [*service*] *waiting period* requirement will apply only to the extent they would have applied if your coverage had not ended.]]

25[If you were previously *insured* under this [Policy] and your insurance terminated for a reason other than cancellation of your payroll deduction, and you later become employed in one of the classes of eligible [*employees*] within [3 months -24 months] after your insurance terminated under this [Policy], any [*service*] *waiting period* will be waived for you.]

How Can Statements Made In Your Application For This Coverage Be Used?

We consider any statements you or your [*employer*] makes in a signed application for coverage **26**[or an *evidence of insurability* form], or that your [*employer*] makes in the application process, a representation and not a warranty. If any of the statements you or your [*employer*] make are not complete and true at the time they are made, we may:

- reduce or deny any claim; or
- cancel your coverage from the original effective date **1**[or any the increase in coverage.

If we use a statement to reduce, deny, or contest a claim, or cancel your coverage, a copy of that statement will be furnished to you or, in the event of your death or incapacity, to your eligible survivor or personal representative. We will use only statements made by the [*employer*] in the application process and statements made by you in a signed application as a basis for doing this. If the [*Policyholder*] gives us information about you that is incorrect, we will:

- use the true and correct facts to decide whether you have coverage under the plan and in what amounts; and

- make a fair adjustment of the premium.

Our failure to implement or insist upon compliance with any provision of this policy at any given time or times shall not constitute a waiver of our right to implement or insist upon compliance with that provision at any other time or times. This applies whether or not the circumstances are the same.

27[Conversion Benefit

A life conversion option may be available without a medical exam if you apply for it within 31 days of your loss of coverage under this Plan. For more information about the conversion provision, refer to the "Conversion Policy" section of this Certificate.]

Incontestability Period

During the first [one, two] years that your [insurance] is in force, we may use any statement you have made in contesting the validity of that coverage. This also applies to any increase in your coverage for the [one-two] years that follow the effective date of that increase, if *evidence of insurability* was required in order for the increase to take effect.

Once coverage, including an increase in coverage has been continuously in effect for [1-2] years, the validity of your [insurance] may not be contested by us unless your statement was in writing on a form signed by you and was fraudulently made in order to obtain that coverage or increase.

Recovery of Overpayments

If payments are made in amounts greater than the benefits that you are entitled to receive. We have the right to recover any overpayments. Refer to the *Claim Information Section* for the process we use to recover overpayments:

How We Handle Insurance Fraud

We have the right and will to use all means available to us to detect, investigate, deter and prosecute those who commit insurance fraud. We also have the right to pursue all legal remedies if you and/or your [*employer*] perpetrate insurance fraud.

Insurance fraud occurs when you or your [*Policyholder*] knowingly and with intent to defraud or deceive us, provide us with false information or file a claim for benefits that contains any false, incomplete or misleading information, or conceals for the purpose of misleading, information concerning any material fact concerning the coverage sought or payment of benefits..

It is a crime if you or the [*Policyholder*] commit insurance fraud and you or the [*Policyholder*] may be subject to criminal and civil penalties. Such penalties include, but are not limited to fines, denial or termination of insurance benefits, recovery of any amounts paid, civil damages, criminal prosecution and penalties.

Does the Policyholder Act as Our Agent?

No. For purposes of the [Policy], the [*Policyholder*] acts on its own behalf. Under no circumstances will the [*Policyholder*] be deemed our agent.

28[[Non-] Participation Policy

This policy is not entitled to share in surplus distribution.]

[Dependent Coverage]

Dependent Eligibility for Insurance

Your dependent(s) can be covered under this plan. If you elect coverage for yourself or are insured under this plan, you are eligible to elect dependent coverage **1**[as described below] [for your [spouse] [, your domestic partner] [and] [or] [your dependent children] [only] [or both]].]

[Your dependents are eligible for coverage the later of:

- the date your insurance begins;
- the date you first acquire a dependent.]

It is important that you inform [your employer] when you first acquire a qualified dependent. We will rely upon your employer to determine if a person meets the definition of a dependent for coverage under the plan. **2**[This determination will be conclusive and binding upon all person for purposes of this plan.]

3[What Dependents Are Eligible For Coverage?

The following dependents are eligible for coverage under the plan:

- [Your lawful spouse, including a legally separated spouse.] You may [not] cover your spouse as a dependent [even] if your spouse is enrolled for coverage as an employee.]
- **4**["Spouse" wherever used includes domestic partner.]
- **4**[Your domestic partner. Your domestic partner is the person named in your declaration of domestic partnership. You must execute and provide the plan administrator with such a declaration that states and gives proof that the domestic partner has had the same permanent residence as you for a minimum of [6] consecutive months prior to the date insurance would become effective for that domestic partner. [You must not have signed a declaration of domestic partnership with anyone else within the last [6] months of signing the latest declaration of domestic partnership.] Also, the domestic partner must be at least 18 years of age, competent to contract, not related by blood closer than would bar marriage, the sole named domestic partner, not married to anyone else and the declaration of domestic partnership must be approved and recorded by the plan administrator. You may [not] cover your domestic partner as a dependent [even] if your domestic partner is enrolled for coverage as an employee.]
- [Your unmarried children [from live birth] [at least 14 days old] [but less than age [19]. Stillborn children are not eligible for coverage.
- [Your unmarried dependent children age [19] or over, but under age **5**[23-30] also are eligible **6**[if they are full-time students at an accredited school.]
- [Your unmarried dependent children age [19] or over, are eligible, provided they are unable to earn a living because of a physical or mental disability and you are the main source of support and maintenance.

We must receive proof within [31-90] days of the date the child attains age [19] and as required

during the first [two] year(s). After the first [two] year(s) we will ask for proof when needed, but not more than once a year.]

- **13** [Your unmarried dependent children age [19] or over who are permanently and continuously incapable of self sustaining support by reason of mental retardation or physical handicap existing prior to the child's attainment of age [19].

We must receive proof within [31-90] days of the date the child is eligible for coverage under this policy, and as required during the first [two] years. After the first [two] years, we will ask for proof when needed, but not more than once a year.]

7[Dependent Children

[Children include your own biological children, lawfully adopted children [and stepchildren]. They also include:]

- foster children;
- stepchildren;
- [your domestic partner's children;]
- [grandchildren in your court-ordered custody;]
- **8**[and other children] who are dependent on you for main support and living with you in a regular parent-child relationship. This includes a child whose parent is your child and covered as a dependent under this plan];
- a child for whom benefits must be provided by court order for which we have received notification (as set forth in a divorce decree.

A child is considered adopted on the date of placement in your home.

8[No dependent child may be covered by more than one employee in the plan.] [No dependent child can be covered as both an *employee* and a dependent.]]

9When Dependent Coverage Begins

[(Option 1)

Evidence of insurability is required for any amount of dependent life insurance.

You pay 100% of the cost of your dependent coverage under a plan. Once you are eligible for dependent coverage [and your dependent's evidence of insurability form has been approved], your dependent coverage will begin at 12:01 a.m. on the later of:

- the first of the month following the date your dependent's are eligible for coverage, if you apply for dependent insurance on or before that date; or
- the first of the month following the date you apply for dependent insurance, if you apply within [31-90] days after your dependent's eligibility date.]

[Option 2)

[Evidence of insurability is required for any amount of dependent life insurance over the [guarantee issue] amount shown in the Life Insurance [Benefits Schedule].]

You pay 100% of the cost of your dependent coverage under a plan. Once you are eligible for dependent coverage, you have [31-90] days from the date your dependents become eligible to apply for dependent coverage.

Your dependent coverage will begin at 12:01 a.m. on the later of:

- the [first of the month] following the date your dependents are eligible for coverage, if you apply for dependent insurance on or before that date, for any amount of insurance that is not subject to evidence of insurability requirements; or
- the first of the month following the date you apply for dependent insurance, if you apply within [31-90] days after your dependent's eligibility date for any amount of insurance that is not subject to evidence of insurability requirements; and
- the first of the month following the date we approve your dependent's evidence of insurability form, if you apply for dependent insurance on or before your dependent's eligibility date or within 31 days after your dependent's eligibility date, for any amount of insurance that is subject to evidence of insurability requirements.]

[(Option 3)]

[When [your employer] pays 100% of the cost of your dependent coverage under a plan, your dependents will be covered at 12:01 a.m. on the later of:

- date they are eligible for coverage; or
- the date we approve your dependent's evidence of insurability form, if evidence of insurability is required.]

[When you and your [employer] share the cost of your dependent coverage under a plan or when you pay 100% of the cost yourself, your dependents will be covered at 12:01 a.m. on the latest of:

- the date your dependents are eligible for coverage, if you apply for insurance on or before that date;
- the date you apply for dependent insurance, if you apply within 31 days after your dependent's eligibility date; or
- the date we approve your dependent's evidence of insurability form, if evidence of insurability is required.

Evidence of insurability is required if:

- your dependents are late applicants, which means you apply for dependent coverage more than [31-365] days after the date your dependents are eligible for coverage; or
- you voluntarily cancelled your dependent coverage and are reapplying; or
- you declined your dependent coverage and now are applying; [or]
- [you are applying for any amount of dependent life insurance for a domestic partner.]

Evidence of insurability is also required for any amount of dependent life insurance over the [guarantee issue] amount shown in the Life Insurance [Benefits Schedule]. An evidence of insurability form for your dependents can be obtained from [your employer].]

g[Dependents Who Are Late Applicants

You can apply for dependent coverage [at anytime during the plan year,] [during an annual enrollment period,] [or within [31-365] days of a change in status].

[*Evidence of insurability* is required for any amount of dependent life insurance.] [Your dependent's amount of coverage will be the amount as shown for "Late Applicants" in the [Benefits Schedule] [for each plan]. In no event will this amount exceed the maximum benefit available for your dependents under the plan.]

8[Your employer] determines with us when the annual enrollment period begins and ends.]

Dependent coverage will begin at 12:01 a.m. on the [first of the month following the] [first of the month coincident with or next following the] date 8[your dependent's evidence of insurability form is approved] [We approve your dependent's evidence of insurability form].]

Delay of Effective Date

A qualified dependent may be confined for medical care or treatment at home or elsewhere. If a qualified dependent is so confined on the day that your dependent's insurance under a coverage for that qualified dependent, or any change in that insurance that is subject to this section, would take effect, it will not then take effect. The insurance or change will take effect upon the qualified dependent's final medical release from all such confinement. The other requirements for the insurance or change must also be met.

Newborn Child Exception: this section does not apply to a child of yours if the child is born to you, becomes your qualified dependent at birth, and either:

- is your first qualified dependent; or
- becomes a qualified dependent while you are insured for dependent's insurance under that coverage for any other qualified dependent.

8[Also this section does not apply to any age increase in the amount of insurance for a child under the Dependent's Life Coverage.]

10 Changing Your Dependent Life Insurance Coverage

[(Option 1)]

[[You can change your dependent coverage by applying for additional benefit units [at anytime] during the plan year. You can increase your dependent coverage any number of benefit units up to the maximum benefit available under the plan. *Evidence of insurability* is required for any amount of dependent life insurance applied for by you. Changes in dependent coverage that are made during a plan year will begin at 12:01 a.m. on the [first of the month following the date] your dependent's *evidence of insurability* is approved.]

[You [also] can change your dependent coverage by applying for additional benefit units during an annual enrollment period. You can increase your dependent coverage any number of benefit units up to the maximum available under the plan.

[Evidence of insurability is required for any amount of dependent life insurance over the [guarantee issue] amount shown in the Life Insurance [Benefits Schedule].]

Changes in dependent coverage that are made during an annual enrollment period will begin at 12:01 a.m. on the [later of:

- the] first day of the next plan year for any amount of insurance that is not subject to evidence of insurability requirements]; and
- the first of the month following the date we approve your dependent's evidence of insurability form for any amount of insurance that is subject to evidence of insurability requirements].

In addition, you can decrease your dependent coverage any number of benefits units at anytime during the plan year,] [or during an annual enrollment period]. Any decrease in dependent coverage

will take effect on the first of the month following the date you provide notification to your [employer].]

[An evidence of insurability form can be obtained from your [employer].]

Option 2

[You can change your dependent coverage by applying for additional benefit units [at anytime] during the plan year. You can increase your dependent coverage any number of benefit units up to the maximum benefits available under the plan.

[*Evidence of insurability* is required for any amount of dependent life insurance applied for during the plan year.] A change in coverage that is made during a plan year will begin at 12:01 a.m. on the first of the month coincident with or next following the date we approve your dependent's *evidence of insurability* form.

You also can change your dependent coverage by applying for additional benefit units during an annual enrollment period. You can increase your dependent coverage any number of benefit units up to the maximum benefits available under the plan.

Evidence of insurability is required for any amount of dependent life insurance over the [guarantee issue] amount shown in the Life Insurance [Benefits Schedule].

Your [employer] determines with us, when the annual enrollment period begins and ends. A change in coverage that is made during an annual enrollment period will begin at 12:01 a.m. on:

- the first day of the next plan year for any amount of insurance that is not subject to evidence of insurability requirements; and
- the first of the month coincident with or next following the date we approve your dependent's evidence of insurability form for any amount of insurance that is subject to evidence of insurability requirements.

In addition, you can decrease your coverage any number of benefit units during the plan year or annual enrollment period. Any decrease in coverage will take effect [immediately] but will not affect a payable claim that occurs prior to the decrease.]

Option 3

[You can change your dependent coverage by applying for a different option only during an annual enrollment period or within 31 days of a change in status. You can increase your dependent coverage by one level or decrease your dependent coverage any number of levels.

Evidence of insurability is required if you increase your dependent coverage by more than one level or if you apply for any amount of dependent life insurance over the amount shown in the Life Insurance [Benefits Schedule].]

If your dependent is not approved for the increase in coverage, your dependent will automatically remain at the same level your dependent had prior to your applying for the increase. However, if your dependent's current level is below the *evidence of insurability* requirements, your dependent's coverage will be increased to the next level as long as that level does not exceed the *evidence of insurability* requirements. A change in coverage that is made during an annual enrollment period will begin at 12:01 a.m. on the later of:

- the first day of the next plan year; or
- the date we approve your dependent's evidence of insurability form, if

evidence of insurability is required.

Changes in coverage that are made due to a change in status will begin at 12:01 a.m. on the latest of:

- the date of the change in status, if you apply for dependent coverage on or before that date; or
- the date you apply, if you apply within [31-365] days after the date of the change in status; or
- the date we approve your dependent's evidence of insurability form, if *evidence of insurability* is required.

Changes in coverage must be appropriate and consistent with the change in status.

An evidence of insurability form for your dependents can be obtained from [your employer].]

g[Dependents Who Are Totally Disabled on the Date Coverage Would Normally Begin

If your eligible dependent is totally disabled, your dependent's coverage will begin on the date your eligible dependent no longer is totally disabled. This provision does not apply to a newborn child while dependent insurance is in effect.]

Effective Date of Changes to Dependent Coverage

Once your dependent's coverage begins, any increased or additional dependent coverage will take effect [immediately] [on the first of the month following the date the changes occur] or [on the [first of the month following the] date we approve your dependent's evidence of insurability form, if evidence of insurability is required,] provided your dependent is not totally disabled. You must be in active employment **g**[or on a covered layoff] **g**[or leave of absence].

If you are not in active employment due to *injury* or *sickness*, any increased or additional dependent coverage will begin on the date you return to *active employment*.

If your dependent is totally disabled, any increase or additional coverage will begin on the date your dependent no longer is *totally disabled*.

g[Changes in Dependent Coverage

An increase or decrease in the amount of coverage for your dependent, as the result of a change in the dependent's [age, status, or benefit level], will become effective on [the date the age, status, or benefit level change occurs]. [If you are not actively at work on the date of the change, the increase in any coverage will be postponed until you return to work for one full day.]]

Any decreased coverage will take effect **11**[on the first of the month following the date you provide notification to [your employer] **11**[immediately] but will not affect a payable claim that occurs prior to the decrease.]

When Dependent Coverage Ends

12Your dependent's coverage under the policy or a plan ends on the earliest of:

- [the date the policy or a plan is cancelled;]
- [the date you no longer are in an eligible group;]
- [the date your eligible group is no longer covered;]
- [the date of your death;]
- [the last day of the period for which you made any required contributions;][or]
- [the last day you are in active employment [unless continued due to a covered layoff or leave of absence or due to an *injury* or *sickness* [or due to retirement], as described in this Certificate.]

[Coverage for any one dependent will end on the earliest of:

- [the date] your coverage under a plan ends;
- the date your dependent returns to the U.S. to establish residency;]
- [the date] your dependent ceases to be an eligible dependent;]
- [for a spouse, the date of divorce or annulment;] [or
- for a domestic partner, the date your domestic partnership ends.]

13 [Continuation Coverage for a Child Age [19] or Over Who Become Disabled While Covered Under the Plan

Coverage will continue for a child age [19] or over who became physically or mentally disabled while covered under the plan provided:

- the child is unmarried;
- the disability was acquired before the child's coverage would have ended; the child is incapable of self-support and remains so incapable; and
- you are the main source of support and maintenance.]

13 [Continuation Coverage for A Child Age [19] or Over

Coverage will continue for a child age [19] or over who is permanently and continuously incapable of self-sustaining support by reason of mental retardation or physical handicap, insured under the plan, provided:

- the child is unmarried; and
- you are the main source of support and maintenance

We must receive proof within [31-90] days of the date the child attains age [19] and as required during the first [2-5] years. After the first [2-5] years, we will ask for proof when needed, but not more than once a year.]

[Important Reminder: You cannot receive coverage under the plan as both an employee and a dependent; or a dependent of more than one employee.])

[Term Life Insurance Benefits
¹[With Accidental Death and Dismemberment Coverage]

HOW THE PLAN WORKS

Life Insurance Benefits

Life insurance is an important component of your financial planning. This life insurance plan pays a benefit to the named beneficiary(ies) if the insured dies ²[from any cause] ³[from a non-occupational cause] [except as [otherwise] limited or excluded in this Certificate], while coverage is in effect.

A life insurance benefit is payable in the amount of the Life Insurance Benefit shown on the [Benefit Schedule] for you [or your covered dependent] upon written proof of death.

The benefit [for you] will be paid in accordance with the Beneficiary Rules of this Certificate.

⁴[The benefit for a covered dependent will be paid to you, if living, otherwise at our option we may pay the benefit to your surviving *spouse* or to the executors or administrators of your estate.]]

[This [life] insurance plan is *non-occupational*, it does not pay a [death] benefit if the cause of death is directly or indirectly due to an occupational injury or illness.]

¹[Refer to the Accidental Death [and Dismemberment] Section for a description of your [accidental death and dismemberment] benefits, exclusions and conditions for this coverage.]

¹¹[Beneficiary Rules

Choosing Your Beneficiary

You should choose your beneficiary(ies) as soon as you are covered under the plan. [Your beneficiary designation will apply to your term life benefit and your accidental death benefit.]

A primary *beneficiary* is the person you designate to receive life [and accidental death] insurance benefits if you should die while you are covered under this plan. ⁵[You have the right to choose a *beneficiary* for each coverage under this Certificate.] [The beneficiary(ies) you select will apply to all ⁵[death benefits payable under the policy.] You may name anyone as your *beneficiary*. You may name more than one *beneficiary*. You will need to complete a beneficiary designation form, which you can get from [the Policyholder] or us.

If you name more than one primary *beneficiary*, benefits will be paid out equally unless you stipulate otherwise on the form. If you name more than one primary *beneficiary* and the amount or percentage of the payment to your primary beneficiaries does not equal 100% of your benefit amount, the difference will be paid equally to your named primary beneficiary(ies).

You may also name a contingent beneficiary. A contingent beneficiary is the person who will receive the life [and accidental death] insurance benefit if there is no living primary beneficiaries at the time of your death.

It is important that you name your *beneficiary(ies)* and keep your designation current. If you do not name a beneficiary, or if all named beneficiaries do not survive you, or if your named beneficiary is disqualified, your death benefit may be paid to your estate or to surviving family members as described below.

4[In addition, if you do not survive your spouse [or domestic partner], and dependent life coverage is continued, then your surviving spouse should name a *beneficiary* according to the requirements specified for you in this Certificate.]

Changing Your Beneficiary(ies)

You may change your *beneficiary* choice at any time by completing a new *beneficiary* designation form unless you have assigned this policy to someone else. Send the completed form to [the Policyholder] or to us. The *beneficiary* change will be effective on the date you sign a new [beneficiary designation form].

Prior to your death, you are the only person who can name or change your *beneficiary*. No other person may change your *beneficiary* on your behalf, including, but not limited to, any agent under power of attorney, whether durable or non-durable, or other power of appointment unless the appointment specifically states that the agent may change the *beneficiary* under this plan.

The Company will pay death benefits in accordance with the *beneficiary* designation we have on record. Any payment made before we receive your request for a *beneficiary* change will be made to your previously designated *beneficiary*. The Company will be fully discharged of its duties if the payment is made before we receive notification of a change in *beneficiary*.

If you wish to change your beneficiary, please contact us for beneficiary change form.

If Your Beneficiary Dies Before You

If one of your named primary beneficiaries dies before you, his or her share will be payable in equal shares to any other named primary beneficiaries who survive you. If you have named a contingent *beneficiary*, your contingent *beneficiary* will only be paid if all primary beneficiaries die before you.

If you have not named a primary or contingent *beneficiary*, we have the right to make payment to the surviving family members instead of making payment to your estate in the following order:

- your surviving spouse [or your *Registered Domestic Partner*], if any;
- your child or in equal shares to your children;
- your surviving parents in equal shares;
- your brothers and sisters in equal shares; or
- if none of the above survives, to your estate.

If Your Beneficiary Is a Minor or Lacks Legal Capacity

The method of payment will differ if your *beneficiary* is a minor or a person who lacks legal capacity to give us a valid release for payment of any death benefit. We will issue the payment, as permitted by applicable state law as follows:

- to the guardian of your *beneficiary's* estate; or
- the custodian of the *beneficiary's* estate under the Uniform Transfer to Minors Act; or
- an adult caretaker/legal guardian.

6[At our option, we may pay up to [\$2000] to the person or institution that appears to have assumed the custody and main support of the beneficiary. The amount payable is solely determined by us. This payment is made in good faith satisfies our legal duty to the extent of that payment and we will not have to make payment again.]

The Company will be fully discharged of its duties once we have paid your benefit. The Company is not responsible for how the payment is used.]

7[Funeral Expenses

We may apply [up to [\$500-\$10,000] [1% - 25%] [part] of your life insurance benefit toward your funeral and/or expenses incurred because of your illness or death. The amount payable will be determined by us, if any, and will be limited to Optional Payee Amount benefit listed in your *Benefit Schedule*.]

Documents Required For Proof of Death

We will require a certified copy of the death certificate and a completed Proof of Claim form. Refer to the Life Insurance "*Claim Information*" section of this Certificate for information on the documentation needed and the procedure to file a claim for benefits.

Payment of Life [and Accidental Death] Benefits

For Your Claim

Your beneficiary(ies) will receive payment when we approve your death claim. Benefit payments for your life insurance are made in a lump sum **10**[unless you have elected an installment method which has been agreed to by us. If you do not select an installment method prior to your death, your beneficiary has the right to elect either a lump sum payment, or an installment option before any payment is made.

We will give your beneficiary additional information about payment options when a claim is filed. The method of payment allowed will be those offered by us at the time the election is made.]

We will issue a benefit payment to your beneficiary as soon as the necessary written proof supporting the death claim is received. Refer to the *Life Claim Information* section in this certificate for information on the required documentation and process to file a claim.

8[Payment for the claim may be accessed by writing a draft in a single sum or drafts in smaller sums. The funds for the draft or drafts are fully guaranteed by us.]

9[If the claim is less than [\$5000-\$25,000] we will pay it in one lump sum to the beneficiary.]

8[Also, you or your beneficiary may request the life claim to be paid according to one of our other settlement options. This request must be in writing in order to be paid under our other settlement options.]

4[If you do not survive your spouse, and dependent life coverage is continued, then your surviving spouse's death claim will be paid to your surviving spouse's beneficiary.]

4[For A Dependent Claim

You will receive payment when we approve your dependent's death claim. All dependent benefits will be paid to you. Benefit payments for your dependent's life [and accidental death] insurance are made in a lump sum.]

11[Assignment

An assignment is the transfer of your rights under the group policy to a person you name. You may assign, as a gift, all ownership of your life insurance benefit. The following rules apply to assignments:

- (1) The Company **9**[and your employer] must give written consent to the assignment. To request assignment of your life insurance you must complete an assignment form. Forms are available from [your employer] [and] [us]. Send the completed form to [us] for consent. You may wish to contact legal counsel prior to assigning your life insurance rights. Neither [your employer] nor the Company guarantees or assumes any obligation concerning the sufficiency or validity of any assignment for purposes of your tax or estate planning.
- (2) Insurance under any coverage providing periodic benefits on account of disability or accidental death benefits may be assigned only as a gift assignment;
- (3) Insurance under any other coverage providing death benefits may be assigned either as a gift assignment or as a value assignment made in consideration of terminal illness;
- (4) Insurance under any other coverage may be assigned without restriction. Any rights, benefits or privileges that you have as an employee may be assigned. This includes any right you have to choose a Beneficiary or to convert to another contract of insurance. We will not decide if an assignment does what it is intended to do. We will not be held to know that one has been made unless it or a copy is filed with us through the [Policyholder].

This provision applies only to insurance for which you have the right to choose a beneficiary, when that right is assigned. If an assigned amount of insurance becomes payable on account of your death and, at your death, there is no beneficiary chosen by the assignee, it will be payable to:

- the assignee, if living; or
- the estate of the assignee, if the assignee is not living.

It will not be payable as stated in the Beneficiary Rules.]

Claims of Creditors

Life **1**[and Accidental Death and Accidental Dismemberment] benefit payments are exempt from legal or equitable process for your debts, where permitted by law. The exemption also applies to the debts of your beneficiary.]

12[Benefit Reductions

When Life **1[and Accidental Death and Dismemberment] Amounts Are Reduced**

Age Reduction Rules **13 [for Active Employees]**

Life insurance **1**[and accidental death [and dismemberment coverage] amounts [for active employees] will be reduced at age [65-75] **14**], then continue to decrease according to the schedule below.

14[If You Are Age:	Your Insurance Amounts Will Be:
[60 to 69]	[65%] of your benefit
[70 to 74]	[40%] of your benefit
[75 to 79]	[25%] of your benefit
[80] and over	[20%] of your benefit]]

Reductions are based on the amount of life [and accidental death and dismemberment] insurance] in force on the **15**[day prior to the first of the month in which you attain age [65-75]].

The reduction will take effect on the **16**[date] **16**[first day of the calendar month in which] you attain the limiting age.

Once your benefit has been reduced, there will be no further increases in your insurance amount even if your salary or [eligible class] changes.

You may become eligible for coverage after you reach age [65-75]. Your amount of life insurance will be figured by multiplying:

- the amount of insurance you would have been eligible for prior to age [65-75]; times
- the applicable percentage, based on your current age, as shown in the above schedule.]

[Impact on Benefits When You Retire

17[Life insurance [and accidental death and dismemberment] coverage ends when you retire.]

OR

18[Your [life] insurance coverage continues after you retire, as long as you remain in an eligible class. Your amount of life insurance will be reduced **19**[as of the date you retire] **19**[(unless your insurance has been fully reduced already because of this plan's age reduction rules)] **20** [to \$500-\$50,000] [by 50%-80%] **21**[The maximum amount of life insurance for a retired employee is [\$5000-\$100,000]] Coverage is subject to change or termination in accordance with the terms of the group insurance policy.]

22[Life Insurance Coverage When You Become Disabled

Your [life] insurance coverage may be continued for a specific time [or you may be eligible for additional benefits] if you qualify as described below.

23How Do We Define A [Permanent and] Total Disability?

[Own Occupation – Total Disability Through the [Elimination Period]

[You are disabled when we determine that, during and beyond the *[elimination period]*, you are unable to perform any of the *material and substantial duties* of your *regular occupation* due to your *injury* or *sickness*.]

[2/3/4/5 Year With [Permanent and] Total Disability Through the [Elimination Period]

[You are disabled when we determine that during the *[elimination period]* and the next [2 years] after the *[elimination period]*, you are unable to perform any of the *material and substantial duties* of your *regular occupation* due to your *injury* or *sickness*.

You will continue to be disabled beyond the [2 years] after the *[elimination period]* if you are also not working and, due to the same *injury* or *sickness*, are unable to perform the duties of any *gainful occupation* for which you are reasonably fitted by training, education or experience.]

[Any Occupation –[Permanent and] Total Disability Through The [Elimination Period]

[You are disabled when we determine that:

- during the *[elimination period]*, you are not working in *any occupation* due to your *injury* or *sickness*; and
- after the *[elimination period]*, due to the same *injury* or *sickness*, you are unable to perform the duties of any *gainful occupation* for which you are reasonably fitted by training, education or experience.]

You must be under the *regular care* of a *physician* in order to be considered disabled.

[The loss of a professional or occupational license or certification does not, in itself, constitute disability.]

We may require you to be examined by a *physician*, other medical practitioner or vocational expert of our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so. We may also require you to be interviewed by our authorized representative.]

24[Premium Waiver Extended Benefit

Your life insurance coverage may be extended for a specific time and your life insurance premium will be waived if we determine that you have become *[permanently and totally] disabled* while you are insured under this Plan and you meet the conditions as described below

25How Long Must You Be [Permanently and] Totally Disabled Before You are Eligible to Have Life Insurance Premiums Waived?

You must be *[permanently and totally] disabled* through your *[elimination period]*. Your *[elimination period]* is [0-12] months].

26[Applying For The Life Insurance Premium Waiver

Ask *[your employer]* for a life insurance premium waiver claim form. The form has instructions on how to complete and where to send the claim.]

You or *[your employer]* must continue to make life insurance payments **26**[for the first 12 months

following the date you become disabled] 26[or until we determine that you are [permanently and totally] disabled, which ever occurs first]. If we then determine that you are [permanently and totally] disabled, the life insurance coverage you had prior to your disability will continue. We will not require further premium payments for you while you remain disabled according to the terms and provisions of the plan.

27[Amount of Insurance

Your extended life insurance benefit under the premium waiver feature will be the amount of life insurance that was in force for you at the time your [permanent and total] disability began.

27[This amount may be subject to age reduction rules outlined in this Certificate.]

28[When Your Life Insurance Premium Waiver Begins

Your life insurance premium waiver will begin when we approve your claim, if the [elimination period] has ended and you meet the following conditions. [Your employer] may continue premium payments until we notify [your employer] of the date your life insurance premium waiver begins.

Your life insurance premium will be waived if you meet these conditions:

- you are less than [60-70] years and insured under the plan;
- you become *disabled* and remain *disabled* during the [elimination period];
- you meet the notice and proof of claim requirements for disability while your life insurance is in effect [or within three months after it ends]; and
- your claim is approved by us.

After we approve your claim, we do not require further premium payments for you while you remain disabled according to the terms and provisions of the plan.

Your life insurance amount will not increase while your life insurance premiums are being waived. Your life insurance amount will reduce or cease at any time it would reduce or cease if you had not been disabled.

28[Continued Proof of Disability

You must furnish evidence of your disability when requested by us. We also have the right to examine you at our own expense and will use this information to determine if you are [permanently and totally] disabled.]

29[When Your Life Insurance Premium Waiver Ends

The life insurance premium waiver will automatically end if: [

- you recover and you no longer are disabled;
- you are able to work at any *gainful occupation* for pay or profit;
- you fail to give us proper proof that you remain disabled;
- you refuse to have an examination by a doctor chosen by us;
- [premium has been waived for [12-24] months and you are considered to reside outside the United States. You will be considered to reside outside the United States when you have been outside the United States for a total period of 6 months or more during any [12-24]

- consecutive months for which premium has been waived];
- [premium has been waived for [5-10] years];
- [you reach age [65-70] or your retirement date, whichever occurs first] [or you retire prior to [age 65-70]]; [or]
- [you reach your retirement date.]]

30[Also, we will not continue the life insurance premium waiver beyond the Maximum Benefit Period stated below, based on your age on the date your disability began.]

Age at Disability (ADEA 1)	Maximum Benefit Period
[Less than age 60	To age 65 but not less than 5 years
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months]

You will not be considered retired or reaching your retirement date if you are receiving disability payments under:

- the United States Social Security Act; or
- any similar *law, plan or act*; or
- [your employer's] *Retirement Plan*.

However, you will be considered retired if you are receiving retirement benefits.]

31[Permanent and Total Disability [Extended] Benefit]

If your death occurs within [one-ten years] after the last day you are in active employment, [and the [Policyholder] continues to pay premiums on your behalf,] the amount of your death benefit will be paid if the following conditions are met:

- you became [permanently and] totally disabled while insured;
- you became [permanently and] totally disabled before your [65th -70th] birthday;
- you stayed [permanently and] totally disabled until your death; and
- within one year after your death, your authorized representative furnishes proof to us that you met the conditions listed above.]

The amount of insurance payable at death will be the same amount for which you would have

been eligible if you were not [Permanently and] Totally Disabled, subject to any benefit reduction indicated in this Certificate or any life benefit paid under this plan prior to your death.

At any time during the period in which the insurance is extended, we may require you to provide medical proof of the continuing [Permanent and] Total Disability. At our expense, we may require you to submit to an independent exam by a *physician* we choose.

There will be no extension of insurance under the provisions of this section if an individual policy of Life insurance is issued to you under the Conversion Privilege, unless the individual policy is surrendered to the Company without claim except for the return of any premium paid.

Coverage extended on any *insured* under the provisions of this section will automatically terminate:

- when premium payments stop;
- if you cease to be Totally Disabled, except that if you return to *active employment* in an [eligible] class, your insurance will be continued subject to payment of premiums by the [Policyholder];
- if you refuse to submit to any physical examination required by the Company;
- if you fail to provide proof of [Permanent and] Total Disability in accordance with the terms of this section; or
- the Group Policy is cancelled.

Upon termination of your insurance, you will be entitled to the benefits described in the section entitled "Conversion Privilege".]

32] *Benefits if You Are Permanently and Totally Disabled*

If you become *Permanently and Totally Disabled*, as defined in this Certificate and remain [Permanently and] *Totally Disabled*, a life insurance benefit may be payable when you elect this option.

We will pay a benefit [each month] for [1%-100%] [\$5,000- \$500,000] of your life insurance amount [in a fixed number of installments over a [12-60] month period] if you are Permanently and Totally Disabled, if you meet these conditions:

- you are less than [60-70] years;
- you become permanently and totally disabled while insured under the plan;
- you remain permanently and totally disabled during the elimination period, and presumably for the rest of your life;
- you meet the notice of claim and proof of claim requirements for [permanent and] total disability while your life insurance is still in effect; and your claim is approved by the Company.

If your request is approved, [the [benefit] [first installment] will be payable [1- 36 months] after the date [Permanent and] Total Disability began, provided you have furnished to the Company satisfactory proof of the [Permanent and] Total Disability. Proof must be given to the Company no later than one year after the commencement of such Permanent and Total Disability. The benefit will be payable to you.

Effect of the Benefit Payment on Your Plan

This benefit is in lieu of the benefits that would have been paid on your death. An election to receive a Permanent and Total Disability Benefit will have the following effect on other benefits:

Your Life Insurance Benefit

The amount of life insurance covering you, including any amount under an extended death benefit, will be reduced by the amount of any Permanent and Total Disability payment. If death occurs after benefits have been paid under this provision, your beneficiary will be paid an amount equal to the balance of your life insurance amount.

Life Continuation and Conversion

Any amount of life insurance that would be continued under a disability continuation provision or that may be available under the conversion privilege will be reduced by the amount of the benefit payment. The converted amount will be limited to the reduced amount of life insurance remaining after the benefit payment(s) subject to any reduction and termination provisions.

Refer to *Conversion* for more information about the conversion privilege.

Tax Consequences

Benefits paid may be taxable. As with all tax matters, you should consult your personal tax advisor to assess the impact of receiving this benefit.

When Benefits End

Benefits will end on the earliest of the following dates:

- the date you cease to be Permanently and Totally Disabled;
- the date you fail to submit to a physical exam as required;
- the date your life insurance would otherwise terminate as indicated in the [Policy];
- the date proof of Permanent and Total Disability is not provided when due; or
- the date the last installment is paid on your behalf of the insured.

If you cease to be Permanently and Totally Disabled, premiums must be paid when due if insurance coverage is to be continued.]

33[Important Note:
<p>Your Life Insurance Benefit The amount of life [and accidental death and dismemberment] insurance covering you [or your spouse] [or domestic partner] will be reduced by the amount of any benefit paid under the [Permanent and] Total Disability provisions.] The remaining amount will be limited to the reduced amount of [life] insurance remaining after the benefit payment subject to any reduction and termination provisions.</p> <p>Life Continuation and Conversion Any amount of life insurance that would be continued under a disability continuation provision or that may be available under the conversion privilege will be reduced by the amount of the [Permanent and] Total Disability payment(s). The converted amount will be limited to the reduced amount of life insurance remaining after the benefit payment subject to any reduction and termination provisions.</p> <p>[If you were insured for any Accidental Death [and Dismemberment] coverage, that coverage ends on the date you become eligible for a [Permanent and] Total Disability Benefit. [If your coverage included dependent life insurance, you will have the</p>

option to convert their coverage when you become eligible for a [Permanent and] Total Disability benefit.]]

34[Life Insurance Limitations and Exclusions

35[No life insurance benefit is payable under this policy if death is caused by, contributed to by or results from:

- suicide, while sane or insane, or from an intentionally self-inflicted injury, within [two years] from the initial effective date of coverage under the policy; and
- suicide, while sane or insane, or from an intentionally self-inflicted injury, within [two years] from the effective date of an increase in coverage under the policy. The death benefit is limited to the amount of coverage in force prior to the increase.]

[The suicide exclusion applies only to any amounts of insurance for which you pay part of the premium.] [The suicide exclusions applies only to supplemental coverage.]

[The suicide exclusion will also apply to any amount that is subject to evidence of insurability requirements and we approve the *evidence of insurability* form and the amount you [or your dependent] applied for at that time.]

[The [1-2 year] period will include the period of time coverage was in force under a *Prior Plan*.]

[If benefits are denied under this exclusion, all premiums which have been paid by you for the denied benefit or the portion of denied benefit, will be returned to in accordance with the Beneficiary Rules.]]

Additional Exclusions For Expatriate, Key Local Nationals and Third Country Nationals

36[No life [or accidental death and dismemberment] insurance benefit is payable for loss of life due to: [

- [the [active participation in] declared or undeclared war, or [the active participation in] any act of declared or undeclared war;
- active participation in a riot or an act of insurrection, rebellion or civil commotion; or
- any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow, or to the influencing, of any Government or ruling body, by force, terrorism or violence.]]

36 [Also, your plan does not cover any disability, or any losses where death is, caused by, or contributed to by, or results from: [

- a *pre-existing condition*, and disability or death which:
 - occurs within [24 months] after your [or your dependent's] initial effective date of insurance[, unless you [or your dependent] have been *treatment free* for [12] consecutive months after your [or your dependent's] initial effective date of insurance]; or
 - occurs within [24 months] after the date any increases or additional insurance becomes effective for you [or your dependent], unless you [or your dependent] have been *treatment free* for [12] consecutive months after the date any increases or additional

insurance becomes effective]].

- the diagnosis of Acquired Immune Deficiency Syndrome (AIDS) if death occurs within [24] months after his or her effective date of coverage under the Policy;]
- the commission of or attempt to commit a felony.]

37 Additional Exclusions for a "non-occupational" and non-accident only policy.

[Your death caused directly [or indirectly] by an [accident or injury] [occupational *illness* or *injury*]]

Alternate War Exclusions

38 Active participation in war or terrorism due to the insured's:

- active engagement in an act or threat of violence;
- an act harmful to human life;
- an act harmful to tangible or intangible property or infrastructure;
- a harmful act with the intent or effect of influencing any government or of putting the public or any section of the public in fear; or
- active involvement in war, invasion, an act of foreign enemies, hostilities or war-like operation (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to popular uprising, military uprising, insurrection, rebellion, riot, military or usurped power or any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow or to the influencing of any Government or ruling body by force, terrorism or violence.]

38 Passive participation in war

No benefit is payable if you:

- go to and remain in a country or an area where the [U.S. State Department] [British Government Foreign and Commonwealth Office] advises against "all travel" there; or
- go to and remain for a period of more than [28 days] per stay in a country or an area where the [U.S. State Department] [British Government Foreign and Commonwealth Office] advises against "all but essential travel".

And the claim arises either directly or indirectly as a consequence of war, invasion, act of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to popular uprising, military uprising, insurrection, rebellion, riot, military or usurped power or any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow or to the influencing of any Government or ruling body by force, terrorism or violence.]

39 Nuclear, biological and chemical events

No benefit is payable in the event of a claim arising, directly or indirectly, from any of the following:

- nuclear fission, fusion or radioactivity;
- the use of nuclear, biological and chemical weapons and/or devices; or
- attacks on or sabotage of facilities and storage depots, which lead to the release of radioactivity or nuclear, biological or chemical warfare agents.]

¹[Refer to the Accidental Death and Dismemberment Benefits Section for the exclusions and limitations that apply to these benefits.]

Plan Conversion Options

40[Conversion Insurance Option While You Are Satisfying The Disability Requirements

You may use the life conversion privilege when your life insurance terminates while you are satisfying the disability requirements. Please refer to the conversion privilege below. You are not eligible to apply for the life conversion option if you return to work and, again, become covered under the plan.

If an individual life insurance policy is issued to you, any benefit for your death under this plan will be paid only if the individual policy is returned for surrender to us. We will refund all premiums paid for the individual policy.

The amount of your death benefit will be paid to your named beneficiary for the plan. If, however, you named a different beneficiary for the individual policy and the policy is returned to the Company for surrender, that different beneficiary will not be paid. If you want to name a different beneficiary for this group plan, you must change your beneficiary as described in the Beneficiary Designation page of this group plan.]

Conversion Policy When Coverage Ends Under This Option

When coverage ends under the plan, you [and your dependents] may convert your group term life coverages to individual life policies, without evidence of insurability. The maximum amounts that you can convert are the amounts you [and your dependents] are insured for under the plan. You may convert a lower amount of life insurance.

You and [your dependents] must apply for individual life insurance under this life conversion privilege and pay the first premium within [31] days after the date:

- your employment terminates; or
- you or your [dependents] no longer are eligible to participate in the coverage of the plan.

If you convert to an individual life policy, then return to work, and, again, become insured under the plan, you are not eligible to convert to an individual life policy again. However, you do not need to surrender that individual life policy when you return to work.

Converted insurance may be of any type of the level premium whole life plans then in use by the Company or any subsidiaries or affiliates. The person may elect one year of Preliminary Term Insurance under the level premium whole life policy. The individual policy will not contain disability or other extra benefits.]

Optional Conversion Policy When the Group Policy or the Plan is Cancelled

You [and your dependents] may convert a limited amount of life insurance if you have been insured under your [employer's] group plan with the Company for at least five (5) years and the policy or the plan:

- is cancelled with us; or
- changes so that you no longer are eligible.

The individual life policy maximum for each of you will be the lesser of:

- [\$10,000]; or
- your [or your dependent's] coverage amounts under the plan less any amounts that become available under any other group life plan offered by [your *employer*] within [31] days after the date the policy or the plan is cancelled.

Premiums for Conversion Plans

Premiums for the converted insurance will be based on:

- the person's then attained age on the effective date of the individual life policy;
- the type and amount of insurance to be converted;
- the Company's customary rates in use at that time; and
- the class of risk to which the person belongs.

If the premium payment has been made, the individual life policy will be effective at the end of the [31] day conversion application period.

Payable Life Insurance Benefit During the Conversion Period

A term life insurance benefit is payable for an insured during the conversion period who dies:

- within [31] days after group coverage under this plan ends; and
- while entitled to convert coverage under this plan to an individual contract.

The amount of the benefit is equal to the amount of life insurance benefit, under this plan, the *insured* was entitled to convert. It is payable even if you did not apply for conversion. It is payable when we receive written proof of death and we approve the claim.

Applying For Conversion Insurance

Ask [your *employer*] for a conversion application form which includes cost information.

When you complete the application, send it with the first premium amount to:

[Kemper Investors Life Insurance Company
Conversion Unit
PO Box XXX
Town, State Zip Code]]

[Accelerated Death Benefit Option]

The Accelerated Death Benefit option allows you to receive a one time partial life insurance benefit if, while covered under the plan, you **1**[, your spouse or your domestic partner] are diagnosed with a *terminal illness* and not expected to survive more than **2**[6-24 months]. The Accelerated Death Benefit is subject to the terms and conditions of the [Policy].

3[This benefit option does not apply to any terminal illness resulting from an intentionally self-inflicted injury or suicide attempt.]

You may request and receive an Accelerated Death Benefit under this plan only *once* on your own behalf [and only *once* on behalf of [your dependent or domestic partner].]

The amount of the Accelerated Death Benefit available is a percentage of the amount of employee term life insurance that you elected under the plan. You may request up to **4**[5%-80%] of the term life insurance that is currently in effect for you [or the person for whom you are making the request] on the date we receive proof that you [or a covered dependent] is terminally ill. But the amount you request may not be:

- **5**[Less than [\$5,000] [the Accelerated Death Benefit minimum]; or]
- **5**More than [\$1,500,000] [the Accelerated Death Benefit maximum].

[Refer to the Benefit Schedule for the specific amounts.]

6[The benefit may be reduced if, within [1-6] months after the date we receive such proof, a reduction on account of age would have applied to the amount of your employee term life insurance. In that case, the amount of the benefit payable may not exceed the amount of the term life insurance after applying the reduction.]

The amount of life insurance after the Accelerated Death Benefit has been paid will remain in force and be paid in accordance with the terms of the [Certificate] describing your coverage, subject to the terms and conditions of the [Policy].

Electing the Accelerated Death Benefit Option

Your [or your dependent's] right to exercise this option and to receive payment is subject to the following conditions:

- You [or your dependent] must be *terminally ill* at the time of payment of the accelerated death benefit;
- Your employee term life insurance must not be assigned (please see the Assignment section below);
- Our claims handling rules apply to the payment of benefits under this option;
- You [or your dependent] must request the Accelerated Death Benefit election in writing on a form acceptable by us and submit the request form to us; and
- You must also provide us the following:
 - 1) A *physician's* certification that you [or your dependent] are suffering from a non-

correctable *terminal illness* and your [or your dependent's] life expectancy has been reduced to less than 2[6-24] months. The *physician's* certification must be deemed satisfactory to us.

2) 3[A copy of:

- all medical test results;
- laboratory reports; and
- all supporting documentation and information on which the *physician's* statement is based.]

We may, at our own expense, require you [or your dependent] to submit to an independent medical exam by a *physician* we choose. We will not process your Accelerated Death Benefit request until the exam has been completed and we have received the results.

We May Refuse Your Election Request

We may stop processing your request or refuse your request if:

- the group policy terminates coverage for your eligible class before we approve your request (even if all or part of your life insurance coverage continues for any reason);
- all of your [or your spouse's or domestic partner's] life insurance coverage terminates under the group policy for any reason before we approve your request; or
- you die before we issue the accelerated death payment.

Assignment

If you have assigned your rights under the plan to an assignee or made an irrevocable beneficiary designation, we must receive consent, in writing, that the assignee or irrevocable beneficiary has agreed to the Accelerated Death Benefit payment on your behalf in a form acceptable to us before benefits are payable.

Accelerated Death Benefit Payment

If your request is approved, we will pay you the Accelerated Death Benefit in a lump sum. Benefits are payable to you. 7[The amount will be reduced by an [administration charge and] interest charge that would have accrued on the requested amount.

7[The Accelerated Death Benefit paid to you will be reduced by:]

- the interest charge equal to the sum of daily interest that would have accrued on that amount during [6-24 months], which begins on the date the benefit is paid [and
- an administrative charge of [\$300].]

7[The interest rate used to calculate the interest charge will not exceed the current yield on 90-day Treasury bills on the date the Accelerated Death Benefit payment is requested.]

8[If you do not want the benefit paid in one lump sum, you may elect to be paid in [6-24] equal installments. The first monthly payment will be due when we receive proof that you are *terminally ill*. The other payments are due on the same day of each later month. If you elect monthly installments and you die before all payment have been made, we will pay your beneficiary(ies) the sum of the total of the payments that remain.]

3[The Accelerated Death Benefit is available on a voluntary basis. Therefore, you [are] [or your

dependent is] not eligible for benefits if:

- you [or] [your dependent] is required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
- you [or] [your dependent] are required by a government agency to use this benefit in order to apply for, get, or otherwise keep a government benefit or entitlement.]

Premium Payments

Premium payments must continue to be paid on the full amount of life insurance unless you qualify to have your life premium waived.

[Also, premium payments must continue to be paid on the full amount of your dependent's life insurance unless you qualify to have your life premium waived.]

Effect of an Accelerated Death Benefit Payment on Your Plan

This benefit is in lieu of the benefits that would have been paid on your death. Accordingly, an election to receive an Accelerated Death Benefit will have the following effect on other benefits:

Your Life Insurance Benefit

The amount of life insurance covering you [or your spouse] [or domestic partner] including any amount under an extended death benefit, will be reduced by the amount of any Accelerated Death Benefit payment[, plus any g[administrative or] [interest charges]].

Life Continuation and Conversion

Any amount of life insurance that would be continued under a disability continuation provision or that may be available under the conversion privilege will be reduced by the amount of the Accelerated Death Benefit payment. The converted amount will be limited to the reduced amount of life insurance remaining after the benefit payment subject to any reduction and termination provisions.

Refer to *Conversion* for more information about the conversion privilege.

10[Extended Benefits Under the [Permanent and Total Disability Feature]

You may apply for an Accelerated Death Benefit payment if you have qualified for an extension of your life insurance because of your permanent and total disability, as long as you have not previously requested [and received] an Accelerated Death Benefit payment. All of the terms of the Accelerated Death Benefit feature will apply to an Accelerated Death Benefit request you make while your life insurance is being extended under the terms of the permanent and total disability provision

For more information about the permanent and total disability provision, refer to [*Permanent and Total Disability.*]

Tax Consequences

Benefits paid may be taxable. We are not responsible for any tax or other effects of any benefit paid. As with all tax matters, you [or your dependent] should consult your personal tax advisor to assess the impact of this benefit.

3[Claims of Creditors

To the extent allowed by law, you are not required to request an Accelerated Death Benefit in order to satisfy claims of creditors.]

1[Accidental Death [and Dismemberment (AD&D)] Benefits

HOW THE PLAN WORKS

The Accidental 1[Death] [and] [Dismemberment] benefit covers losses you 2[or your covered dependents] suffer solely and as a direct result of an *accidental bodily injury* that occurs while coverage is in effect. The Accidental [Death] [and] [Dismemberment] benefits are payable in addition to any other coverage you may have from [your [employer]].

Covered losses are described as a percentage of the [Principal Sum]. The [Principal Sum] is the full benefit payable by the plan. The [Principal Sum] amount is described on your Accidental [Death] [and] [Dismemberment] [Benefits Schedule]. The "Covered Loss Schedule" [below] 3[attached to this Certificate Section] defines the covered losses and the benefit payable for each type of covered loss under this plan.

3 [Schedule 1 Covered Loss Schedule

Covered Losses	Benefit Amount
[Loss of Life	The [Principal Sum]]
Loss of Both Hands or Both Feet or Sight of Both Eyes	The [Principal Sum]
Loss of One Hand and One Foot	The [Principal Sum]
Loss of One Hand or One Foot and Sight of One Eye	The [Principal Sum]
Loss of Speech and Hearing	The [Principal Sum]
Loss of One Hand or One Foot	One-half the [Principal Sum]
Loss of Sight of One Eye	One-half the [Principal Sum]
Loss of Speech or Hearing	One-half the [Principal Sum]
Loss of Thumb and Index Finger of Same Hand	One-quarter the [Principal Sum]
[Quadriplegia	The [Principal Sum]]
[Triplegia	Three-quarters the [Principal Sum]
[Paraplegia	Three-quarters the [Principal Sum]
[Hemiplegia	One-half the [Principal Sum]
[Uniplegia	One-quarter the [Principal Sum]]

*Refer to the Glossary for a description of each covered loss.]

4[Also, you [or your covered dependent] must also be under the age of [60-80] when the accident occurs to be eligible for this benefit payment. Once you reach age [60-80], the accidental [death] [and] [dismemberment] insurance benefits end. You will no longer be eligible for a benefit payment if the loss is caused by an *accident*.]

5[Retirees are not eligible for benefits under this coverage.]

5[Dependents in full-time military service are not eligible for benefits under this coverage.]

Refer to the *Accidental* 1[*Death*] [and] [*Dismemberment*] *Claim Information Section* of this Certificate for information on the documentation needed and the process to file a claim for benefits.

If more than one of the above covered losses results from one incident, the benefit payable will be the [Principal Sum], or the sum of the benefits payable for each covered loss, whichever is less.

6[**Accidental Death Benefit**

An accidental death benefit is payable if you [or your covered dependent(s)] suffer solely, and as a direct result of an *accidental bodily injury*, loss of life while coverage is in effect. The loss of life must be caused directly by that bodily injury, and apart from any other cause, within 7[90, 180, 270, 365, 730 days] after the *accident*. The *accident* must occur while you are insured under the plan.

We will pay the amount of the benefit shown on the Covered Loss Schedule and the [Benefits Schedule] for you [or your covered dependent] upon approval of your claim provided certain conditions are met. The benefit for you will be paid in accordance with your [life insurance] beneficiary designation. If no beneficiary was selected, the benefit will be paid in accordance with the Beneficiary Rules shown in the [Life Insurance] [General Provisions] Section of this Certificate.

2[The benefit for a covered dependent will be paid to you, if living; otherwise, at our option we may pay the benefit to your surviving spouse or to the executors or administrators of your estate.]]

8[**Accidental Dismemberment Benefits**

A benefit is payable if you [or your covered dependent] suffer solely, and as a direct result of an *accidental bodily injury* a covered loss listed in the *Covered Losses Schedule* shown above, while coverage is in effect. The loss must be caused directly and apart from any other cause, by that *accidental bodily injury* within 7[90, 180, 270, 365, 730-730 days] after the accident. The *accident* must occur while you are insured under the plan

If we approve the claim, we will determine the payment according to the *Covered Losses Schedule* above. The most we will pay for any combination of covered losses from any one accident is the [Principal Sum]. The [Principal Sum] is shown in the Accidental [Death] [and] [Dismemberment] [*Benefit Schedule*]. The benefit for a covered loss will be paid to you. No benefit is payable for any loss which is not shown on the Covered Loss Schedule unless otherwise described in this Certificate as a covered benefit.

Exclusions- Accidental Losses Not Covered Under Your Plan

Your plan does not cover any accidental losses caused by, contributed to by, or resulting from:

- [an [occupational injury]. [We will cover accidental losses due to *occupational injuries* for partners or sole proprietors who cannot be covered by a workers' compensation law;]
- [*business travel*;]
- [suicide, self destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while sane, or self-inflicted injury while insane;]
- [active participation in a riot;]
- [an attempt to commit or commission of a crime;]
- [commission of a crime for which the insured has been convicted;]
- [operating any motorized vehicle while intoxicated] [being intoxicated]
- [the use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your [or your dependent's] *physician*. This exclusion will not apply to you [or your dependents] if the chemical substance is ethanol.];
- [the voluntary use of any controlled substance. (This is defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and all amendments.) This exclusion will not apply if the controlled substance is prescribed for you by a *physician* and administered in accordance with FDA and clinical guidelines;]
- [service on full-time active duty in the Armed Forces of any country or international authority;]
- [travel or flight in any vehicle or device for aerial navigation, including boarding or alighting from it while:
 - it is being used for test or experimental purposes;
 - you [or your dependent] are operating, learning to operate or serving as a member of the crew;
 - it is being operated by or for or under the direction of any military authority.

This exclusion does not apply to:

- transport type aircraft operated by the Military Airlift Command of the United States; or
- similar air transport service of any other country;]

- [travel or flight in any aircraft or device for aerial navigation, including boarding or alighting from it, owned or leased by or on behalf of [your *employer*];]
- [air or space travel. This does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo);]
- [disease of the body or diagnostic, medical or surgical treatment, or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual or Mental Disorders;]
- [the presence of that percentage of alcohol in the blood which raises a presumption that the *insured* was under the influence of alcohol as determined by the laws of the state, country, province, territory or location in which the accident occurred;]
- [*illness*, ptomaine or bacterial infection except when the bacterial infection is due directly to an accidental cut or wound;]
- [war, declared or undeclared, or any act of war;]
- [inhalation of poisonous gasses;]

- [intended or accidental contact with nuclear or atomic energy by explosion and/or release;] [or]
- [experimental medical procedures or investigational medical procedure;]

10[Active participation in war or terrorism

No benefit is payable in the event of a claim arising from an insured's:

- active engagement in an act or threat of violence or an act harmful to human life, tangible or intangible property or infrastructure with the intention or effect of influencing any government or of putting the public or any section of the public in fear; or
- active involvement in war, invasion, act of foreign enemies, hostilities or war-like operation (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to popular uprising, military uprising, insurrection, rebellion, riot, military or usurped power or any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow or to the influencing of any Government or ruling body by force, terrorism or violence.]

10[Passive participation in war

No benefit is payable for if an insured who;

- goes to and remains in a country or an area where the [U.S. State Department] [British Government Foreign and Commonwealth Office] advises against 'all travel' there; or
- goes to and remains for a period of more than 28 days per stay in a country or an area where the [U.S. State Department] [British Government Foreign and Commonwealth Office] advises against 'all but essential travel';

and directly or indirectly as a consequence of war, invasion, act of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to popular uprising, military uprising, insurrection, rebellion, riot, military or usurped power or any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow or to the influencing of any Government or ruling body by force, terrorism or violence.]

11[Nuclear, biological and chemical events

No benefit is payable in the event of a claim arising, directly or indirectly, from any of the following:

- nuclear fission, fusion or radioactivity;
- the use of nuclear, biological and chemical weapons and/or devices;
- attacks on or sabotage of facilities and storage depots, which lead to the release of radioactivity or nuclear, biological or chemical warfare agents.]

12[Additional Benefits Under the Accidental 1[Death] [and] Dismemberment] Coverage

This section describes additional losses that may be covered by your Accidental [Death] [and] [Dismemberment] coverage if the losses are a direct result of an *accidental bodily injury* while coverage is in effect. You [or your covered dependent] must be covered by the plan at the time of the accident that causes the loss. [In order to be eligible to receive additional benefits under this section, an accidental death or dismemberment benefit must be payable under your basic coverage.]

All the exclusions and limitations of your Accidental [Death] [and] [Dismemberment] coverage listed in the Certificate Section, "*Exclusions- Accidental Losses Not Covered Under Your Plan*" apply to any additional benefits in this section.

[REPATRIATION BENEFIT

Your plan includes an additional benefit for the preparation and transportation of your [or your dependent's] body to a mortuary chosen by you or your authorized representative. A Repatriation benefit is payable if you [or your covered dependent(s)] suffer solely, and as a direct result of an *accidental bodily injury*, loss of life at least [75-500] miles away from your [or your dependent's] principle place of residence while coverage is in effect. The loss of life must be caused directly by that bodily injury, and apart from any other cause, within 7[90, 180, 270, 365, 730] days after the *accident*. The *accident* must occur while you are insured under the plan.

The maximum benefit amount is shown in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].]

[SEATBELT(S) AND AIR BAG BENEFIT

This plan will pay you or your authorized representative an additional benefit if you [or your dependent] sustains an *accidental bodily injury* which causes your [or your dependent's] death while you [or your dependent] is driving or riding in a *private passenger car*, provided:

For Seatbelt(s):

- the *private passenger car* is equipped with seatbelt(s);
- the seatbelt(s) were in actual use and properly fastened at the time of the covered accident; and
- the position of the seatbelt(s) are 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.

Also, if such certification is not available, and it is clear that you [or your dependent] were properly wearing seatbelt(s), then we will pay the additional seatbelt benefit.

5[However, if such certification is not available, and it is unclear whether you [or your dependent] was properly wearing seatbelt(s), then we will pay a fixed benefit of [\$1,000-\$50,000].]

We will only pay the seatbelt benefit for the death of a minor, dependent child, if the child is correctly strapped and fastened in the appropriate seat for the child's age and weight as defined by state or federal guidelines. The seatbelt device must also be approved by the state or federal government for the dependent child's age and weight.

An automatic harness seatbelt will not be considered properly fastened unless a lap belt is also used.

[And For Air Bag:

- the *private passenger car* is equipped with an airbag for the seat in which you [or your dependents] are seated; and
- the seatbelt(s) must be in actual use and properly fastened at the time of the covered accident.

No benefit will be paid if we verify that the airbag(s) had been disengaged prior to the accident.

The accident causing your [or your dependent's] death must occur while you [or your dependent] is insured under the plan.

No benefit will be paid if you or your dependent is the driver of the *private passenger car* and does not hold a current and valid driver's license.

If the private passenger car is not equipped with an Air Bag, the benefit will be limited to the Seatbelt Only Benefit Amount described below.

The benefit payable and the maximum benefit amount is shown in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].]

[Seatbelt(s) and Air Bag Benefit Amount	
For Seatbelt(s) and Airbag: [For You] [For each covered dependent]	[[10%-100%] of the [Principal Sum] of your [or your dependent's] accidental death and dismemberment benefit] [or] [\$5,000-\$500,000] or your [Principal Sum] whichever is less. [\$5,000-\$250,000] or your covered dependent's [Principal Sum], whichever is less]
[Maximum Benefit Seatbelt and Airbag]	[\$5,000-\$500,000]
[For Seatbelt Only Benefit Amount	[\$2500-\$250,000] [or][5%-50%] of the [Principal Sum] of your [or your dependent's] accidental death and dismemberment benefit[, whichever is less.] [One half of a person's Seat Belt and Airbag Benefit]
[Maximum Benefit Seatbelt Only	[\$5,000-\$250,000] [One half of the [Principal Sum]] [One half the maximum benefit for the Seatbelt and Airbag]] benefit]

[EDUCATION BENEFIT FOR YOUR QUALIFIED CHILDREN

Your plan includes an education benefit. We will pay a benefit to your authorized representative on behalf of each of your *qualified children* a lump sum payment if you [or your spouse or domestic partner] lose your life as a result of an *accidental bodily injury* within 7[90, 180, 270, 365, 730] days after the date of the accident causing the *accidental bodily injury* and:

- the accident causing your *accidental bodily injury* occurred while you were insured under the plan;
- proof is furnished to us that the child is a *qualified child*; and
- the *qualified child* continues to be enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level.

[The benefit amount per academic year, maximum benefit payments, maximum benefit amount and maximum benefit period are shown in the Accidental [Death] [and] [Dismemberment]] [Benefits Schedule].]

Benefit Amount

For each dependent child:	[[.5%-25%] for your [or your spouse's or domestic partner's] [Principal Sum] not to exceed [\$1000-\$25,000]]
Maximum Benefit Payments	[4 per lifetime]]
Maximum Benefit Period	[2-6 years] from the date the first benefit payment has been made.

The education benefit will terminate for each *qualified child* on the earliest of the following dates:

- the date your *qualified child* fails to furnish proof as required by us;
- the date your *qualified child* no longer qualifies as a dependent child for any reason except your death; or
- the end of the maximum benefit period.]

[SPOUSE [OR DOMESTIC PARTNER] EDUCATION AND TRAINING BENEFIT

This plan will pay the actual cost incurred, up to the maximum benefit amount, by your dependent spouse for a professional or trade school training program if you die as a result of an *accidental bodily injury* and if the following conditions are met:

- the program begins within 7[90, 180, 270, 365, 730] days from the [date of the accident] [date of your death] which caused the *accidental bodily injury*; and
- your spouse enrolls in a professional or trade school training program for the purpose of obtaining an independent source of support and maintenance.]

The benefit will be paid to your surviving spouse [or domestic partner] regardless of who is named as your beneficiary for your life insurance. 5[If you do not have a surviving spouse,

the benefit will be payable to your named beneficiary.] The payable benefit is limited to the maximum benefit amount shown in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].]

[Benefit Amount: [1%-10%] of your [Principal Sum] not to exceed [\$2500-\$10,000]

Maximum Benefit Payments: [4 per lifetime]]

When Education Benefits End For Your Spouse [or Domestic Partner]

We will continue to pay benefits until the earliest of the following occurs:

- the date your spouse [or domestic partner] fails to furnish proof as required by us;;
- The date the group policy terminates; or
- the end of the maximum benefit period.].]

[COMMON CARRIER [AND MOTOR VEHICLE] BENEFIT

We will pay an additional benefit if you [or your dependents] die from an *accidental bodily injury* received in an accident, which [is not an *occupational injury* and occurs]:

- [while you [or your dependents] are driving or riding in a private pleasure car;] [when you [or your dependents] are struck by a motor vehicle;] [or]
- [while you [or your dependents] are riding as a passenger in a common public passenger carrier.]

[Benefit Amount: [\$25,000-\$200,000] [Your [Principal Sum]]

[Maximum Benefit Amount: The [Principal Sum]]

[The maximum benefit amount is shown in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].]

[EXPOSURE BENEFIT

This plan will pay an accidental death benefit for loss of life of you [or your covered dependent] caused by unavoidable exposure to [natural] [or chemical] elements if the exposure was a direct result of an accident.]]

[Benefit Amount: [\$25,000-\$200,000] [Your [Principal Sum]]

[Maximum Benefit Amount: The [Principal Sum]]

[DISAPPEARANCE

We will presume you [or your dependent] suffered loss of life due to an accident and the plan will pay an accidental death benefit if:

- you [or your dependent] are riding in a common public passenger carrier that is involved in an accident covered under the policy;

- as a result of the accident, the common public passenger carrier is wrecked, sinks, is stranded, or disappears;
- the accident occurs while you [or your dependent] are insured under the plan;
- no contrary evidence about the circumstance of your disappearance arises; and
- your [or your dependent's] body is not found within [one year] of the accident.

[Benefit Amount:	[\$25,000-\$200,000] [or] [Your [Principal Sum] [whichever is less]
[Maximum Benefit Amount:	The [Principal Sum]]

[

The maximum benefit amount is shown in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].]

[CRITICAL BURN BENEFIT

This plan will pay a benefit if, as the result of an *accidental bodily injury*, you [or your dependent] are disfigured due to a *third degree burn*. We will determine the payment according to the Burn Schedule shown in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].]

Also, the accident must occur while you [or your dependent] are insured under the plan.

The Critical Burn Schedule represents the maximum benefit payable for any one loss.

The most we will pay for any combination of *covered losses* from any one accident is the full amount.

[The [Principal Sum] is the amount shown in the in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].]

[Benefit Amount

The benefit amount for any one loss is determined by multiplying the percentage of body surface actually burned times the Maximum Amount Payable, shown below. The attending *physician* will determine the percentage of body surface actually burned. The most we will pay for any combination of Covered Losses is the [Principal Sum].

Burn Schedule

Covered Losses

Maximum Amount Payable

Face, Neck, Head

[50% of the [Principal Sum]

Front or Back Torso

[25% of the [Principal Sum]

One Hand & Forearm

[20% of the [Principal Sum]

One Upper Arm

[10% of the [Principal Sum]

One Thigh or One Lower Leg (below

knee)

[5% of the [Principal Sum]]

Option 2

[Benefit Amount

[25% of the [Principal Sum] or [50%-100%] of the [Principal Sum] when 75% of the body is burned]

[25%-75%] of the [Principal Sum] when 50% of the body is burned]

[25%-75%] of the [Principal Sum] when 25% of the body is burned]]

[CHILD CARE BENEFIT FOR YOUR QUALIFIED CHILDREN

An annual benefit for childcare is payable to you, your spouse or your or your spouse's authorized representative on behalf of each of your *qualified child(ren)* if you or your spouse die as a result of an *accidental bodily injury* within **6**[90-730] days after the date of the accident causing the *accidental bodily injury*. The accident causing your or your spouse's *accidental bodily injury* must have occurred while you or your spouse was insured under the plan. Proof must be furnished that the child is a *qualified child*.

This benefit will only be paid once per accident, even if you and your spouse suffers an injury in the same accident.

[The annual benefit amount, maximum benefit amount and maximum benefit period are shown in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].

[Benefit Amount

[Annual Benefit Amount]

[Birth to age [5]

[[1%-10%] of your [or your spouse's][Principal Sum] not to exceed [\$2,000-\$20,000] per year per child] [or]

[Age [5] through age [13]

[1%-10%] of you [or your spouse's] [Principal Sum] not to exceed [\$2,000-\$20,000] per year per child]

[**Maximum Benefit Amount:** | [\$12,000-\$20,000]]

[If, at the time of your or your spouse's death, you have no Qualified Child eligible for the Child Care Benefit, we will pay [5%] of the [Principal Sum] to a maximum benefit of [\$2000] to you, your spouse [or domestic partner], your beneficiary or your or your spouse's [or domestic partner's] authorized representative.]

The childcare benefit will terminate for each *qualified child* on the earliest of the following dates:

- the date you, your spouse or your or your spouse's authorized representative fails to furnish proof as required by us;
- the date your *qualified child* no longer qualifies as a dependent child for any reason except your death;
- **5**[the date the group policy terminates;] or
- the end of the maximum benefit period.]

[COMA BENEFIT

A monthly benefit is payable to your [or your dependent's] beneficiary if you [or your dependent] sustains an *accidental bodily injury* which directly results in your [or your dependent] being in a *Coma* or a (Persistent) Vegetative State. The coma must begin within [31-180] days of the accident. Also, the accident must occur while you [or your dependents] are insured under the plan.

No benefits are payable for the first [31-180] days that you [or your dependent] are in a coma. The first monthly benefit will be payable on [the first day of the month following] the date you [or your covered dependent] become eligible.

Written proof that you [or your covered dependent] are in a coma must be provide to us within [30-90] days after the date you [or your covered dependent] become *comatose* or are in a (Persistent) Vegetative State. We will use the Rancho Los Amigos Levels of Cognitive Functioning scale to evaluate the coma. We have the right to require proof that the *coma* continues. We may, at our own expense, exam you [or your covered dependent] while comatose. We will not request an exam or proof more than twice in a 12 month period.

5[We will not pay a coma benefit if:

- no named beneficiary survives you; or
- no beneficiary had been named; and
- no [immediate] family member to whom the benefit may be paid, at our discretion, survives you. [Immediate family members include; your spouse, your children, your parents and your brothers and sisters.]

Monthly Coma Benefit

13[The plan will pay a monthly benefit equal to:

- The [*Principal Sum*]; [minus
- Any other Accidental Death or Dismemberment] payment we have made or may make for injuries resulting from the same accident; [times
- [1%] [the Coma Benefit Percentage]]

13 [The monthly benefit is payable for [11] months. After you [or your covered dependent] have been continually comatose for [12] months, we will pay the remainder of your principal sum [as a lump sum]. [A *physician's* certification is required before we issue the final payment.]

The monthly benefit amount and maximum number of months are shown in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].]

14The [Principal Sum] is shown in the in the Accidental [Death] [and] [Dismemberment Insurance] [Benefits Schedule].]

The most we will pay for any combination of *Covered Losses* from any one accident is the [Principal Sum].

When the Coma Benefits End

The monthly benefit will end when the earliest of the following occurs:

- you [or your covered dependent] have died, or recovered as certified by a

physician;

- 5[the group policy terminates;]
- we request an exam and it is not performed or the results are not given to us;
- we have not received proof that the coma continues; or
- we have paid your [Principal Sum] in full.

[FELONIOUS ASSAULT BENEFIT

An additional benefit is payable if you sustain a *covered loss* which is caused directly by a felonious act of violence while you are insured under the plan. In order to receive the Felonious Assault Benefit, your accidental death [and dismemberment] benefit must be paid first. The felonious act of violence must occur while you are:

- working for your [employer], at your [employer's] usual place of business, at an alternative worksite at the direction of the [employer], including your home, or a location to which your job requires you to travel.

A felonious act of violence means an act that is considered a felony where the act occurred. The benefit is not payable if the loss occurred while you were committing a felonious act.

Felonious acts of violence include, but are not limited to: robbery, theft, hijacking, assault and battery, sniping, murder or civil disturbance

[The benefit amount and maximum benefit amount are shown in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].]

[Benefit Amount:	[.5%-25%] of your [Principal Sum] not to exceed [\$10,000-\$100,000]
[Maximum Benefit Amount:	The [Principal Sum]]

[HEPATITIS B OR C BENEFIT

A benefit is payable if you sustain an *accidental bodily injury* in the performance of your occupational duties causing you to acquire and test positive for Hepatitis B or C within [one year] of the date of the accident. In order to receive the Hepatitis B or C benefit, you must:

- submit a Workers' Compensation injury report to your [employer] within 15[72] hours of the accident; and
- submit to us, a blood test for Hepatitis B or C which indicates negativity with respect to the presence of any antibodies or antigens to such disease within 15[72] hours of the accident; and
- the accident must occur while you are insured under the plan.

If the initial blood test for Hepatitis B or C is negative and you subsequently test positive for Hepatitis B or C within [one year] of the accident, we will begin monthly payments.

Payment of this benefit will reduce your total accidental death [and dismemberment] benefit if you experience another loss due to your Hepatitis B or C infection. However, if the loss was unrelated to the Hepatitis B or C infection, your accidental death [and dismemberment] benefit will not be reduced and we will pay the appropriate accidental death [and dismemberment] benefit for that loss.

5[If you test positive for HIV and Hepatitis B or C as a result of the same occupational accident, only one benefit amount, the largest, will be paid.]

The occupational Hepatitis B or C benefit will terminate on the earliest of the following dates:

- the date you die;
- the date you recover; or
- the date the last of the maximum number of installments is paid.

[The maximum benefit amount and maximum number of installments are shown in the Accidental [Death] [and] [Dismemberment] [Benefits Schedule].]

[Benefit Amount: [.5%-25%] of your [Principal Sum] not to exceed [\$1,000-\$100,000]

[Maximum Number of Payments: [24] equal monthly installments]

HUMAN IMMUNODEFICIENCY VIRUS BENEFIT

A benefit is payable if you sustain an *accidental bodily injury* in the performance of your occupational duties causing you to acquire and test positive for HIV within [one year] of the date of the accident.

In order to receive the HIV Benefit, you must:

- submit a Workers' Compensation injury report or similar proof to your [employer] within **15**[72] hours of the accident; and
- submit to us, a blood test for Human Immunodeficiency Virus (HIV) antibody, performed within **15** [72] hours of the accident; and
- the accident must occur while you are insured under the plan.

If the initial blood test is negative and you subsequently test positive for HIV within [one year] of the accident, we will begin monthly payments.

Payment of this benefit will reduce your total accidental death [and dismemberment] benefit if you experience another loss due to your HIV infection. However, if the loss was unrelated to the HIV infection, your accidental **1**[death] [and dismemberment] benefit will not be reduced and we will pay the appropriate accidental **1**[death] [and dismemberment] benefit for that loss.

5[If you test positive for HIV and Hepatitis B or C as a result of the same occupational accident, only one benefit amount, the largest, will be paid.]

The HIV benefit will terminate on the earlier of the following dates:

- the date you die; or

- the date the last of the maximum number of installments is paid.

[The maximum benefit amount and maximum number of installments are shown in the Accidental **1**[Death] [and] [Dismemberment] [Benefits Schedule].]

[Benefit Amount:	[.5%-25%] of your [Principal Sum] not to exceed [\$1,000-\$100,000]
[Maximum Number of Payments:	[24] equal monthly installments]

[REHABILITATION PHYSICAL THERAPY BENEFIT

A benefit is payable to you [or your dependents] for rehabilitative physical therapy that is prescribed by your [or your dependent's] attending *physician* if you [or your dependent(s)] sustain an *accidental bodily injury* that results in one or more of the covered losses outlined in the Covered Losses and Benefits List.

[The benefit amount and maximum benefit amount are shown in the Accidental **1**[Death] [and] [Dismemberment] [Benefits Schedule].]

Benefit Amount:	[.5%-25%] of your [Principal Sum] not to exceed [\$1,000-\$100,000]
Maximum Number of Payments:	[24] equal monthly installments]

(Schedule 2)
3 [[Continental Scale]
Covered Loss Schedule

[Covered Losses	Benefit Amount
Full Benefit	
[Loss of Life	The [Principal Sum]
Loss of Both Hands or Both Feet	The [Principal Sum]
Loss of Both Arms or Both Hands	The [Principal Sum]
Complete and Permanent Deafness Through Trauma of Both Ears	The [Principal Sum]
Removal of the Lower Jaw	The [Principal Sum]
Permanent Loss of Speech through Trauma	The [Principal Sum]
Total and Irrecoverable Loss of Sight of Both Eyes	The [Principal Sum]
Loss of One Arm and One Leg	The [Principal Sum]
Loss of One Arm and One Foot	The [Principal Sum]
Loss of One Hand and One Leg	The [Principal Sum]
Loss of One Hand and One Foot	The [Principal Sum]
Loss of Both Legs	The [Principal Sum]
Loss of Both Feet	The [Principal Sum]
Head-Partial Benefit	
Loss of osseous substance of the skull in all its thickness:	
-surface area of at least 6cm ² ;	[40%] of the [Principal Sum]
-surface area of 3 to 6cm ² ;	[20%] of the [Principal Sum]
-surface area of less than 3cm ²	[10%] of the [Principal Sum]
Partial removal of the lower jaw, rising Section in its entirety, or half of the maxillary bones	[40%] of the [Principal Sum]
Loss of one eye	[40%] of the [Principal Sum]
Complete and permanent deafness of one ear	[30%] of the [Principal Sum]

Covered Losses	Benefit Amount
Lower Limbs – Partial Benefit	
Amputation of thigh (upper half)	[60%] of the [Principal Sum]
Amputation of thigh (lower half) and leg	[50%] of the [Principal Sum]
Total loss of foot (tibio-tarsal disarticulation)	[45%] of the [Principal Sum]
Partial loss of foot (sub-ankle-bone disarticulation)	[40%] of the [Principal Sum]
Partial loss of foot (medio-tarsal disarticulation)	[35%] of the [Principal Sum]
Partial loss of foot (tarso-metatarsal disarticulation)	[30%] of the [Principal Sum]
Total paralysis of lower limb (incurable nerve lesion)	[60%] of the [Principal Sum]
Complete paralysis of the external poplitic-sciatic nerve	[30%] of the [Principal Sum]
Complete paralysis of the internal poplitic-sciatic nerve	[20%] of the [Principal Sum]
Complete paralysis of the two nerves (poplitic sciatic external and internal)	[40%] of the [Principal Sum]
Anchylosis of the hip	[40%] of the [Principal Sum]
Anchylosis of the knee	[20%] of the [Principal Sum]
Loss of osseous substance from the thigh or both bones of the leg (incurable condition)	[60%] of the [Principal Sum]
Loss of osseous substance from the knee-pan with considerable separation of the fragments and considerable difficult of movements in stretching the leg	[40%] of the [Principal Sum]
Los of osseous substance of the knee-pan while the movements are preserved	[20%] of the [Principal Sum]
Shortening of the lower limb by at least 5 cm	[30%] of the [Principal Sum]
Shortening of the lower limb by at least 3 to 5 cm	[20%] of the [Principal Sum]
Shortening of the lower limb by at least 1 to 3 cm	[10%] of the [Principal Sum]
Total amputation of all toes	[25%] of the [Principal Sum]
Amputation of four toes including big toe	[20%] of the [Principal Sum]
Amputation of four toes	[10%] of the [Principal Sum]
Anchylosis of the big toe	[10%] of the [Principal Sum]
Amputation of two toes	[5%] of the [Principal Sum]
Amputation of one toe, other than the big toe	[5%] of the [Principal Sum]

Covered Losses	Benefit Amount	
	Percentage of the [Principal Sum]	
Upper Limbs – Partial Benefit	Right	Left
Loss of one arm or one hand	[60%]	[50%]
Considerable loss of osseous substance of the arm (definite and incurable lesion)	[50%]	[40%]
Total paralysis of the upper limb (incurable nerve lesion)	[65%]	[55%]
Total paralysis of the circumflex nerve	[20%]	[15%]
Shoulder ankylosis	[40%]	[35%]
Elbow ankylois in favorable position (15 degree round the right angle)	[25%]	[20%]
Elbow ankylois in unfavorable position	[40%]	[35%]
Extensive loss of osseous substance of the two bones of the forearm (definite and incurable lesion)	[40%]	[30%]
Total paralysis of the median nerve	[45%]	[35%]
Total paralysis of the cubital nerve	[30%]	[25%]
Total paralysis of the radial nerve at the torsion cradle	[40%]	[35%]
Total paralysis of the forearm radial nerve	[30%]	[25%]
Total paralysis of the hand radial nerve	[20%]	[15%]
Ankylosis of the wrist in favorable position (straight and pronation)	[20%]	[15%]
Ankylosis of the wrist in unfavorable position (flexed or strained extension or supine position)	[30%]	[25%]
Total loss of thumb	[20%]	[15%]
Partial loss of thumb (ungula phalanx)	[10%]	[5%]
Total ankylosis of thumb	[20%]	[15%]
Total amputation of forefinger	[15%]	[10%]
Amputation of two phalanges of forefinger	[10%]	[8%]
Amputation of ungula phalanx of forefinger	[5%]	[3%]
Simultaneous amputation of thumb and forefinger	[35%]	[25%]
Amputation of thumb and finger other than forefinger	[25%]	[20%]
Amputation of two fingers other than thumb and forefinger	[12%]	[8%]
Amputation of three fingers other than thumb and forefinger	[20%]	[15%]
Amputation of four fingers including thumb	[45%]	[40%]
Amputation of four fingers excluding thumb	[40%]	[35%]
Amputation of median finger	[10%]	[8%]
Amputation of a finger other than thumb, forefinger and median	[7%]	[3%]

[Important Information:

- 1) If more than one of the above covered losses results from one incident, the benefit payable will be the [Principal Sum], or the sum of the benefits payable for each covered loss, whichever is less.**
- 2) [Anchylolysis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall only entitle the insured person to 50% of the compensation which would be due for the loss of the said members.
- 3) If the insured is left-handed the percentage set out in the dismemberment scale for the various disabilities of the right upper limb and the left upper limb will be transposed.
- 4) Permanent disabilities are not mentioned in the scale shall be compensated in accordance with their seriousness as compared with those mentioned. The occupation of the insured will not be taken into consideration.
- 5) The partial or total "functional" disablement of a limb or an organ, not specifically listed in the scale, is treated like the partial or total loss of the said limb or organ.]]

[ADDITIONAL BENEFIT FEATURES

3[Continuity of Coverage]

[Effect of Prior Coverage - Transferred Business

(Continuity of Coverage when you are not in active employment when the [Policyholder] changes insurance carriers to us)

If your coverage under any part of this plan replaces any prior coverage that you had, the following rules apply:

"Prior coverage" means any plan of group coverage sponsored by [your employer] that has been replaced by coverage under all or part of this plan (e.g. transferred business). The replacement coverage under the new plan may be for all or part for the eligible class to which you belong. Any such [plan] is prior coverage if provided by another group policy or any benefit section of this plan.

When this plan becomes effective, we will provide group 1[life, accidental death and dismemberment] insurance coverage for you as long as you are not receiving benefit payments for 2[extended life disability benefits (e.g. waiver of premium, extended death benefit or permanent total disability)] under the prior carrier's plan, and

- you are not in *active employment* because of a *sickness* or *injury*; [and]
- 3[you were covered by the prior carrier's plan on its termination date]; [and] [.]
- 3[your name is shown on the listing, that has been approved by us and the [Policyholder], contained in our file.]

4[We will also provide group dependent 1[life, accidental death and dismemberment] insurance coverage for your dependent if:

- your dependent is totally disabled; [and]
- your dependent was covered by the prior carrier's plan on its termination date [; and] [.]
- [your dependent's name is shown on the listing that has been approved by us, contained in our file.]

Premium Payments

Premium payments are required for you [and your dependents] during the period this coverage continues in force. In effect, we will not waive premium during the period continuity of coverage continues.

Coverage provided under this continuity of coverage provision will automatically end on the date you return to *active employment*, on the date you [or your dependent] recover[s] and no longer [are] [is] disabled or on the date this group policy or a plan is cancelled.

5[Non-Discontinuance and Replacement]

[In addition, the amounts of insurance you elect are subject to the provisions of the prior carrier's plan or our Policy, whichever provides the lesser [life, accidental death and accidental dismemberment] benefits. Any and all exclusions, reductions, limitations, and/or specific termination dates or provisions of the lesser plan will apply.]

5[Discontinuance and Replacement

[In addition, the amounts of insurance you elect are subject to the provisions of the prior carrier's plan. Any and all exclusions, reductions, limitations, and/or specific termination dates or provisions of the prior carrier's plan will apply.]

3[In addition, the "Portability" provision under this Certificate will not apply.]]

[Portability

(Available coverage if you end employment or work reduced hours)

Your [life, accidental death and dismemberment] insurance 6[for which you pay the total cost] may be continued if your coverage under the group [life] insurance policy ends because:

- your employment ends with or you retire from [your *employer*];
- you are no longer in an [eligible class] 7[; or
- your dependents lose coverage when they no longer qualify as a covered dependent].

7[In case of your death, your insured dependents also may elect portable coverage for themselves.] However, children cannot become insured for portable coverage unless the spouse also becomes insured for portable coverage.]

All of the terms and conditions of the your group 1[term life, accidental death and dismemberment] insurance will apply under the portability provision except as described below:

3[Conversion Privilege

The life insurance conversion provision does not apply to any amount of your [life] insurance for which you elect coverage under this provision. It may be available for:

- any amount of your 3[life] insurance to which the terms of this Portability provision do not apply;
- any amount of your 3[life] insurance to which the terms of this Portability provision apply, but for which you do not elect coverage under this provision; or
- any amount of your 3[life] insurance in force under this Portability provision that stops because of age.]

Portable Insurance Coverage and Amounts Available

The portable insurance coverage will be the current coverage and amounts that you [and your dependents] are insured for under [your employer's] group plan.

However, the amount of portable coverage for you will not be more than:

- the highest amount of life, 1[accidental death and dismemberment] insurance available for employees under the plan; [or]
- 8[.25Xs-10x] your annual earnings; or
- 8[\$1000 -\$5,000,000] from all our group life 1[and accidental death and dismemberment]

plans combined, whichever is less.

9[The amount of ported life insurance must be equal to or greater than the amount of ported accidental death and dismemberment insurance.]

The amount of portable coverage for your spouse will not be more than:

- the highest amount of **1**[life, accidental death and dismemberment] insurance available for spouses under the employer's group plan; [or]
- **8**[25%-100%] of your amount of portable coverage; or
- **8**[\$1000- \$1,000,000] from all our group life and accidental death and dismemberment plans combined, whichever is less.

9[The amount of ported life insurance must be equal to or greater than the amount of ported accidental death and dismemberment insurance.]

The amount of portable coverage for a child will not be more than:

- the highest amount of [life, accidental death and dismemberment] insurance available for children under the plan; or
- **8**[25% -100%] of your amount of portable coverage; or
- **8**[\$100-100,000] whichever is less].

9[The amount of ported life insurance must be equal to or greater than the amount of ported accidental death and dismemberment insurance.]

The minimum amount of coverage of **1**[life, accidental death and dismemberment] insurance that can be ported is:

- **8**[\$5,000-\$50,000] for you; and
- **8**[\$1,000-\$25,000] for your dependents.]

If the current amounts under the group **1**[life, accidental death and dismemberment] plan are less than **8**[\$5,000-\$50,000] for you [and **8**[\$1,000-\$25,000] for your dependents,] you [and your dependents] may port the lesser amounts.

10[Portable coverage will reduce at the ages and amounts shown in the [Life, Accidental Death and Dismemberment] Insurance [Benefits Schedule].]

Your [or your dependent's] amount of **1**[life, accidental death and dismemberment] insurance will reduce or cease at any time it would reduce or cease for your [*eligible class*] if you had continued in *active employment* with [*your employer*].

If [*your employer*].terminates the group plan following your election of portable insurance coverage, your [or your dependent's] portable coverage may be continued subject to the terms of this Certificate.

Applying For Portable Coverage

You must submit a written request and pay premium within **11**[31 - 180] days after your insurance coverage under the [employer's] group plan ends.

To do so you must:

- obtain and complete a portability request form and submit it to us;
- **12**[submit *evidence of insurability* if you are applying for more than the maximum that can be applied for without *evidence of insurability*.] [and]
- submit the first premiums **12**[for the amounts not requiring *evidence of insurability*] **3**[due] with the completed request form to us.

7[In the event of your death, your dependents must apply for portable coverage and pay the first premium within **11**[31-180] days after the date you die.].

You are not eligible to apply for portable coverage for yourself if:

- **3**[you are *ill* or *injured* and away from work on the date your coverage stops under this plan];
- coverage under the group policy is canceled and replaced by like coverage under another policy;
- coverage under the group policy is canceled because [your *employer*] has gone out of business;
- **3**[you have an *injury* or *sickness* under the terms of this plan, which has a material effect on life expectancy.];
- coverage has been converted to an individual life policy in accordance with the plan's conversion privilege;
- you are older than age **13**[98]; or
- you failed to pay the required premium under the terms of this plan.]

7[You are not eligible to apply for portable coverage for a dependent if:

- you do not elect portable coverage for yourself;
- your dependent child has less than 12 months to reach the age where he or she will not meet the plan's definition of a dependent child.];
- your dependent spouse [or domestic partner] is older than age **13**[98];
- **3**[you have an injury or sickness under the terms of this plan, which has a material effect on life expectancy.];
- **3**[your dependent has an *injury* or *sickness* under the terms of this plan, which has a material effect on life expectancy.]; or
- you failed to pay the required premium under the terms of this plan.]

7[In case of your death, your spouse [or domestic partner] is not eligible to apply for portable coverage if:

- your surviving spouse [or domestic partner] is not insured under this plan;

- **3**[your surviving spouse [or domestic partner] has an *injury* or *sickness* under the terms of this plan, which has a material effect on life expectancy;] or
- you failed to pay the required premium under the terms of this plan for your spouse.]

7[In case of your death, your child is not eligible to apply for portable coverage if: [

- your surviving spouse [or domestic partner] is not insured under this plan;
- your surviving spouse [or domestic partner] is insured under this plan and chooses not to elect portable coverage;
- **3**[your surviving spouse [or domestic partner] has an *injury* or *sickness*, under the terms of this plan which has a material effect on life expectancy;]
- your dependent child has less than 12 months to reach the age where he or she will not meet the plan's definition of a dependent child;]
- **3**[your child has an *injury* or *sickness*, under the terms of this plan, which has a material effect on life expectancy;] or
- you failed to pay the required premium under the terms of this plan for your child.]]

3[If we determine that because of an *injury* or *sickness*, which has a material effect on life expectancy, you [or your dependents] were not eligible for life insurance portability at the time you [or your dependents] elected portable coverage, the benefit will be adjusted to the amount of whole life coverage the premium would have purchased under the plan's Conversion Privilege.]

Portability Effective Date

3 [Life] [1][i]nsurance coverage **6**[, which does not require *evidence of insurability*] under this provision will become effective at the end of the **11**[31-180] day election period if you have completed a portability request form and submitted the first premium.

14[Insurance coverage which requires *evidence of insurability* under this Portability provision will become effective on the date we approve your *evidence of insurability*. You are required to submit premium for the amount of life insurance requiring *evidence of insurability* within **11**[31-180] days of our approval.]

Your effective date of coverage under the portability feature is call your portability date.

Applying For Increases or Decreases in Portable Coverage

You [or your dependents] may increase or decrease the amount of [life, accidental death and dismemberment] insurance coverage. The minimum and maximum benefit amounts are shown above. However the amount of **1**[life, accidental death and dismemberment] insurance coverage cannot be decreased below **8**[\$5,000-\$50,000] for you [and **8**[\$1,000-\$25,000] for your dependents].

14[All life insurance increases are subject to *evidence of insurability*. If *evidence of insurability* for you [or your dependent] is approved by us, you will be billed separately for the amount of the coverage requiring *evidence* approval. If you die prior to sending us premium for amounts requiring *evidence of insurability* the benefit payment will be limited to the amount for which

premium has been paid.]

14[Any premium that we collected for amounts above which *evidence of insurability* is required will be refunded if we does not approve your *evidence of insurability*.] The coverage amount that we approve will take effect on your Portability Effective Date.]

3[Coverage amounts that are not approved may be converted to an individual policy in accordance with this Plan's Conversion of Life insurance provision.]

15[Permanent and Total Disability Feature

The plan's permanent and total disability feature is available to you only. It is not available to any of your covered dependents. It applies only to disabilities that begin after you have paid your first premium for this coverage. However:

- the permanent and total disability feature is the same as the life plan's permanent and total disability feature. All terms and conditions set forth under the permanent and total disability feature under the life insurance plan continue to apply;
- you are permanently and totally disabled only if *illness* or *injury* stops you from working at any [*gainful occupation*], as defined in the ["Permanent and Total Disability"] section of this Certificate; and
- any insurance extended under this feature will cease on the first anniversary of your portability effective date following the date you reach age **16**[99].]

When Portable Coverage Ends

Portable coverage for you will end on the date:

- you fail to pay any required premium;
- the date of your death; or'
- **3**[the first anniversary of your Portability Effective Date following the date you reach age **16**[99]];
- **3**[the anniversary date of your Portability Effective Date after portability coverage has been effective for [1-5] years].

7[Portable coverage for a spouse [or domestic partner] will end for the following reasons:

- the date you fail to pay any required premium;
- the date your surviving spouse [or domestic partner] fails to pay any required premium the date of your death;
- the date your spouse [or domestic partner] no longer qualifies as a defined dependent; or
- the first anniversary of his or her portability date following the date your spouse [or domestic partner] reaches age **16**[99].

7[Portable coverage for a child will end for the following reasons:

- the date you fail to pay any required premium;
- the date your surviving spouse [or domestic partner] fails to pay any required premium;
- the date your child no longer qualifies as a dependent; or
- the date the surviving spouse [or domestic partner] dies;
- the date of your death.]

If portable coverage ends due to failure to pay required premium, portable coverage cannot be reinstated.

Premium and Billing Charges

Premium Payments

Premium payments are required for you [and your dependents] during the period this Portability coverage continues in force. Premiums for coverage under this provision will be paid directly to us. [The premium will include a fee for the direct billing services we provide. The fee for direct billing may change, but not more than once a year.]

[The premium rate **17**[for non-contributory coverage] in force under this provision will be set on your portability date.] Any premium collected for amounts above which *evidence of insurability* is required will be refunded if we do not approve your *evidence of insurability*.

Premium Rate Changes

Your premiums under this provision will change on your portability date and on each subsequent **18**[January 1].

We may change premium rates for portable coverage at any time for reasons which affect the risk assumed, including those reasons shown below:

- changes occur in the coverage levels;
- changes occur in the overall use of benefits by all insureds;
- changes occur in other risk factors; or
- a new law or a change in any existing law is enacted which applies to portable coverage.

The change in premium rates will be made on a class basis according to our underwriting risk studies. We will notify the insured in writing at least **11**[31-180 days] before a premium rate is changed.

19[Accelerated Death Benefit

The accelerated death benefit provision, if included in the life plan, does not apply to life insurance in force under this portability provision.]

Applying For A 3[Life] Conversion Policy if Portable Coverage Ends or is Not Available.

If you [or your dependent] are not eligible to apply for portable coverage or portable coverage ends, then you [or your dependent] may qualify for conversion coverage. Refer to Conversion Privilege under this plan.

Ask [your *employer*] for a conversion application form which includes cost information.

When you complete the application, send it with the first premium amount to:

[Kemper Investors Life Insurance Company
Conversion Unit
ABC Street
Town, State Zip Code]]

1[CLAIM INFORMATION

TERM LIFE INSURANCE

Reporting of Claims

We encourage you or your authorized representative to notify us as soon as possible, so that a claim decision can be made in a timely manner.

2[If a claim is based on your disability [or your *permanent disability*], [[electronic] [telephonic] notice as authorized by us or] written notice and proof of claim must be [provided] [sent] no later than [90-180 days] after the end of the *elimination period*.]

If a claim is based on death, **3**[[electronic] [telephonic] notice as authorized by us or] written notice and proof of claim must be [provided] [sent] no later than [90 days-3 years] after the date of death.

If it is not possible to give proof within these time limits, it must be given no later than [1-5] year(s) after the time proof is required as specified above. These time limits will not apply during any period you or your authorized representative lacks the legal capacity to give us proof of claim.

4[If you choose to file a written notice of claim,] the claim form is available from your [*employer*], or you or your authorized representative can request a claim form from us. If you or your authorized representative does not receive the form from us within 15 days of your request, send us written proof of claim without waiting for the form.

4[If you submit a claim before you have been notified of our decision on any coverage amount requiring evidence of insurability, your amount of coverage will be determined as if our final underwriting decision had been made prior to the date of claim.]

2[If you have a disability [or a *permanent disability*], you must notify us immediately when you return to work in any capacity, regardless of whether you are working for your [*employer*].]

2[Filing a Claim For a Disability [or Permanent and Total Disability]

5[You may file proof of claim by [electronic] [telephonic] means. Contact your [*employer*] for more information on how to file your claim by telephone. You will be required to sign an authorization form in order for us to obtain medical information from your attending *physician*. If we are unable to obtain your medical information, we will send a letter and appropriate forms to you for completion to be returned to us by the date determined in the letter.

If you choose to file written notice of claim,] [Y]you or your authorized representative and your [*employer*] must [complete] [fill out] your own sections of the claim form and then give it to your attending *physician*. Your *physician* should [complete] [fill out] his or her section of the form and send it directly to us.]

2[Information Required For Proof of Your Disability [or Permanent Disability] Claim

If the claim is based on your disability [or *permanent disability*, proof of claim, provided at your expense, must show:

- that you are under the *regular care* of a *physician*;
- the appropriate documentation of your *annual earnings*;
- the date your disability began;
- the cause of your disability;
- the extent of your disability, including restrictions and limitations preventing you from performing your *regular occupation* or any *gainful occupation*; and
- the name and address of any *hospital* or institution where you received treatment, including all attending *physicians*.

We may request that you send proof of continuing disability indicating that you are under the regular care of a *physician*. This proof, provided at your expense, must be received within [30-180] days of a request by us.]

In some cases, you will be required to give us authorization to obtain additional medical and non-medical information as part of your proof of claim or proof of continuing disability. We may not be able to process your claim if the appropriate information is not submitted. We may deny your claim [or terminate your payments] until we receive the required information..

Information Required For Proof of Death

If the claim is based on death or other covered loss, proof of claim for death or covered loss, provided at your or your authorized representative's expense, must show the cause of death. Also a certified copy of the death certificate must be given to us. We may not be able to process your claim if the appropriate information is not submitted. We may deny your claim until we receive the required information.

Death Claim Payment:

We will settle a death claim. following our receipt of satisfactory proof of death and any other information requested relating to the claim and such information is satisfactory to us.

When Can We Request An Autopsy?

In case of death, we will have the right and opportunity to request an autopsy where not forbidden by law.

What Happens If We Overpay Your Claim?

We have the right to recover any overpayments due to fraud or our error. You, your authorized representative or your beneficiary must reimburse us in full. We will not recover more money than the amount we paid you. We will determine the method by which the repayment will be made.

We have the right to do any one or all of the following:

- require you to return the overpayment on request;
- take any legal action needed to recover the overpayment; and
- place a lien, if not prohibited by law, in the amount of the overpayment on the proceeds of any other income, whether on a periodic or lump sum basis.

4[Unpaid Premium Due:

Any unpaid premium due for your coverage under this [Policy] may be recovered by us by

offsetting against amounts otherwise payable to you, your beneficiary or your legal representative under this [Policy], or by other legally permitted means.]

What Are the Time Limits for Legal Proceedings?

You can start legal action regarding your claim [60 days] after proof of claim has been given to us and up to [3 years] from the time proof of claim is required, unless otherwise provided under federal law.

4[What Are Your Assignability Rights for the Death Benefits Under Your Life Insurance (Assignability Rights)

The rights provided to you by the plan(s) for accidental death insurance benefits are owned by you, unless:

- you have previously assigned these rights to someone else (known as an "assignee"); or
- you assign your rights under the plan(s) to an assignee.

We will recognize an assignee as the owner of the rights assigned only if:

- a) the assignment is in writing, signed by you, and acceptable to us in form; and
- b) a signed or certified copy of the written assignment has been received and registered by us at our home office.

We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the plan(s) provisions before receiving and registering an assignment.]]

¹[CLAIM INFORMATION

[ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE]

Reporting of Claims

We encourage you or your authorized representative to notify us as soon as possible, so that a claim decision can be made in a timely manner.

2[If a claim is based on your *permanent disability*, **3**[[electronic] [telephonic] notice as authorized by us or] written notice and proof of claim must be [provided] [sent] no later than [90 days- 5 years] after the end of the *elimination period*.]

If a claim is based on death or other covered loss, **3**[[electronic] [telephonic] notice as authorized by us or] written notice and proof of claim must be [provided] [sent] no later than [90 days- 5 years] after the date of death or the date of any other covered loss.

4[If a claim is based on the Education Benefit, [[electronic] [telephonic] notice as authorized by us or] written notice and proof of claim must be [provided] [sent] no later than [60-180 days] after the date of your death.]

5[The Child Care Benefit will be paid to you, your spouse, your beneficiary, you, or your spouse's authorized representative.]

If it is not possible to give proof within these time limits, it must be given no later than 1 year after the time proof is required as specified above. These time limits will not apply during any period you or your authorized representative lacks the legal capacity to give us proof of claim.

6[If you choose to file a written notice of claim,] the claim form is available from your [*employer*], or you or your authorized representative can request a claim form from us. If you or your authorized representative does not receive the form from us within 15 days of your request, send us written proof of claim without waiting for the form.

6[If you submit a claim before you have been notified of our decision on any coverage amount requiring evidence of insurability, your amount of coverage will be determined as if our final underwriting decision had been made prior to the date of claim.]

2[If you have a disability [or a *permanent disability*], you must notify us immediately when you return to work in any capacity, regardless of whether you are working for your [*employer*].]

Filing A Claim For ²[A Disability] or Covered Loss

7[You may file proof of claim by [electronic] [telephonic] means. Contact your [*employer*] for more information on how to file your claim by telephone. You will be required to sign an authorization form in order for us to obtain medical information from your attending *physician*. If we are unable to obtain your medical information, we will send a letter and appropriate forms to you for completion to be returned to us by the date determined in the letter.

If you choose to file written notice of claim,] [Y]you or your authorized representative and your [employer] must [complete] [fill out] your own sections of the claim form and then give it to your attending *physician*. Your *physician* should [complete] [fill out] his or her section of the form and send it directly to us.

2[Information Required For Proof of Your Covered Loss [or Permanent Disability] Claim

If your claim is based on a covered loss [or *permanent disability*], proof of claim, provided at your expense, must show:

- that you are under the *regular care of a physician*;
- the appropriate documentation of your *annual earnings*;
- the date your disability began;
- the cause of your disability;
- the extent of your disability, including restrictions and limitations preventing you from performing your regular occupation or any gainful occupation; and
- the name and address of any *hospital* or institution where you received treatment, including all attending *physicians*.

We may request that you send proof of continuing disability indicating that you are under the regular care of a physician. This proof, provided at your expense must be received within [30-90] days of a request.]

Information Required For Proof of Accidental Death or Other Covered Loss

If the claim is based on death or other covered loss, proof of claim for death or covered loss, provided at your or your authorized representative's expense, must show:

- the cause of death or covered loss;
- the extent of the covered loss;
- the date of the covered loss; and
- the name and address of any hospital or institution where treatment was received, including all attending *physicians*.

Also, in case of death, a certified copy of the death certificate must be given to us.

In some cases, you will be required to give us authorization to obtain additional medical and non-medical information as part of your proof of claim or proof of continuing disability. We may not be able to process your claim if the appropriate information is not submitted. We may deny your claim [or terminate your payments] until we receive the required information..

4[If claim is based on the Education Benefit, proof of claim, provided at your authorized representative's expense, must show:

- the date of enrollment of your qualified child in an accredited post-secondary institution of higher learning;
- the name of the institution;
- a list of courses for the current academic term; and
- the number of credit hours for the current academic term.]

When Can We Request An Autopsy?

In case of death, we will have the right and opportunity to request an autopsy where not forbidden by law.

Death Claim Payment:

We will settle a death claim following our receipt of satisfactory proof of death and any other information requested relating to the claim and such information is satisfactory to us.

What Happens If We Overpay Your Claim?

We have the right to recover any overpayments for amounts paid greater than the benefits that you are entitled to receive. This includes but is not limited to fraud or our error. You, your authorized representative or your beneficiary must reimburse us in full. We will not recover more money than the amount we paid you. We will determine the method by which the repayment will be made.

We have the right to do any one or all of the following:

- require you to return the overpayment on request;
- take any legal action needed to recover the overpayment; and
- place a lien, if not prohibited by law, in the amount of the overpayment on the proceeds of any other income, whether on a periodic or lump sum basis.

6[Unpaid Premium Due:

Any unpaid premium due for your coverage under this [Policy] may be recovered by us by offsetting against amounts otherwise payable to you, your beneficiary or your legal representative under this [Policy], or by other legally permitted means.]

What Are the Time Limits for Legal Proceedings?

You can start legal action regarding your claim [60 days] after proof of claim has been given to us and up to [3 years] from the time proof of claim is required, unless otherwise provided under federal law.

8[What Are Your Assignability Rights For the Accidental Death Benefits Under Your Insurance Benefits? (Assignability Rights)

The rights provided to you by the plan(s) for accidental death insurance benefits are owned by you, unless:

- you have previously assigned these rights to someone else (known as an "assignee"); or
- you assign your rights under the plan(s) to an assignee.

We will recognize an assignee as the owner of the rights assigned only if:

- the assignment is in writing, signed by you, and acceptable to us in form; and
- a signed or certified copy of the written assignment has been received and registered by us at our home office.

We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the plan(s) provisions before receiving and registering an assignment.]]

GLOSSARY

General definitions used throughout this Certificate include:[

[Accident means a sudden external trauma that is unexpected and unforeseen and is an identifiable occurrence or event producing, at the time, objective symptoms of an external bodily injury. The accident must occurred while the person is covered under this policy. The occurrence or event must be definite as to time and place. It must not be due to, or contributed to by an illness or disease of any kind. This includes a reaction to a condition that manifests within the human body or a reaction to a drug or medication regardless of the reason you have consumed the drug or medication.]

[Accidental Bodily Injury means bodily harm caused solely by external, violent and accidental means and not contributed to by any other cause.]

[Accidental Death and Dismemberment means the total benefit amount for which an individual is insured under this plan subject to the maximum benefit.]

[Accredited School means an accredited post-secondary institution of higher learning for full-time students beyond the 12th grade level.]

[Actively at Work, Active at Work or Actively Working means [at work with [your employer] on a day that is one of [your employer's] scheduled workdays. On that day, You must be performing for wage or profit, all of the regular duties of your job in the usual way; and for your usual number of hours.

[Active Employment means you are working for your [employer] for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation. You must be working at least the minimum number of hours as described under Eligible Group(s) in each plan.

Your work site must be:

- your employer's usual place of business;
- an alternative work site at the direction of your employer; or a location to which your job requires you to travel.

Normal vacation or a holiday is considered active employment. Temporary and seasonal workers are excluded from coverage.]

[Activities of Daily Living means:

- Bathing - the ability to wash yourself either in the tub or shower or by sponge bath with or without equipment or adaptive devices.
- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn.
- Toileting - the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing.
- Transferring - the ability to move in and out of a chair or bed with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- Continence - the ability to either:

- voluntarily control bowel and bladder function; or
- if incontinent, be able to maintain a reasonable level of personal hygiene.
- Eating - the ability to get nourishment into the body.

A person is considered unable to perform an activity of daily living if the task cannot be performed safely without another person's stand-by assistance or verbal cueing.]

1 [Administrator] means [Kemper Investors Life Insurance Company.] [the person(s) or organization(s) that are designated by the [policyholder] to perform certain functions on behalf of the [policyholder].]

References to the [policyholder] mean the administrator when the administrator is acting on behalf of the [policyholder].]

[Amount of Life Insurance] means both the Basic and Supplemental Life Amounts unless otherwise stated in specific provisions and benefits.]

2[Annual Earnings] means your gross annual income from [your employer] in effect just prior to the date of loss. It includes your total income before taxes. It is prior to any deductions made for pre-tax contributions to a qualified deferred compensation, section 125 plan, or flexible spending account. [It does not include income received from commissions, bonuses, overtime pay, any other extra compensation, or income received from services other than [your employer].]

[For purposes of calculating benefits payable to you, annual earnings means your actual earnings as defined above, as of the date [your employer] most recently reported your earnings to us prior to your date of loss. Check with [your employer] to determine the amount of earnings it reports to us for you and how frequently earnings are reported.]

2[Annual Earnings] means your regular pay, not counting: commissions; bonuses; overtime pay or any other pay or fringe benefits.]

[The term annual earnings will include commissions. The amount of commissions included will be based on "Your Statement of Wages Earned and Taxes Withheld (Form W-2) from this [employer] for the year ending immediately prior to the anniversary date.] or

[The term annual earnings will include commissions. The amount of commissions included will be annualized commissions earned from this [employer] during the [12 months] immediately prior to the [anniversary date] [date of loss]. [If you have worked for less than [12 months] with this [employer], the amount of commissions included will [be based on the total commissions you actually received while working for this [employer] immediately prior to the [anniversary date] [date of loss].]

[*Annual Earnings* include shift differential, commissions, and bonuses and shared success payments. It does not include any expenses, allowances and other unusual and non-recurring compensation, such as relocation assistance and event awards.]

[It includes a [1-5] [calendar] year rolling average of any [extra earnings][, each determined [just prior to the date of loss] [as of [August 31] of the previous plan year.]

[Annual Enrollment Period] means a period of time before the beginning of each plan year.]

[Association]- means an association:

- who as applied for coverage under the Group Insurance Policy for [eligible] [members] [and their dependents];
- meets all the requirements as a Policyholder under the Group Insurance Policy; and
- who has paid initial premium and fees.]

[Business Travel, Business Trip] means a bona fide trip while on assignment for or at the direction of the [employer] for the purpose of furthering the business of the [policyholder] which:

- Begins when you leave your residence or place of regular employment, whichever occurs last, for the purpose of beginning the trip; [and]
- Ends when you return to your residence or place of regular employment, whichever occurs first]; [and]
- Excludes travel to and from work, bona fide leaves of absence and vacations.]

[Cognitively Impaired] means a person has a deterioration or loss in intellectual capacity resulting from injury, sickness, advanced age, Alzheimer's disease or similar forms of irreversible dementia and needs another person's assistance or verbal cueing for his or her own protection or for the protection of others.]

[Coma, Comatose] means being in a profound stupor or state of complete and total unconsciousness. We will use the Rancho Los Amigos Levels of Cognitive Functioning scale to evaluate the coma.]

[Dependent] means [your spouse or domestic partner] [and your dependent child(ren)] [A dependent must be a citizen or legal resident of the United States, its territories and protectorates.] [Any person who is in full-time military service cannot be a dependent.]]

[Eligible Classes] Your [employer] determines if you are in an [eligible class]. [Such criteria are based solely upon the conditions [related to your employment] [established by your [employer].] We will rely upon the representation of the [employer] as to your eligibility for coverage under this plan and as to any fact concerning such eligibility.]

[Eligibility Date] means the date you become eligible for insurance.]

[Elimination Period] means a period of continuous disability which must be satisfied before you are eligible to have your life premium waived by us [or receive a permanent disability benefit].

[Employee] means a person who is in *active employment* [in the United States] [working and residing outside the United States] with the [Policyholder] [Employer] [and the employees, individual proprietors, and partners of one or more affiliated corporations, proprietorships or partnerships if the business of the [Policyholder] [Employer] and such affiliated corporations, proprietorships or partnerships is under common control.] [Employee shall exclude in any case, *part-time* employees, temporary employees and employees who work for the employer less than the number of hours per week indicated in the Benefits Schedule]. [This term does not include employees who normally work less than [20] hours a week for the [Policyholder] [Employer].

[Employer] means the Policyholder, and includes any division, subsidiary or affiliated company named in the policy.]

[Evidence of Insurability] means a statement of your [or your dependent's] medical history which We will use to determine if you [or your dependent] is approved for coverage. Evidence of

insurability will be at our expense.]

3[Expatriate means an employee who is working outside his or her country of ₃[permanent residence] [citizenship].]

[Full-Time as used with the Education Benefit means a full course load as defined by the accredited post secondary school.]

[Full-Time as used other than with the Education Benefit, means the number of hours set by the [Policyholder][Employer] as a regular work day for full-time employees in the *insured's [eligible class]*.]

[Gainful Occupation/Gainful Employment means an occupation that within 12 months of your return to work is or can be expected to provide you with an income that is at least equal to 60% of your annual earnings in effect just prior to the date your disability began.]

[Grace Period means the period of time following the premium due date during which premium payment may be made.]

[Hemiplegia means total and irreversible paralysis of both limbs on either side of the body (i.e. the right arm and right leg or the left arm and left leg).]

[Home Office means [15375 SE 30th Place, Suite 310, Bellevue, WA 98007]]

[Hospital or Institution means an accredited facility licensed to provide care and treatment for the condition causing your disability.]

[Illness means a pathological condition of the body that presents a group of clinical signs and symptoms and lab findings peculiar to it and that sets the condition apart as an abnormal entity differing from other normal or pathological body states.]

[Injury means:

- for purposes of Portability, a bodily injury that is the direct result of an *accident* and not related to any other cause.
- for all other purposes, a bodily injury that is the sole and direct result of an *accident* and not related to any other cause. Disability must begin while you are covered under the plan.]

[Insured means any person covered under a plan for which premium has been paid.]

[Intoxicated means that your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the jurisdiction, province, country, or state where the accident occurred.]

[Key Local National means an [employee] of the [employer] working and residing within his or her country of permanent residence and who the [employer] has designated as essential to the management of that country's operation.]

[Late Applicant means you apply for coverage for yourself or your dependents more than 31 days after the date you or your dependents are eligible for coverage.]

[Law, Plan or Act means the original enactments of the law, plan or act and any amendments.]

[Layoff or Leave of Absence] means you are temporarily absent from active employment for a period of time that has been agreed to in advance in writing by your Employer.

Your normal vacation time or any period of [disability] [disability due to your injury or sickness] is not considered a temporary layoff or leave of absence.]

[Life Insurance Benefit] means the total benefit amount for which an [employee] is insured under this plan subject to the maximum benefit.]

[Life Status Change] means a change in status as defined in the regulations under Internal Revenue Code Section 125, unless your Employer's cafeteria plan document or human resource policy contains more restrictive provisions. In that event, [your employer] may restrict the situations where you can change your coverage.]

[Life Threatening Condition] is a critical health condition that may possibly result in your dependent's loss of life.]

[Loss of a Foot] means that all of the foot is cut off at or above the ankle joint.]

[Loss of a Hand] means that all four fingers are cut off at or above the knuckles joining each to the hand.]

[Loss of Hearing] means the total and irrecoverable loss of hearing in both ears.]

[Loss of Sight] means the eye is totally blind and that no sight can be restored in that eye.]

[Loss of Speech] means the total and irrecoverable loss of speech.]

[Loss of Thumb and Index Finger] means that all of the thumb and index finger are cut off at or above the joint closest to the wrist.]

[Material and Substantial Duties] means duties that:
normally are required for the performance of your regular occupation; and cannot be reasonably omitted or modified.]

[Maximum Period of Payment] means the longest period of time we will make payments to you for any one period of disability.]

[Motor Vehicle] means a vehicle or vessel that is powered by any form of a motor, whether or not registered for land, air, or water use and it is:

- a passenger land or water vehicle of pleasure design which includes automobiles, vans, trucks three or four-wheel all terrain vehicles (ATV), motorcycles, motor scooters, four wheel drive vehicles, snowmobiles and self-propelled motor homes;
- a vehicle of commercial use or design which includes, but is not limited to: a cab, limousine, tractor trailer or box truck, bus or lawn tractor;
- any form of motorized equipment designed for use in construction or demolition which includes, but is not limited to a bulldozer, crane, front-loader, backhoe, steam roller or paver;
- a vehicle designed for water use which includes, but is not limited to a boat, ship, jet ski or personal water craft of any design. This includes sail boats or other wind powered water craft;
- a vehicle designed for air use which includes, but is not limited to a plane, including a

- glider, jet, an ultra-light aircraft or helicopter;
- a vehicle used for any form of racing or any other competitive event; or
- a vehicle designed for use in farming.]

[Normal Retirement Age] means the Social Security normal Retirement Age as stated in the 1983 revision of the United States Social Security Act. It is determined by your date of birth.]

[Occupational Injury] means an injury that was caused by or aggravated by any employment for pay or profit or otherwise occurring within the course of employment.]

[Optional Plan] means the option to purchase additional insurance beyond the Core Plan. This insurance is elected and paid for by the [insured].

[Paraplegia] means total and irreversible paralysis of both lower limbs.]

[Payable Claim] means a claim for which We are is liable under the terms of the policy.]

5[[Permanently and] Totally Disabled[; Permanent and Total Disability] means that:

For life insurance:

- you are not working in any occupation and, due to your *injury* or *sickness*, are unable to perform the duties of any *gainful occupation* for which you are reasonably fitted by training, education or experience; and
- you presumably will, for the duration of your life, be unable to perform the duties of any *gainful occupation* for which you are reasonably fitted by training, education or experience.]

[Physician] means:

- a person performing tasks that are within the limits of his or her medical license; and a person who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- a person with a doctoral degree in Psychology (Ph.D. or Psy.D.) whose primary practice is treating patients; or
- a person who is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

We will not recognize you, or your spouse, children, parents or siblings as a *physician* for a claim that you send to us.]

[Plan] means a line of coverage under the policy.]

[Policyholder] means the [*employer*] to whom the policy is issued.]

6[Pre-Existing Condition] means a condition for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines for your condition during the given period of time as stated in the plan; or you had symptoms for which an ordinarily prudent person would have consulted a health care provider during the given period of time as stated in the plan.]

[Prescription Drug] means a drug, biological, or compounded prescription which, by State and Federal Law, may be dispensed only by prescription and which is

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required to be labeled "Caution: Federal Law prohibits dispensing without prescription."]

[Prior Plan] means a group[term life] [accidental death] [and/or accidental dismemberment] insurance plan sponsored by the [Policyholder] which was in force on the day before the Policy Effective Date of this plan.]

[Private Passenger Car] means a validly registered four-wheel private passenger car (including Employer-owned cars), station wagons, jeeps, pick-up trucks, and vans that are used only as private passenger cars.]

[Quadriplegia] means total and irreversible paralysis of all four limbs.]

[Qualified Child] means

- for purposes of the Education Benefit, any of your children who, on the date of your death as a result of an accidental bodily injury, meet the definition of a "Dependent" and were either:
 - enrolled as full-time students in an accredited post-secondary institution
 - of higher learning beyond the 12th grade level; or
 - at the 12th grade level and enroll as full-time students in an accredited post-secondary institution of higher learning beyond the 12th grade level
 - within 365 days following the date of your death.
- for purposes of the Child Care Benefit, any of your unmarried dependent children under age [14] who, were enrolled in a [licensed day care facility,] [school facility] [or other similar program] for [90] continuous days before the date of the accident causing your death. The Child Care Benefit will not be extended to any of your children born after the date of your death unless pregnancy commenced prior to the date of your death.]

[Regular Care] means:

- you personally visit a doctor as frequently as is medically required, according to standard medical practice, to effectively manage and treat your disabling condition(s); and
- you are receiving appropriate treatment and care of your disabling condition(s) by a doctor whose specialty or experience is appropriate for your disabling condition(s).]

[Regular Occupation] means the occupation you are routinely performing when your disability begins.

[For physicians, "regular occupation" means your specialty in the practice of medicine which you are routinely performing when your disability begins.]

[For attorneys, "regular occupation" means your specialty in the practice of law which you are routinely performing when your disability begins.]]

[Retained Asset Account] is an interest bearing account established at an intermediary bank in the name of your beneficiary, as owner.]

[Retiree] means a former active full-time employee of the [employer] who is at least [98] years of age has completed at least [40] years of active full-time service with the [employer].

[Retirement Plan] means a defined contribution plan or defined benefit plan. These are plans which

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provide retirement benefits to employees and are not funded entirely by post tax or employee contributions, as that term is used in the Internal Revenue Code of 1986, as amended.]

[Service] Waiting Period means the continuous period of time that you must be in *active employment* in an *[eligible class]* before you are eligible for coverage under a *plan*.] The [employer] and we must agree upon the period.

[Sickness means:

- for purposes of Portability, an illness, disease, or symptoms for which a person, in the exercise of ordinary prudence, would have consulted a health care provider.
- For all other purposes, an illness or disease. Disability must begin while you are covered under the plan.]

[Spouse means the insured's lawful spouse, (not including a spouse who is legally separated).]

[Terminally Ill Terminal Illness means that an individual has a life expectancy of [6-18] months or less.]

[Third Country National means an [employee] who works outside his country of citizenship and outside the [Policyholder's] [*Employer's*] country of domicile.]

[Third Degree Burn means full thickness burn which is the most severe of the three burns extending near to the bone.]

[Total Covered Payroll means the total amount of annual earnings for which employees are insured under this plan.]

[Totally Disabled means that, as a result of an injury, a sickness or a disorder, your dependent:

- is confined in a hospital or similar institution;
- is unable to perform one or more activities of daily living (ADLs) because
- of a physical or mental incapacity resulting from an *injury* or a *sickness*;
- is cognitively impaired; or
- has a life threatening condition.]

[Totally Disabled means that, as a result of an *injury* or a *sickness* [or a disorder]: Your dependent spouse:

- is confined in a *hospital* or similar institution;
- is unable to perform two or more *activities of daily living* (ADLs) because of a physical or mental incapacity resulting from an *injury* or a *sickness*; - is cognitively impaired;
- is receiving or is entitled to receive any disability income from any source due to any *sickness* or *injury*;
- is receiving chemotherapy, radiation therapy or dialysis treatment;
- is confined at home under the care of a physician for a sickness or injury; or - has a life threatening condition.

Your dependent children:

- are confined in a *hospital* or similar institution;
- are receiving chemotherapy, radiation therapy or dialysis treatment; or
- are confined at home under the care of a **physician** for a *sickness* or *injury*.]

[Treatment Free means you have not received medical treatment, consultation, care or services including diagnostic measures, or taken prescribed drugs or medicines for the pre-existing condition.]

[Triplegia means total and irreversible paralysis of three limbs.]

[Uniplegia means total and irreversible paralysis of one limb.]

[Vegetative State means being completely unaware of one's self and the environment with the presence of sleep-awake cycles and at least partial preservation of involuntary brain functions. Such Vegetative State must be due to an accidental bodily injury and must begin within [31] days of the date of the accident.]

[Waiting Period or Service Waiting Period means the continuous period of time (shown in each plan) that you must be in active employment in an eligible group before you are eligible for coverage under a plan.]

[We, Us and Our mean Kemper Investors Life Insurance Company, and in connection with the making of all benefit determinations under the plan means Kemper Investors Life Insurance Company, acting directly or through their agents and delegates.]

[You, Your means an [*insured*] [employee] who is eligible for our coverage under this *plan*.]

[Kemper Investors Life Insurance Company]

[Benefits Schedule]

**¹[Term Life Insurance
[with]
[Accidental Death and Dismemberment Coverage]**

GENERAL INFORMATION

²[The coverages shown in this Certificate of Coverage are provided under a Group Insurance [Policy] issued by [Kemper Investors Life Insurance Company] to the [Policyholder]. The [Policy] governs all the coverages and payment of benefits shown in the Certificate. If a provision or term in the Certificate conflicts with a provision or term found in the Policy, the Policy's provision or term controls. You may examine the Group Insurance Policy at the principal office of the [policyholder] during regular working hours.

[Policyholder:

³[ABC Company]

[Associated Companies:

³[All subsidiaries and affiliates reported to us by the [policyholder] for inclusion in the [policy].

[Policy Number:

³[123456]

[Policy Effective Date:

³[April 1, 2010]

This Certificate and/or [Benefits Schedule] replace any and all Certificates and/or [Benefits Schedules] previously issued to you under the Group Insurance [Policy].

[Plan Year:

³[April 1, 2010- April 1, 2011] and each following [April] to [April 1].]

⁴[[Eligible Classes]: All persons in the following class(es) are eligible for [employee] coverage:

The "Covered Classes" are the following [employees] of the [Policyholder] (and its Associated Companies: All [full time] [and part-time] [employees] in *active employment* [in the United States] [outside the United States].]

Class 1: [All active, full-time US Expatriate, Third Country National and Key Local National employees who normally work at least [30-40] hours per week outside the United States.]

Class 2: [All active, full-time employees who normally work at least [30-40] hours per week in the United States]]

⁵[Note: [This plan covers only [employees] residing in the [country, countries] of [United

Kingdom].]

5[The plan does not cover any [employees] residing in the [country, countries] of [Iraq].]

5[Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan.]

6["Expatriate" means an employee who is working outside his country of citizenship. "Third Country national" generally means an employee who works outside his country of citizenship and outside the Employer's country of domicile.]]

7[Minimum Hours Requirement:

Full Time [Employees]:

[Employees] must be working at least [10-40] regularly scheduled hours per week.

8[Part Time [Employees]:

[Employees] must be working at least [[10-39] regularly scheduled hours per week]

9[the equivalent of half of your job location's full-time work per week.]]

10[[Service] Waiting Period:

[Full Time Employees] [Part Time Employees (by Class)]

For [employees] in an [eligible class] on or before {the Policyholder's Effective Date} [April 1, 2010] [None-365 days] of continuous service.

For [employees] in an [eligible class] after [April 1, 2010] [None-365 days] [None-36 months] of continuous service.]]

11[Rehire:

If your employment ends and you are rehired within [6-24] months, your previous work in an [eligible class] will apply toward the [service] waiting period. All other policy provisions apply.]

12[Waive the Waiting Period:

If you have been continuously employed by [your employer] for a period of time equal to your [service] waiting period, we will waive your [service] waiting period when you enter an [eligible class].]

13[Credit Prior Service:

We will apply any period of work with [your employer] toward the [service] waiting period to determine your eligibility date.]

14[Who Pays For the Coverage:

15[For You:] Basic Life Plan

[Your employer pays the cost of your coverage.]

[You pay for the cost of your coverage.]

[You and your employer share the cost of your coverage.]

16[Supplemental] Plan

[Your employer pays the cost of your coverage.]

rarely[You pay for the cost of your coverage.]

[You and your employer share the cost of your coverage.]

[For Your Dependents: [Basic [Supplemental] Plan

[Your employer pays the cost of your dependent coverage.]

[You pay for the cost of your dependent coverage.]

[You and your employer share the cost of your dependent coverage.]]

17[Elimination Period:

[Premium Waiver: [0-365 days] [1-24 months]
[Permanent and Total Disability Benefit: [0-2 years]
Disability-based benefits begin the day after we approve your claim and the [*elimination period*] is completed.]

[[Benefits Schedule] Term Life Insurance	
[Employee Basic Plan]	
18[Eligible Classes:	Life Insurance Amount
[All full-time employees]	19 (Flat Amounts) [\$10,000] [\$25,000] [\$50,000] [\$75,000] [\$100,000] 19 [\$1000-\$5,000,000,] [(in [\$1-\$100,000] increments)]
[Hourly:] [Salaried]	20 (Times Salary Plans) [.25% through 10X (in .25X increments) annual earnings.] 20 [[1X -10X] [annual earnings]] 21 [[50%-100%] of your [base] [annual earnings]]
22 [All amounts are rounded to the [nearest] [next higher] [next lower] multiple of [\$1-\$100,000], if not already an exact multiple thereof.] [[Annual earnings] are determined by [your employer].] [[Annual earnings] are defined in the Glossary.]]	
23[Overall] Maximum Benefit Amount (By Class)	
For You:	[\$10,000 - \$5,000,000]
For Late Applicants:	[\$10,000-\$2,000,000]]
23[Overall] Minimum Benefit Amount (By Class)	
[Minimum Amount:	[\$5,000-\$50,000]]
24 [Guarantee Issue Amount	[\$5000-\$1,000,000]]

25[[Employee] Term Life Insurance	
[Supplemental] Plan	
2 [An [employee] must be insured for basic life insurance in order to become insured for [supplemental] life insurance].	
18[Eligible Classes:	[Employee] Life Insurance Amount
[Class 1 [All [Hourly full-time employees]	19 (Flat Amounts) [\$10,000] [\$25,000] [\$50,000] [\$75,000] [\$100,000] 19 [\$1000-\$5,000,000] (in \$1-\$100,000 increments)]
[Class 2 [Salaried full-time employees]	20 (Times Salary Plans) [.25% through 10X (in .25X increments) [annual earnings].] 20 [[1X-10X] [annual earnings].] 21 [50%-100%] of your [annual earnings]]
22 [All amounts are rounded to the [nearest] [next higher] [next lower] multiple of [\$1-\$10,000], if not already an exact multiple thereof.] [[Annual Earnings] are determined by [your employer]. [Annual earnings] are defined in the Glossary.]]	
<p>26 [Increasing your coverage: When eligible, you may increase your coverage by [1-5] additional increment(s) in the amounts describe below without having to submit <i>evidence of insurability</i> to us. If you elect to increase coverage by more than [1-5] increment(s) or if the incremental increase is more than the maximum, <i>evidence of insurability</i> will be required. This applies even if, in the past, we have approved your <i>evidence of insurability</i>.</p> <p style="text-align: center;">[An [employee] may elect any amount in an increment of [\$1000-\$100,000] subject to a maximum of [\$5,000-\$5,000,000].]</p> <p>41 [You may apply for additional increments with <i>evidence of insurability</i> as follows:</p> <p>26 [Units: Amounts in: [\$1000-\$100,000] units as applied for by you and approved by the Company [subject to a maximum of [\$5,000-5,000,000].]</p> <p>26 [Units: Amounts in [\$1000] [\$5000] [\$10,000] [\$25,000] [\$50,000] units [as applied for by you and approved by the Company [subject to a maximum of [\$5,000-5,000,000].]</p> <p>26 [An amount equal to the amount of life insurance in effect at the time of death or loss.]]</p>	
23[Overall] Maximum Benefit Amount (By Class)	
For You:	[\$10,000 - \$5,000,000]
[For Late Applicants:	[\$10,000-\$2,000,000]]
23[Overall] Minimum Benefit Amount (By Class)	
[Minimum Amount:	[\$5,000-\$50,000]
27[Optional Payee Amount	[\$500-\$5000]]

24 [Guarantee Issue Amount	[\$5000-\$1,000,000]]
<p>28[You may elect coverage under any one of the available options shown above for [Supplemental] Term Life Insurance. Once you have selected your plan option, if you wish to make a change, [your employer] can provide you with information on how and when changes can be made.]</p> <p>28[In no event will the combined amount of your [Basic] and [Supplemental] Life Insurance exceed [\$5,000,000]. In the event the combined amount of [Basic] and [Supplemental] Life Insurance would exceed [\$5,000,000], any necessary reductions shall come first from the [Supplemental] Life Insurance and then if necessary, from the [Basic] Life Insurance.]</p>	

28[Evidence of Insurability
<p>29[<i>Evidence of Insurability</i> is Required For Any Amount of Insurance [Over: [\$10,000.00 -\$2,000,000] [or] [1-10Xs annual earnings].]</p> <p>29[<i>Evidence of Insurability</i> is required if you request life insurance coverage for a [dependent] [spouse] [, domestic partner] [or dependent child] more than [31-180] days after the Dependent Eligibility Date.]</p> <p>29[<i>Evidence of Insurability</i> is not required for amounts of life insurance you had in force with [your employer's] prior carrier on the termination date of the prior carrier's plan.]</p> <p>29[<i>Evidence of Insurability</i> is required for amounts of life insurance in excess of the greater of:</p> <ul style="list-style-type: none"> • the amount(s) of life insurance you had in force with [your employer's prior carrier on the termination date of the prior carrier's plan; or • the amount(s) of life insurance over the amount shown above.] <p>29[If we do not approve your <i>evidence of insurability</i>, the amount of Life Insurance will be limited to the Guaranteed Standard Issue Amount.]</p> <p>30[Life Status Changes: In addition to the guaranteed issue amount available to an [employee] when first eligible, an [employee] who experiences a life status change will be eligible to add [supplemental] coverage [at the one – three times] <i>annual earnings</i>, without <i>evidence of insurability</i>. In order to receive this additional guaranteed issue insurance, application must be made within [31-180] days of the life status change and the [employee] must not have previously been declined for any amount of insurance due to failure to provide satisfactory <i>evidence of insurability</i> when required. Refer to the <i>General Provisions Section</i> of the Certificate for information about Life Status Changes.]]</p>

31[Age Reduction Rules For Insurance Benefits

[The age reduction rule effects the amount of insurance available if you [or your dependent] become insured at certain ages or have reached certain ages while insured under this plan.

If you [or your dependent] have reached age **34**[65-95] but not age **34**[70-95], your amount of **32**[Life, Accidental Death & Dismemberment] Insurance will be:

- **35**[[15%- 80%] of the amount of **32**[Life, Accidental Death & Dismemberment] Insurance you [had] [would have had] prior to age **34**[65-95]; or
- **35**[[15%- 80%] of the amount of **32**[Life, Accidental Death & Dismemberment] Insurance shown above if you become insured on or after age **34**[65-75] [but before age **34**[70-95].]

[After a reduction occurs, there will be no further increases in your amount of **32**[Life, Accidental Death & Dismemberment] Insurance.]

[If you have reached age **34**70-80] or more, your amount of **32**[Life, Accidental Death & Dismemberment] Insurance will be:

- **35**15%-50%] of the amount of **32**[Life, Accidental Death & Dismemberment] Insurance you [had] [would have had] prior to your first reduction; or
- **35**[15%-50%] of the amount of **32**[Life, Accidental Death & Dismemberment] Insurance shown above if you become insured on or after age **34**[70-80].]

This change will be effective on the **33**[first day of the month] in which your **34**[65th – 95th] birthday occurs.

[After a reduction occurs, there will be no further increases in your amount of **32**[Life, Accidental Death & Dismemberment] Insurance.]]

[Any insurance amount in effect on the day before **33**[the first day of the month] in which your **34**[65th – 95th] birthday occurs will be reduced by **35**[35%-80%].] [This change will be effective on the **33**[first day of the month] in which your **34**[65th – 95th] birthday occurs, according to the schedule below:

35 [Age Reduction Schedule

Age:	Reduced By:
34 [65 – 95]	35 [15%- 80%]
34 [65 – 95]	35 [15%- 80%]
34 [65 – 95]	35 [15%- 80%]]

36[If your benefit is a percentage of your salary, the benefit reduction will be based on the value of your policy the day before the next reduction period.] [If your benefit is a dollar amount, the original benefit amount will continue to be reduced by the percentages stated above, as you age.]

36 [After a reduction occurs, there will be no further increases in your amount of life insurance.]

37 [If you become insured during or after the month in which you reach the above ages, your life insurance amount will be the applicable percentage of the amount shown for your [*eligible class*].]

38[No reduction will occur if your life insurance amount has already been reduced because of retirement.]

39[Retirement Reduction Rule

On the date you retire, your life insurance amount will be reduced **40** [by 5%-50%] **40**[to \$500-\$100,000].] **41**[This reduced amount cannot exceed [\$1000].]

41[This does not apply if your insurance has already been fully reduced because of age.]

During your retirement, your life insurance amount will remain in effect as long as you remain in an [*eligible class*]. However, this is subject to change or termination in accordance with the terms of your Group Insurance [Policy].]

42[Note: The **43**[age reduction] [and] [retirement reduction] rules do not apply if you are under age [65-75] and your life insurance is being continued because you are *permanently and totally disabled*. When you turn age [65-75], if you qualify as a retiree in an [*eligible class*] the retirement rule will apply, therefore your life insurance amount will be reduced. If you do not qualify as a retiree, your life insurance will cease.]

41 [After a reduction, there will be no further increases in your amount of life insurance.]

42[Note: The life insurance amount you receive under the *permanent and total disability* feature of this plan will be reduced at the specified ages, and according to the Age Reduction Rule above.]

44[Note: The life insurance amount you receive under the *permanent and total disability* feature of this plan will be reduced [by 5%-50%] [to \$500-\$100,000] when you reach age [65-75]. It will not be reduced according to the **43**[age reduction] [and] [retirement reduction] rules above.]

45[Dependent Term Life Insurance	
[Basic] [Supplemental] Plan [A Dependent's Eligibility Date is the date you can first elect coverage for a dependent.]	
[Eligible Dependents	Life Insurance Amount
18 [Spouse [or Domestic Partner]	19 (Flat Amounts) [\$1000] [\$5000][\$10,000] [\$25,000] [\$50,000] [\$75,000] [\$100,000] 19 [\$1000-\$1,000,000] (in [\$1-\$100,000] increments)
	46 [[25%-100%] of the amount of [your] [your spouse's] life insurance amount under this plan[, but not more than [\$1000-\$1,000,000]]
22 [All amounts are rounded to the [nearest] [next higher] [next lower] multiple of [\$1-\$10,000], if not already an exact multiple thereof.]	
30[AGE REDUCTION RULE [THE AMOUNT OF YOUR SPOUSE'S [OR DOMESTIC PARTNER'S] LIFE INSURANCE WILL REDUCE BY THE SAME PERCENTAGE OR AMOUNT AND AT THE SAME TIME AS YOUR LIFE INSURANCE REDUCES. AFTER A REDUCTION OCCURS, THERE WILL BE NO FURTHER INCREASES IN THE AMOUNT OF YOUR SPOUSE'S [OR DOMESTIC PARTNER'S] LIFE INSURANCE.]	
47[Children [Each Dependent Child]	19 (Flat Amounts) [[500] [\$1000] [\$2500] [\$5000] [\$10,000] [\$50,000]] [\$100 - \$500,000] (in [\$1-\$50,000] increments) 48 [[25%-100%] of the amount of [your] [your spouse's] life insurance amount under this plan[, but not more than [\$1000-\$500,000]]
47Age Schedule [live birth] to [14 days]	19 (Flat Amounts) [[500] [\$1000] [\$2500] [\$5000] [\$10,000] [\$50,000]] [[100 - \$500,000] (in [\$1-\$50,000] increments) 48 [[25%-100%] of the amount of [your] [your spouse's] life insurance amount under this plan[, but not more than [\$1000-\$500,000]]
[14 days] to [6 months]	19 (Flat Amounts) [[500] [\$1000] [\$2500] [\$5000] [\$10,000] [\$50,000]] [[100 - \$500,000] (in [\$1-\$50,000] increments) 48 [[25%-100%] of the amount of [your] [your spouse's] life insurance amount under this plan[, but not more than [\$1000-\$500,000]]
[6 months] to [2-19] years] or to age [23-30] [if a full-time student]	19 (Flat Amounts) [[500] [\$1000] [\$2500] [\$5000] [\$10,000] [\$50,000]] [[100 - \$500,000] (in [\$1-\$50,000] increments)

	48 [25%-100%] of the amount of [your] [your spouse's] life insurance amount under this plan, [but not more than [\$1000-\$500,000]]
41 [The amount of life insurance for a dependent will not be more than [50%-100%] of the amount of your life insurance amount under this plan.]	
26 [An [employee] may elect any amount in an increment of [\$1000-\$100,000] for a dependent subject to a maximum of [\$5,000-\$1,000,000. [subject to evidence of insurability]	
26 [Units: Amounts in: [\$1000-\$100,000] units as applied for by you and approved by the Company]	
26 [Units: Amounts in [\$1000] [\$5000] [\$10,000] [\$25,000] units as applied for by you and approved by the Company.]	
23[Overall] Maximum Benefit Amount	
[Spouse [or Domestic Partner]	[\$5,000 - \$1,000,000]
[Dependent Child	[\$1,000-\$500,000]]
23[Overall] Minimum Benefit Amount	
[Spouse [or Domestic Partner]	[\$1,000-\$50,000]
[Dependent Child	[\$500-\$25,000]]
24[Guarantee Issue Amount	
[Spouse [or Domestic Partner]	[\$1,000 - \$500,000]
[Dependent Child]	[\$1000-\$100,000]]

28[Dependent Evidence of Insurability]	
29[Note: When eligible, you may increase your dependent coverage by [one, two] additional increment(s) of up to [\$1,000-\$75,000] without having to submit <i>evidence of insurability</i> to us. If you elect to increase coverage by more than [one, two] increment(s) or if the incremental increase is more than [\$5,000-\$75,000], <i>evidence of insurability</i> will be required. This applies even if, in the past, we have approved your dependent's <i>evidence of insurability</i> .]	
29 [<i>Evidence of Insurability</i> is Required For Any Amount of [Your Spouse's] [or Domestic Partner's] Insurance Over: [\$1000.00 -\$100,000]]	
29 [<i>Evidence of Insurability</i> is required if you request life insurance coverage for a [dependent] [spouse][, domestic partner] [or dependent child] more than [31-180] days after the Dependent Eligibility Date.	
29 [<i>Evidence of Insurability</i> is not required for amounts of life insurance your dependent had in force with [your employer's] prior carrier on the termination date of the prior carrier's plan.]	
29 [<i>Evidence of Insurability</i> is required for amounts of life insurance in excess of the greater of:	

- the amount(s) of life insurance you had in force with [your employer's prior carrier on the termination date of the prior carrier's plan; or
- the amount(s) of life insurance over the amount shown above.

29[If we do not approve your dependent's *evidence of insurability*, the amount of Life Insurance will be limited to the Guaranteed Standard Issue amount.]

49[Accelerated Death Benefit	
50 [Employee]	
50 [Employee and Dependents]	
50 [Employee and Spouse [or Domestic Partner]	
51 [Accelerated Death Benefit Minimum	[\$5000 - \$10,000]
52 [Accelerated Death Benefit Maximum	[\$25000 - \$250,000]
53 Accelerated Death Benefit Percentage	[25% - 75%]
54 [Accelerated Death Benefit Payment Months	[6 -12 months]]

55[Limitations Which Apply to Your Coverage:

[2This [Benefits Schedule] summarizes of some of the features and benefits of [your employer's] [Term Life, Accidental Death and Dismemberment] Plan. It is not a contract. [You are not necessarily entitled to insurance because you received this Schedule.] [You are only entitled to insurance if you are eligible in accordance with the terms of the Certificate, you have met [your employer's] eligibility requirements and premium has been paid. For a complete description of the terms, conditions, exclusions and limitations of your [employer's] *Plan*, refer to your Certificate. In the event of a discrepancy between this [Benefits Schedule] and the Certificate, the Certificate will control.]

56 [Your amount of life insurance will be reduced by any life benefit:

- paid to you under an accelerated death benefit in the prior plan and in force for you under any disability extension provision of the prior plan.
- paid to you under an accelerated death benefit in this plan or paid to you under any disability extension provision under this plan.]

41 [SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN. REFER TO THE EXCLUSIONS SECTION OF THE CERTIFICATE FOR A COMPLETE LIST OF EXCLUSIONS.]

57[Exclusions for Accidental Death [and Dismemberment] [(AD&D)] insurance are shown on the applicable Accidental Death [& Dismemberment] Certificate pages.]

58[[Accidental Death and Dismemberment] Insurance [Benefits Schedule]	
[Employee Basic Plan]	
18[Eligible Classes:	[Principal Sum]
[All full-time employees]	19 (Flat Amounts) [\$10,000] [\$25,000] [\$50,000] [\$75,000] [\$100,000] 19 [\$1000-\$5,000,000,] [(in [\$1-\$100,000] increments)]
[Hourly:]	20 (Times Salary Plans) [.25% through 10X (in .25X increments) [annual earnings].] 20 [[1X -10X] annual earnings.] 21 [50%-100%] of your [annual earnings]]
[Salaried]	59 [An amount equal to the amount of your life insurance in effect under this plan at the time of death or loss.]
22 [All amounts are rounded to the [nearest] [next higher] [next lower] multiple of [\$1-\$10,000], if not already an exact multiple thereof.] [Annual earnings] are determined by [your employer]. [[Annual earnings] are defined in the Glossary.]]	
23[Overall Maximum Benefit Amount (By Class)	
For You:	[\$10,000 - \$5,000,000]
[For Late Applicants:	[\$5,000-\$1,000,000]]
23[Overall Minimum Amount (By Class)	
[Minimum Amount:	[\$5,000-\$50,000]]
31[AGE REDUCTION RULE: THE AMOUNT OF YOUR [ACCIDENTAL DEATH AND DISMEMBERMENT] INSURANCE WILL REDUCE BY THE SAME PERCENTAGE OR AMOUNT AND AT THE SAME TIME YOUR LIFE INSURANCE REDUCES. AFTER YOUR BENEFIT IS REDUCED, THERE WILL BE NO MORE INCREASES IN THE AMOUNT OF YOUR [ACCIDENTAL DEATH AND DISMEMBERMENT] INSURANCE AFTER A REDUCTION.]	

60[[Employee] [Supplemental] Plan	
[An [employee] must be insured for basic life insurance in order to become insured for supplemental Accidental Death [& Dismemberment] benefits.]	
18[Eligible Classes:	[Principal Sum]
[All full-time employees]	19 (Flat Amounts) [\$10,000] [\$25,000] [\$50,000] [\$75,000] [\$100,000] 19 [\$1000-\$5,000,000,] (in \$1-\$100,000 increments)]
[Hourly:] [Salaried]	20 (Times Salary Plans) [.25% through 10X (in .25X increments) [annual earnings].] 20 [[1X-10X] [annual earnings].] 21 [50%-100%] of your [annual earnings]]
	59 [An amount equal to the amount of your life insurance in effect under this plan at the time of death or loss.]
22 [All amounts are rounded to the [nearest] [next higher] [next lower] multiple of [\$500-\$100,000], if not already an exact multiple thereof.] [[Annual earnings] are defined in the Glossary.] [[Annual earnings] are determined by [your employer].]	
<p>26 [Increasing your coverage: When eligible, you may increase your coverage by [1-5] additional increment(s) in the amounts describe below without having to submit <i>evidence of insurability</i> to us. If you elect to increase coverage by more than [1-5] increment(s) or if the incremental increase is more than the maximum, <i>evidence of insurability</i> will be required. This applies even if, in the past, we have approved your <i>evidence of insurability</i>.</p> <p style="text-align: center;">[An [employee] may elect any amount in an increment of [\$1000-\$100,000] subject to a maximum of [\$5,000-\$5,000,000].]</p> <p>41 [You may apply for additional increments with <i>evidence of insurability</i> as follows:]</p> <p>26 [Units: Amounts in: [\$1000-\$100,000] units as applied for by you and approved by the Company [subject to a maximum of [\$5,000-5,000,000].]</p> <p>26 [Units: Amounts in [\$1000] [\$5000] [\$10,000] [\$25,000] [\$50,000] units [as applied for by you and approved by the Company] [subject to a maximum of [\$5,000-5,000,000]].]</p>	
23[Overall] Maximum Benefit Amount	
For You:	[\$10,000 - \$5,000,000]
[For Late Applicants:	[\$5,000-\$1,000,000]]
23[Overall] Minimum Benefit Amount	

For You:	[\$5,000-\$50,000]
<p>28You may elect coverage under any one of the available options shown above for [Supplemental] Accidental 32[Death and Dismemberment] Insurance. Once you have selected your plan option, if you wish to make a change, [your employer] can provide you with information on how and when changes can be made.]]</p>	
<p>31[AGE REDUCTION RULE: THE AMOUNT OF YOUR [ACCIDENTAL DEATH AND DISMEMBERMENT] INSURANCE WILL REDUCE BY THE SAME PERCENTAGE OR AMOUNT AND AT THE SAME TIME YOUR LIFE INSURANCE REDUCES. AFTER YOUR BENEFIT HAS BEEN REDUCED, THERE WILL BE NO FURTHER INCREASES IN THE AMOUNT OF YOUR [ACCIDENTAL DEATH AND DISMEMBERMENT] INSURANCE.]</p>	

61 [Dependent [Basic Plan] [Supplemental] Plan	
<p>29[An [employee] must be insured for 32[basic and supplemental] insurance in order for a dependent become insured for [supplemental] 32[Accidental Death & Dismemberment] coverage.]</p>	
18 [Eligible Classes:	[Principal Sum]
For Spouse [or Domestic Partner]*	<p>19(Flat Amounts) [[\$5000] [\$10,000] [\$15,000] [\$25,000] [\$50,000] [\$75,000] [\$100,000]]</p> <p>19[[\$1000 - \$500,000] [(in [\$1-\$100,000] increments)]</p> <p>62 [[25%-100%] of [Employee's] [Principal Sum], [but not more than [\$1000-\$1,000,000]]</p> <p>62[[25%-100%] of the amount of [your] [your spouse's] life insurance amount under this plan, [but not more than [\$1000-\$1,000,000]]</p>
	20 [[\$1000-\$500,000,] (in [\$1-\$100,000] increments)]
<p>31[AGE REDUCTION RULE: THE AMOUNT OF YOUR SPOUSE'S [OR YOUR DOMESTIC PARTNER'S] [ACCIDENTAL DEATH AND DISMEMBERMENT] INSURANCE WILL REDUCE BY THE SAME PERCENTAGE OR AMOUNT AND AT THE SAME TIME YOUR [ACCIDENTAL DEATH AND DISMEMBERMENT] INSURANCE REDUCES. THERE WILL BE NO FURTHER INCREASES IN THE AMOUNT OF YOUR SPOUSE'S [OR YOUR DOMESTIC PARTNER'S] [ACCIDENTAL DEATH AND DISMEMBERMENT] INSURANCE]</p>	
47 [Each Dependent Child	<p>19 (Flat Amounts) [[\$500] [\$1000] [\$2500] [\$5,000] [\$10,000] [\$25,000] [\$50,000] [\$75,000] [\$100,000]]</p> <p>19[[\$100 - \$500,000] [(in [\$1-\$50,000] increments)]</p> <p>63[[10%-100%] of [Employee's] [Spouse's] [Principal Sum]]</p>

	62 [An amount equal to your Child's life insurance amount.]
[Each Dependent Child By Age*]	
[Live birth] to [14 days]:	19 (Flat Amounts) [\$500] [\$1000] [\$2500] [\$5,000] [\$10,000] [\$25,000] [\$50,000] [\$75,000] [\$100,000] 20 [\$100 - \$500,000] [(in [\$1-\$50,000] increments)] 63 [[10%-100%] of [Employee's] [Spouse's] [Principal Sum] 63 [An amount equal to your Child's life insurance amount.]]
[4 days] to [6 months]:	19 (Flat Amounts) [\$500] [\$1000] [\$2500] [\$5,000] [\$10,000] [\$25,000] [\$50,000] [\$75,000] [\$100,000] 20 [\$100 - \$500,000] [(in [\$1-\$50,000] increments)] 63 [[10%-100%] of [Employee's] [Spouse's] [Principal Sum] 63 [An amount equal to your Child's life insurance amount.]]
[6 months] to age [19] or to age [26] [if a full-time student]	19 (Flat Amounts) [\$500] [\$1000] [\$2500] [\$5,000] [\$10,000] [\$25,000] [\$50,000] [\$75,000] [\$100,000] 20 [\$100 - \$500,000] [(in [\$1-\$50,000] increments)] 63 [[10%-100%] of [Employee's] [Spouse's] [Principal Sum] 63 [An amount equal to your Child's life insurance amount.]]
41 [The amount of insurance for a dependent will not be more than [50%-100%] of the amount of your insurance amount under this plan.]	
22 [All amounts are rounded to the [nearest] [next higher] [next lower] multiple of [\$50-\$100,000], if not already an exact multiple thereof.]	
26 [An [employee] may elect any amount in an increment of [\$100-\$25,000] for a dependent subject to a maximum of [\$500-\$1,000,000].] [subject to evidence of insurability]	
26 [Units: Amounts in: [\$100-\$100,000] units as applied for by you and approved by the Company]	
26 [Units: Amounts in [\$1000] [\$5000] [\$10,000] [\$25,000] units as applied for by you and approved by the Company.]	
23 [Overall] Maximum Benefit Amount	
[Spouse [or Domestic Partner]	[\$5,000 - \$500,000]
[Dependent Child	[\$1,000-\$100,000]]
23 [Overall] Minimum Benefit Amount	
[Spouse [or Domestic Partner]	[\$1,000-\$50,000]]
[Dependent Child	[\$500-\$25,000]]

64[Additional Accidental Death [and Dismemberment] Benefits	
[To qualify for additional benefits, your 32 [accidental death benefit] [or] [accidental dismemberment benefit] must be paid first.]	
Benefits	41[Maximum] Benefit Amounts
[Repatriation Benefit]	[\$5000-\$25,000]
[Seatbelt(s) and Air Bag Benefit]	
For Seatbelt(s) and Airbag:	[[10%-100%] of the [Principal Sum] of your [or your dependent's] accidental death and dismemberment benefit] [or]
[For You]	[\$5,000-\$500,000] or your [Principal Sum] whichever is less.
[For each covered dependent]	[\$5,000-\$250,000] or your covered dependent's [Principal Sum], whichever is less]
[For Seatbelt Only]	[\$2500-\$250,000] [or][5%-50%] of the [Principal Sum] of your [or your dependent's] accidental death and dismemberment benefit[, whichever is less.] [One half of a person's Seat Belt and Airbag Benefit]]
[Maximum Benefit Seatbelt and Airbag]	[The lesser of] [\$5,000-\$500,000] [or] [the [Principal Sum]]
[Maximum Benefit Seatbelt only]	[The lesser of] [\$5,000-\$250,000]] [or] [one half of the [Principal Sum]] [One half the maximum benefit for the Seatbelt and Airbag benefit]
[Education Benefit For Your Qualified Child(ren)] For each dependent child:	[[.5%-25%] for your [or your spouse's or domestic partner's] [Principal Sum] not to exceed [\$1000-\$25,000]]
Maximum Benefit Payments	[4 per lifetime]]
Maximum Benefit Period	[2-6 years] from the date the first benefit payment has been made.
[Spouse [or Domestic Partner] [Education] [Training] Benefit]	[1%-10%] of your [Principal Sum] not to exceed [\$2500-\$10,000]
Maximum Benefit Payments	[4 per lifetime]]
[Child Care Benefit for Your Qualified Child(ren)]	[Annual Benefit Amount]
[Birth to age [5]	[[1%-10%] of your [or your spouse's][Principal Sum] not to

[Age [5] through age [13]	exceed [\$2,000-\$20,000] per year per child] [or] [1%-10%] of you [or your spouse's] [Principal Sum] not to exceed [\$2,000-\$20,000] per year per child]
Maximum Benefit Amount	[\$12,000-\$20,000]
If, at the time of your or your spouse's death, you have no Qualified Child eligible for the Child Care Benefit, we will pay [5%] of the [Principal Sum] to a maximum benefit of [\$2000] to you, your spouse [or domestic partner], your beneficiary or your or your spouse's [or domestic partner's] authorized representative.	
Option 1	
65[Critical Burn Benefit	
The benefit amount for any one loss is determined by multiplying the percentage of body surface actually burned times the Maximum Amount Payable, shown below. The attending <i>physician</i> will determine the percentage of body surface actually burned. The most we will pay for any combination of Covered Losses is the [Principal Sum].	
Burn Schedule	
<u>Covered Losses</u> Face, Neck, Head Front or Back Torso One Hand & Forearm One Upper Arm One Thigh or One Lower Leg (below knee)	<u>Maximum Amount Payable</u> [50% of the [Principal Sum] [25% of the [Principal Sum] [20% of the [Principal Sum] [10% of the [Principal Sum] [5% of the [Principal Sum]
Option 2	
65[Critical Burn Benefit	
	[25% of the [Principal Sum] or [50%-100%] of the [Principal Sum] when 75% of the body is burned] [25%-75%] of the [Principal Sum] when 50% of the body is burned] [25%-75%] of the [Principal Sum] when 25% of the body is burned]
[Common Carrier [and Motor Vehicle] Benefit	[\$25,000-\$200,000] [Your [Principal Sum]]
Maximum Benefit Amount	The [Principal Sum]]
[Exposure Benefit	[\$25,000-\$200,000] [Your [Principal Sum]]
[Disappearance Benefit	[\$25,000-\$200,000] [Your [Principal Sum]]
[Coma Benefit	[1%-10%] of your [or your dependent's] [Principal Sum] not to exceed [\$2,000-\$30,000]
Maximum Number of Months	[12-100] months]
[Felonious Assault Benefit	[.5%-25%] of your [Principal Sum] not to exceed [\$10,000-\$100,000]]
[Occupational Hepatitis B or C Benefit	[.5%-25%] of your [Principal Sum] not to exceed [\$1,000-\$100,000]]
Maximum Number of Payments	[24] equal monthly installments]
[Occupational Human	

Immunodeficiency Virus Benefit	[[.5%-25%] of your [Principal Sum] not to exceed [\$1,000-\$100,000]]
Maximum Number of Payments	[24] equal monthly installments]]
[Rehabilitative Physical Therapy Benefit	[[.5%-25%] of your [Principal Sum] not to exceed [\$1,000-\$50,000]] [\$25-\$300 per visit to a licensed physical therapist up to [\$1000-\$50,000] maximum benefit.
Maximum Number of Payments	[4-24] equal monthly installments]]

[SolutionZ]

Products are underwritten by
Kemper Investors Life Insurance Company
A member company of Zurich Financial Services.

Administrative Office:
[Harborside Financial Center
Plaza 5, 5th Floor
Jersey City, NJ 07311
www.zurich.com
Customer Service Phone:
[(877) 278-7556]

Employer Group Insurance Application

Section 1: Employer Information

____ Corporation ____ Partnership ____ Proprietorship ____ Other

Employer's legal business name _____

Street address _____

City _____ State _____ Zip Code _____

Mailing address (if different than above) _____

City _____ State _____ Zip Code _____

Benefits contact person _____ Title _____

Phone number (____) _____ Fax number (____) _____

Email Address _____

Name and Address of Any Subsidiary or Affiliate to Be Included _____

Mail Administrative kit to ____ Employer ____ Broker

Section 2: Requested Effective Date

Month _____ Day _____ Year _____

Section 3: Premium Deposit

Check all that apply: ____ Employer will pay all plan costs
____ Employees will pay part of the plan costs. ____% contributed by each employee

\$ _____ Premium Deposit (1st month due in advance)

A check made payable to Kemper Investors Life Insurance Company must accompany this Application.

Section 4: Plan Options

- Basic Term Life Coverage
 - Basic Accidental Death & Dismemberment Coverage
 - Dependent Life Coverage
- Supplemental Term Life Coverage

- Accidental Death and Dismemberment Coverage
- Dependent Term Life Coverage

- Short Term Disability Coverage

- Long Term Disability Coverage

Section 5: Signature of Employer

The undersigned employer submits this application for group insurance coverage underwritten by Kemper Investors Life Insurance Company (the "Insurer"). The employer understands that the benefits provided by the Insurer are subject to the terms of the group insurance policy(ies) issued by the Insurer. The employer understands that no contract is in effect, and no coverage is in force, until a Group Insurance Policy has been issued to the employer by the Insurer and the employer has paid the required premium. The employer agrees to remit to the Insurer regularly in advance the required monthly premium contributions for insurance benefits provided under the group policy(ies) issued to the employer, and the employer understands that failure to pay billed premiums will result in automatic termination of insurance coverage at the end of the applicable grace period(s). In that case the employer will owe and agrees to pay the premium due for the grace period. The employer agrees to offer the insurance provided under the group polic(ies) to all the employer's present and future new employees in eligible classes as defined in the Group Insurance Policy. Unless otherwise agreed to in writing with the Insurer, the employer is responsible for all employment and tax requirements pertaining to providing benefits to employees. On behalf and as a duly authorized representative of the employer, I certify that all information contained in this Application is true and complete to the best of my knowledge and belief.

Dated at (City) _____ (State) _____ On (Month) _____ (Day) _____ (Year) _____

Employer's Legal Business Name _____

Signature of Duly Authorized Officer of the Employer _____

Title _____

A signed copy of this form received by electronic transmission will be deemed to be an original.

Is the benefit plan, for which insurance is being requested, subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended? _____ Yes _____ No If yes, identify the Plan Number: _____

Section 6: Broker Information

Name of Broker (If no broker is involved enter *Direct*): _____

Commission: _____

Contact Name: _____ Phone Number (____) _____

E-mail Address _____ Fax Number (____) _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Section 7: Fraud Statements

Fraud Notice All states, except as listed below:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Florida, Minnesota: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Maine, Tennessee, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil and criminal penalties.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Ohio and Texas: Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which is a crime and subjects the person to civil and criminal penalties.

Pennsylvania and Kentucky: Any person who knowingly and with intent to defraud any insurance company, or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

SERFF Tracking Number: MLLM-126657960 State: Arkansas
 Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46450
 Company Tracking Number: 0146KEM01-12
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Group Insurance Policy
 Project Name/Number: Kemper Investors Life Insurance Company/0146KEM01-12

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Readability Certification		
Attachment: Life Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The application to be used is filed with this submission under the Forms Tab.		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter		
Comments: Authorization Letter		
Attachment: Authorization Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Explanations of Variability		
Comments: Explanations of Variability		
Attachments: Group Insurance Policy EOV 06-16-2010.pdf Life Certificate EOV 06-16-2010.pdf Life Certificate Schedule EOV 06-16-2010.pdf		

SERFF Tracking Number: MLLM-126657960 State: Arkansas
Filing Company: Kemper Investors Life Insurance Company State Tracking Number: 46450
Company Tracking Number: 0146KEM01-12
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Group Insurance Policy
Project Name/Number: Kemper Investors Life Insurance Company/0146KEM01-12

Item Status:

Status

Date:

Satisfied - Item: Filing Fee Form

Comments:

Filing Fee Form

Attachment:

AR Filing Fee Transmittal.pdf

Kemper Investors Life Insurance Company

READABILITY CERTIFICATION

for

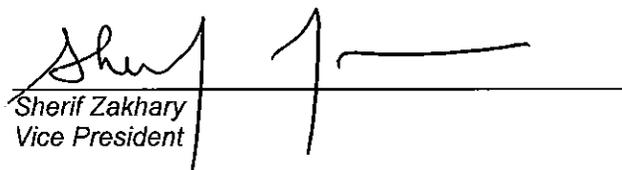
Form 1000 ZAGP-01-01, Group Insurance Policy and Form 4000 ZACERT-LF-01-01, Term Life Insurance Plan with Accidental Death and Dismemberment Coverage Certificate of Coverage

I hereby certify on behalf of Kemper Investors Life Insurance Company that the following forms have been tested by an acceptable method specified in the Model Law and obtained Flesch scores as indicated:

- | | | |
|----|--|------|
| 1. | Group Insurance Policy form 1000 ZAGP-01-01: | 52.2 |
| 2. | Term Life Insurance Plan with Accidental Death and Dismemberment Coverage Certificate of Coverage form 4000 ZACERT-LF-01-01: | 50.2 |

I hereby certify that the above forms, and the application used therewith, comply with the N.A.I.C. Model Policy Language Simplification Act.

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


Sherif Zakhary
Vice President

Date: May 25, 2010

ADMINISTRATIVE OFFICE
15375 SE 30TH Place, Suite 310
Bellevue, Washington 98007
Phone 425-577-5100
Fax 425-643-8132

April 21, 2010

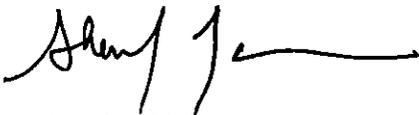
Mr. Jeffrey V. Kulesus, FLMI
Consultant
Milliman, Inc.
Two Conway Park, Suite 180
150 Field Drive
Lake Forest, Illinois 60045

RE: State Insurance Filings

Dear Mr. Kulesus:

This letter will serve as authorization from Kemper Investors Life Insurance Company for employees of Milliman, Inc. to file policy forms and other related material on the company's behalf. It also authorizes Milliman to respond to inquiries on our behalf with all state insurance departments and jurisdictions where Kemper Investors Life Insurance Company is authorized to do business.

Sincerely,



Sherif Zakhary
Vice President

**KEMPER INVESTORS LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY**

Group Insurance Policy

FORM NUMBERS: Series: 1000 ZAGP-01-01 et al

General Comments

The above reference Group Insurance Policy will be utilized for Group Life, and Group Long and Short Term Disability plans. It will be utilized for both small and large groups.

The policy will be offered to multiple types of groups which include:

- 1) Employers for domestic employee benefit plans;
- 2) Associations or other eligible groups that do not have an employer/employee based relationship;
- 3) US Expatriates who are residing outside the US, while working for a US employer;
- 4) Key Local Nationals and Third Country Nationals, who are non-US residents, working for a US employer in another country; and
- 5) Employer sponsored benefit programs for non-US citizens, employed by corporations to work within the United States under an appropriate INS issued visa.

Specific provisions within the policy may apply only to expatriate employees, and non-US residents. Such provisions are noted in the explanation of variability.

The Group Insurance Policy has a form series of 1000 and contains only the provisions of the policy between Kemper Investors Life Insurance Company and the policyholder. The Certificate of Coverage and other riders and amendments are incorporated into the Group Insurance Policy by reference. Variability, as indicated by bracketed material, is required so that only the appropriate provisions and information for each specific policyholder may be reflected.

There are two types of variable material set forth in brackets within this form. These types are:
Illustrative material; and
Specific variable material.

Illustrative material consists of any entries such as names, dates, addresses, classes eligible, waiting periods, elimination periods, benefit amounts, benefit periods, ages, numbers, amounts, percentages or time periods which will be revised to reflect the specific details of a policyholder's plan.

Ranges (e.g. of percentages, amounts, time periods) are shown for some illustrative material and are indicated by brackets. Actual entries will always fall within the ranges.

Any changes made through the use of variability shall comply with the laws of the state in which the contract is issued.

The common terms listed below may not be relevant to all sections/subsections in the documents. The terms do not have a corresponding EOV number or explanation other than what appears below. However, the terms do appear in variable brackets throughout the relevant sections/subsections. These general comments apply to the entire document. If no other variables are specified, only these general comments apply.

Connective words and phrases which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of coverage may vary as sense may demand. Such connective wording will not be ambiguous or deceptive.

Defined terms will be initially bolded and italicized.

The placement of material may vary to avoid gaps and to allow the contractual documents to be system-produced.

- The 'Group Insurance Policy' may be referred to as, or changed to 'policy', 'group policy', 'group contract', 'group insurance contract'.

- Addresses, phone numbers and program names are variable so they can be changed to reflect changes when they occur.
- References to 'policyholder' and/or 'employer' may be changed to 'association', 'plan sponsor', 'contract holder', 'member group', 'participant', participating employer, or participating organization. They may be used interchangeably when appropriate. We may also change the term to reflect the client's name or the name of an association.
- References to 'employee' may be changed to 'subscriber', enrollee', 'member', 'the insured', 'covered person', 'you', 'your', 'participant' or other appropriate term describing a member of the group insured. They may be used interchangeably when appropriate.
- References to 'dependents' will be omitted when dependents are not covered under the policy.
- Reference to 'Certificate' may be changed to 'Certificate of Coverage', 'Certificate of Insurance', 'Booklet-Certificate'.
- Reference to the 'Benefits Schedule' may be changed to 'Summary of Benefits', 'Benefits Summary' or 'Schedule of Benefits' or any similar descriptive term.
- Any reference to a period of time may be changed to a longer or shorter period. Any such change will only be made if the change is liberalization from the policyholder's perspective.
- Bracketed numbers may vary within the ranges shown.
- References to 'dependents' will be omitted if the plan does not include such coverage.
- References to 'calendar year', '12 months' and '365 days' are interchangeable with each other or may be changed to 'plan year', 'policy year', 'contract year', policy term', contract term', '365 consecutive day period' or '12 consecutive month period'. The word consecutive may be changed to 'continuous'.
- The word 'core' as in 'core benefits' may be changed to 'basic benefits'. 'Optional benefits' may be changed to: 'basic buy-up benefits', 'supplemental benefits' or 'voluntary benefits'.
- Except in the Heading, our name 'Kemper Investors Life Insurance Company' may be replaced by 'Plan Administrator', 'Insurer', 'the Company', 'Us', 'We', 'Our' interchangeably.
- Reference to the 'group insurance enrollment form' may be changed to 'enrollment form', 'application' or other similar term.
- 'Monthly' may be changed to 'quarterly', 'semi-annually', or 'annually' when indicating payment terms or reporting requirements.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Section 1-1000 ZAGP-01-01 consists of the Agreement to Insure, Table of Contents, Policy Contents and Important Notice pages.

Agreement to Insure

1. The company name and address are bracketed in the event they are changed.
2. Only the coverages sold to the policyholder will be reflected in the heading.
3. The appropriate policyholder information will included for each issued policy.
4. This item may be replaced with "This Policy is governed by the laws of the Governing Jurisdiction"; or "This Policy is governed by the laws of the state where it is delivered."
5. This item will be included for policies covering classes of employees who reside outside the United States such as expatriates, key local nationals and third country nationals.
6. This item will be included for policies covering classes of employees who are not United States citizens, who are employed by the Policyholder to work within the United States under an appropriate

INS issued visa.

7. This item will be omitted when the policy is a participating policy.

Table of Contents

8. The Table of Contents may be omitted. If included only the sections relevant to the policyholder's lines of coverage will be included here.

Policy Contents

9. The Policy Contents page may be modified to present the information without form numbers or in another format. The bracketed term "policyholder" may be omitted if both employee and employer applications are attached to the policy when issued.

Special Notices

10. This page may be omitted. If included, contact information will be included on this page. Other notices may be included as required by law or if appropriate for a particular policyholder. The fraud notice may be omitted.

Section 2-ZAGP-02-01- Group Insurance Policy Schedule

Information on the Schedule will reflect the Policyholder's specific plan information. Premium due dates may be monthly, quarterly, semi annually or annually. The term of a policy may be short or long.

11. Associated companies will be listed here if relevant to the policyholders plan.
12. Included employers will be listed here if relevant to the policyholder's plan.

Section 3 -ZAGP-03-01 - Schedule of Initial Premium Rates

Information related to the coverages and associated premiums and fees will be listed on the schedule. The schedule may be omitted and the initial premium and fee information may be included on a rate sheet or invoice. The initial rates shown on the schedule are illustrative. The rates and calculations appropriate for the policyholder's plan will be reflected when issued.

Rate Guarantees may range from 6- 60 months. They may be omitted.

Section 4-ZAGP-04-01 Premiums and Fees

13. Reference to Fees will be omitted if fees are not included
14. Reference to the Home Office may be changed to an administrative office or regional office.
15. This item may be omitted.
16. U.S. dollars may be changed to another country's currency.
17. Either the first or second statement will be included. The first bracketed statement will be included when initial rates are presented on the Schedule of Premiums and Fees. The second bracketed statement will be included when the Schedule is omitted and the initial premiums and fees will be communicated on the first invoice and the initial rate sheet or some other form issued by Kemper.
18. This item may be omitted. This paragraph will be included if premium rates are calculated on the basis of an examination of the experience of the risk assumed or on reasonable assumptions as to interest, mortality and expense.
19. Any bulleted item may be omitted.

Increases or Decreases in Premium Due

20. Only the statements relevant to the policyholders plan will be included. This section may be revised to reflect specific information regarding billing if requested by the policyholder.

Grace Period

21. the appropriate bracketed phrase will be included. When the policy terminates retroactively to the last day premiums were paid, the statement labeled #21 below will be included. Otherwise statements will be omitted.
22. The interest provision may be included or omitted. If included the interest rate may range from .5%-3% in increments of .5%

Fees

23. This section may be entirely omitted if fees are not part of the policyholder's plan
24. If included any bulleted item may be included or omitted.

Age Adjustment:

25. This item will be included if age is used to determine the premium charge.

Premium Contributions

26. This item may be omitted if contributions are not required.

Additional Administrative Provisions

27. This item is optional and will be included with short term and long term disability plans when the policyholder requests Kemper to withhold from and pay an employee's FICA taxes for disability benefits.

Section 5- ZAGP-05-01 Responsibilities of the Policyholder

This section describes the policyholder's responsibilities regarding maintenance of records, right to audit, and other policies and procedures. Any changes in language to this page would be only in response to a policyholder's request to customize the wording to the extent permitted by any applicable law or regulation. The language may appear as shown or be changed to reflect a more complete description of the Policyholder's administrative duties.

Reference to a Plan Administrator may be added where these duties have been given to an administrator by the Policyholder.

The conversion right may be deleted for short and long term disability plans as permitted by state law or regulation. If included the 15 day notice period for conversion rights may range between [15-60 days]. Where a minimum time period is mandated by law, this provision will never be more restrictive than what is required by law.

Section 6-ZAGP-06-01 General Provisions

This section will appear substantially as shown or it may be appropriately modified to reflect group characteristics and plan design. General provisions will always comply with the insurance requirements of the state.

- 28. The Certificate provision will appear as shown unless the policyholder requests changes in language to customize the wording to the extent permitted by any applicable law or regulation. Reference to paper copies of certificates will be omitted if only electronic certificates are being provided.
- 29. Policy Changes. This item will be included when payment of premium is an option to the policyholder's signature as acceptance of a change.
- 30. ERISA Claim Fiduciary will not be included if the Plan is not subject to ERISA.
- 31. Administrative Matters will be included for non-ERISA plans.
- 32. Other Goods and Services: This item may be omitted.
- 33. Incontestability. The contestability statement for the coverage provided will be included.
- 34. Assignment: This section may be revised to reflect assignment requirements by product.
- 35. Indemnification: This item will be included when requested by the policyholder.
- 36. End of Employment: This provision is optional and will only be included for Life Insurance Plans when elected.

Section 7- ZAGP-07-01 Policy Cancellation and Modification

This section describes the terms of the policyholders right to cancel and the insurer's right to cancel the policy. The notice requirements may vary.

- 37. Any of the bulleted items may be included or omitted.
- 38. This item will only appear when the case is written on a member association basis and may be modified.

Life Insurance Portability

39. This item will be omitted when life insurance portability is not provided under the policy.

KEMPER INVESTORS LIFE INSURANCE COMPANY

Group Term Life Certificate and Accidental Death and Dismemberment Plan

EXPLANATION OF VARIABILITY

Form Numbers: 4000 ZACERT-LF-01-01 et al

Form Sections Include:

ZACERT-LF-01-01	Certificate of Coverage – Cover Pages
ZACERT-LF-02-01	General Provisions
ZACERT-LF-03-01	Dependent Coverage
ZACERT-LF-04-01	Life Insurance Benefits
ZACERT-LF-05-01	Accelerated Death Benefit
ZACERT-LF-ADD-06-01	Accidental Death and Dismemberment Benefits
ZACERT-LF-AF-07-01	Additional Benefit Features
ZACERT-LFCLM-08-01	Life Claim Information
ZACERT-LFCLM-09-01	AD&D Claim Information
ZACERT-LF-GLOS-10-01	Glossary

General Comments

There are two types of variable material set forth in brackets within this form. These types are:

Illustrative material; and
Specific variable material.

Illustrative material consists of any entries such as names, dates, addresses, classes eligible, waiting periods, elimination periods, benefit amounts, benefit periods, ages, numbers, amounts, percentages or time periods which will be revised to reflect the specific details of a policyholder's plan.

The fields reflecting the policyholder's specific information such as names, policy numbers and effective dates are illustrative and variable. Upon issue, they will be completed to reflect the specific names of the policyholder and participating employer, the group policy number and the contract effective date applicable to each issued policy.

Ranges (e.g. of percentages, amounts, time periods) are shown for some illustrative material and are indicated by brackets. Actual entries will always fall within the ranges.

Any changes made through the use of variability shall comply with the laws of the state in which the contract is issued.

The common terms listed below may not be relevant to all sections/subsections in the documents listed above. The terms do not have a corresponding EOV number or explanation other than what appears below. However, the terms do appear in variable brackets throughout the relevant sections/subsections. These general comments apply to the entire document. If no other variables are specified, only these general comments apply.

Connective words and phrases which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of coverage may vary as sense may demand. Such connective wording will not be ambiguous or

deceptive.

The placement of material may vary to avoid gaps and to allow the contractual documents to be system-produced. Information in the Schedule of Benefits may be moved to the Certificate of Coverage.

Defined terms will be initially italicized.

Each variable and bracketed item listed on the Cover Page is subject to inclusion, omission or substitution as described in the specific variable section. Only those items selected by the policyholder will appear on the issued form

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

- Addresses, phone numbers and program names are variable so they can be changed to reflect changes when they occur.
- The company name is bracketed to permit a name change in the event the company files and receives regulatory approval of such a change.
- Reference to 'Certificate' may be changed to 'Certificate of Coverage', 'Certificate of Insurance', 'Booklet-Certificate'.
- The plan may be called 'Term Life Insurance Plan', 'Your Life Insurance Plan' or similar description. Reference to 'Accidental Death and Dismemberment' coverage will be included when purchased by the policyholder.
- Reference to the 'Benefits Schedule' may be changed to 'Summary of Benefits', 'Benefits Summary' or 'Schedule of Benefits'.
- Reference to 'eligible class(es)' may be changed to 'eligible group(s)', 'covered group(s)', 'covered classes' or any similar term.
- Any reference to a period of time may be changed to a longer or shorter period. Any benefit value may be increased at the employer's request. Any such change will only be made if the change is liberalization from the policyholder's perspective.
- Bracketed numbers may vary within the ranges shown.
- References to 'dependents' will be omitted if the plan does not include such coverage.
- References to 'calendar year', '12 months' and '365 days' are interchangeable. They may be changed to 'plan year', 'policy year', 'contract year', 'policy term', 'contract term', '365 consecutive day period' or '12 consecutive month period'. The word consecutive may be changed to 'continuous'.
- References to 'employee' may be changed to 'subscriber', 'enrollee', 'member', 'the insured', 'covered person', 'you', 'your', 'participant' or other appropriate term describing a member of the group insured.

- References to 'policyholder' and/or 'employer' may be changed to 'association', 'plan sponsor', 'contract holder', 'member group', 'participant', 'participating employer', or 'participating organization'. They may be used interchangeably when appropriate. We may also change the term to reflect the client's name or the name of an association.
- 'Your employer' may be replaced with 'the policyholder'.
- The word 'Basic' as in 'Basic Benefits' may be changed to 'Core Benefits'. 'Optional benefits' may be changed to 'Buy-up Benefits', 'Core Buy-up Benefits', 'Supplemental Benefits' or 'Voluntary Benefits'.
- Except in the heading, or where our address is located, our name 'Kemper Investors Life Insurance Company' may be replaced by 'Plan Administrator', 'Insurer', 'the Company', 'Us', 'We', 'Our' interchangeably.
- The 'Principal Sum' may be changed to 'the Full Amount'.
- 'Annual earnings' may be changed to 'annual income', 'annual earnings', 'scheduled income' or other similar term.
- 'Elimination period' may be changed to 'benefit waiting period'.
- The 'Principal Sum' may be changed to 'the Full Amount'.
- 'Gainful Employment' may be changed to 'gainful occupation', 'any occupation', 'reasonable occupation', 'own occupation', or other similar industry term.
- 'Monthly' may be changed to 'annual' or 'annually' when appropriate. 'A month' or 'one month' may be increased from 1-12 months.
- The term 'spouse' may include domestic partner.
- Reference to the 'group insurance enrollment form' may be changed to 'enrollment form', 'application' or other similar term.
- The 'Group Insurance Policy' may be changed to 'policy', 'group policy', 'group contract', 'group insurance contract'.
- The term 'insurance' may be changed to 'coverage'.
- 'Regular occupation' may be changed to 'own occupation' or 'own specialty occupation'.

Certificate of Coverage
Section 1
Welcome Pages

Form Number: 4000 ZACERT-LF-01-01

General Comments

This section of the Certificate contains the Welcome Cover Page, Table of Contents, and Special Notices pages for a group Term Life Insurance Plan with optional coverage for Accidental Death

and Dismemberment benefits. In some case, accidental death and/or dismemberment plans maybe offered stand-alone.

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Cover Page

1. Only the coverages purchased by the Policyholder will be included in the title.
2. This item may be omitted.
3. The specific corporate information included may be changed to reflect current addresses and phone numbers.

Table of Contents

The Table of Contents may be included or omitted. If included, only the sections pertaining to the insureds coverage will be included.

Special Notices

This page may be included or omitted. If included it will contain important telephone numbers and web addresses. The policyholder's name and address may be included and/or the address and phone number of the employee benefits contact. Other special notes may be included to help the insureds understand their plan.

4. Either paragraph or any statement within the paragraphs may be omitted if not relevant to the Policyholder's Plan.
5. This item will only be included for under unique circumstances where the employer wants to purchase a non-occupational life policy.

Certificate of Coverage Section 2 General Provisions

Form Number: 4000 ZACERT-LF-02-01

General Comments

This Section contains the general provisions for all coverages issued under the certificate. It will always be included in the certificate. It is subject to revision and modification as described below.

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative

material that appears within specific variable material may be varied as described above.

1. Only the coverages selected by the policyholder will be included in the title.
2. This item may be omitted
3. Either paragraph may be included or omitted. The first paragraph may be revised to add additional information to inform the insured of important facts as requested by the employer. The second paragraph, when included will include the subtitles included in the General Provisions Section for a particular policyholder. (e.g. the enrollment section will be omitted if enrollment is not required.)

Eligibility

4. This item may be included or omitted. If included, either the word 'inside or 'outside' will appear. "Outside" will be used for plans covering expatriate employees, or other non-residents working for the US employer.
5. This item may be included or omitted. It will be included when dependent coverage is provided.
6. This paragraph may be included or omitted. If included the 3rd sentence may be omitted or modified as indicated by the two bracketed phrases. If the criteria for eligible classes is included on the Benefits Schedule, this section may not appear in the certificate.
7. The classes of eligible employees may be described in the Certificate, in the Benefits Schedule or in both documents. This paragraph will reflect where the information can be found. Either bracketed statement may be included or omitted. Multiple classes of employees may be described here as applicable to the employer's plan.
8. When included in the Certificate, classes of eligible employees will be described in this section. More than one eligible group may be used allowing the policyholder/employer to differentiate coverage between groups.

The Policyholder and Kemper will determine the eligible classes in accordance with the employer's requirements and descriptions will be included here. The appropriate employee classification(s) will be included in accordance with the policyholder's plan.

'Eligible Classes' may be changed to 'Eligible Groups' or 'Eligible Employees', 'Covered Employees' or 'Covered Group'. Each employee class will be described and multiple classes may appear. When benefits vary between classes, this entire section may be omitted. If omitted, the classes will be described in the Benefits Section or in the Benefits Schedule. Classes shown are purely illustrative and any description of an eligible class may be inserted.

9. This statement will be omitted if the employer does not have a waiting period. The word 'service' may be included or omitted. The word 'service' may be changed to 'employment'.
10. This paragraph may be omitted if not relevant to the employer's plan. Any bracketed statement may be included or omitted to reflect the employee's eligibility for coverage of new hires.

11. This item will be included when a waiting period applies. Only the bracketed option(s) reflecting the policyholder's plan will be included. If there are different waiting periods for different classes of employees, each class will be described with its corresponding waiting period. This paragraph will be omitted if the employer does not have a waiting period.

Effective Date of Coverage

12. This section describes when coverage begins. Any bracketed paragraph, statement or word may be omitted if not relevant to the employer's plan. Any bracketed statement may be included or revised to reflect the appropriate criteria for the employee's effective coverage as determined by the employer. Several options are available. The option selected by the employer will be included for each eligible class.

The Policyholder will determine the timeframe for the insured's effective date of coverage. The bracketed statements [the [1st -30th day] of the month following] may be replaced with other time frames such as: "immediately" ; "the 1st -30th of the month following the month you become eligible for coverage"; or any other time frame that follows the policyholder's eligibility and effective date policy.

13. This item may be revised to omit reference to lay off or leave of absence.

Enrollment

14. The entire section may be omitted if there are no enrollment or 'evidence of insurability' requirements in the employer's plan. When included, this section will include only the statements appropriate for the employer's enrollment process. Any bracketed paragraph, statement or word may be omitted if not relevant to the employer's plan. Any bracketed statement may be included to reflect the appropriate criteria for plan enrollment as determined by the employer.

Further, if enrollment is required and this section is included, reference to 'evidence of insurability' and 'late applicants' will be included or omitted as relevant to the employer's plan.

When Do You Enroll

Any bulleted item within the brackets may be included or omitted.

If You Do Not Enroll for Coverage When You First Become Eligible:

Any bulleted statement may be included or omitted to reflect the effect late enrollment may have on an employee's eligibility for coverage or a delayed effective date.

Late Applicant Enrollment Requirements

The important note may be omitted. If included it may be revised to contain only the statements relevant to the policyholder's plan.

15. Any bulleted items requiring evidence of insurability, and the two paragraphs following the list are subject to omission or inclusion as relevant to the employer's plan.
16. The paragraphs describing 'Annual Enrollment' and Open Enrollment will be included when relevant to the employer's plan. Any bracketed statement may be included or omitted to reflect the employer's policies for effective date and process. The dates or other information may also appear on the Benefits Schedule.

After Coverage Begins

17. This section describes when an insured may change coverage. Any of the Options 1-3 may be included. Any bracketed paragraph, statement or word within this section may be omitted if not relevant to the employer's plan. Any bracketed statement within this section may be included to reflect the appropriate the criteria for changing an employee's plan to increase or decrease coverage as determined by the employer.

The last paragraph describes the process to apply for an increase in benefits. This section will include only those statements specific to the policyholder's policy.

18. The words 'anytime' or 'immediately' may be changed to the appropriate time frame relevant to the employer's plan. For example it may state 'the first premium due date after we receive your enrollment form, or request an increase in coverage: 'the first of the month following the date the changes occur, 'the next premium due date'; 'immediately upon our approval of your evidence of insurability' or within 30 days of your request'.
19. Life Status Change: This provision allows an insured to make changes when a life status change occurs. The Life Status Change election may be included or omitted. The list may be reduced or enhanced. The second paragraph may be included or omitted. If included, it may be revised to include the policyholder's effective date language for Life Status Changes.
20. How Do you Pay For Your Coverage: This section describes how and who pays premium on behalf of the employee and if contributions are required. Any bracketed statement may be included or omitted to describe the employer's process. This section will also describe the premium waiver.

When Coverage Ends

21. This section describes when coverage ends. Any bracketed or bulleted statement or word may be omitted if not relevant to the employer's plan. Any bracketed statement may be included to reflect the appropriate the criteria to end coverage for an employee.

- (a) The language in this bullet and the following is primarily for expatriates returning to the US permanently. Generally expatriates will re-enroll in the employers domestic US plan upon return. This would not apply if there is a payable claim.

In addition, reference to the USA may be changed to: 'your country of citizenship'; 'your county of residence'; 'your country of nationality'; 'the country of your country employer'; 'your home country'; or other similar description. This statement may be used for US companies and corporations who have temporarily brought employees to the USA by visa to live and work, who upon returning to their home country, would revert to employee benefits of that country. Further this exclusion would also apply to Third Country Nationals who leave a country (other than the US) where they were working for a US employer and return to their home country or another country.

When Will Your Coverage Continue If You are Temporarily Not Working

22. This section describes extended coverage or continued coverage. Any bracketed statement or word may be omitted if not relevant to the employer's plan. Any bracketed statement may be included or revised to reflect the appropriate the criteria to continue coverage for an employee.

When Will Your Coverage Continue Due to a Strike, Lockout or Other Labor Dispute?

23. This item will be included for union plans or other plans of a similar type.

Family Medical Leave (FMLA)

24. This item describes continuation of coverage during FMLA, if any. Any bracketed statement or word may be omitted if not relevant to the employer's plan. Any bracketed statement may be included to reflect the appropriate criteria to reflect an employer's policy regarding a Family/Medical or Military Leave of Absence. Any bulleted item may be included or omitted.

Reference to evidence of insurability may be omitted. The last three paragraphs are optional and will be included when relevant to the policyholder's policy on FMLA.

Reinstatement of Coverage

25. This item describes reinstatement of coverage under certain conditions. Any bracketed statement or word may be omitted if not relevant to the employer's plan. Any bracketed statement may be included or revised to reflect the appropriate the criteria to reinstate coverage for an employee. Reference to the pre-existing condition limitations will be omitted when not part of the employer's plan.

How Can Statements Made In Your Application For This Coverage Be Used?

26. Reference to evidence of insurability may be omitted.

Conversion Plan Option

27. This section may be omitted.

Non-Participation Policy

28. This item may be included or omitted. If included it may be changed to "a participating policy".

Certificate of Coverage
Section 3
Dependent Coverage

Form Number: 4000 ZACERT-LF-03-01

General Comments

This section will be included when a Policyholder's plan includes coverage for dependents. The types of dependents eligible to enroll in a policyholder's plan will vary and will be reflected throughout this section. Each bracketed definition of dependent may be included or omitted. The eligible class of dependents and the eligibility dates are determined by the Policyholder in compliance with federal and state requirements and as mutually agreed upon with Kemper.

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Dependent Coverage

1. The specific dependents may be listed in the introductory sentence, or they may be omitted and the reader may be directed to the list of eligible dependents below.
2. This item may be omitted.
3. These bullets are examples of which dependents may be covered. Only dependents actually covered under the policyholder's plan will be included.
4. Coverage for a registered domestic partner may be included at the option of the policyholder. Domestic Partners may be listed separately or combined with the definition of a spouse. When listed separately, the description will be structured to reflect the specifics of a Policyholder's plan. References to domestic partners will be omitted when coverage is not provided.
5. The age limit for dependent children may be increased at the policyholder's option.
6. This item may reflect the criteria for continuing coverage for students beyond the limiting age as elected by the policyholder. For example, the criteria may include part time students, or other educational institutions. This item may be omitted.

Dependent Children

7. This section will be included when the policyholder's plan includes coverage for dependent children. Stepchildren may be referenced in the first statement or listed

- as a bullet. Each bulleted description of a dependent may be omitted as permitted by state or federal law.
8. This item may be omitted.
 9. Several options for effective dates are available. The options applicable to the policyholder will be included in the issued document. All other options will be omitted. Reference to guarantee issue amount will be included when included in the plan. It may be omitted if there is no guarantee issue amount.
 10. Several options are available to describe changing dependent coverage. The appropriate option for the Policyholder's plan will be included. All other options will be omitted.
 11. The word 'immediately' or 'anytime' may be changed to the appropriate time frame relevant to the Policyholder's plan. For example it may state 'the first premium due date after we receive your enrollment form, or request an increase in coverage: 'the first of the month following the date the changes occur; 'the next premium due date'; 'immediately upon our approval of your evidence of insurability' or within 30 days of your request'.
 12. Any of the bulleted items describing when coverage ends may be omitted.
 13. This item may be omitted when continuation for a handicapped child is described under the definition of dependent children.

**Certificate of Coverage
Section 4
Life Insurance Benefits**

Form Number: 4000 ZACERT-LF-04-01

General Comments

This section describes the Term Life Insurance benefits. It will be included when a Policyholder's plan includes coverage for Term Life Insurance. It may be issued with or without an Accidental Death Benefit and/or Accidental Dismemberment Benefits. When issued on a stand-alone basis, the Certificate sections and all references within the certificate pertaining to accidental death and dismemberment coverage will be omitted. In some cases, the term life insurance may not be part of the policyholder's plan and this section will be omitted.

Coverage options may be limited to employees only, or be extended to apply to employees and dependent spouses, domestic partners and dependent children.

- The name of the 'Beneficiary Designation Form' may be changed to a similar name such as 'the request form'.

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

1. Only the coverages purchased by the Policyholder will be reflected in the Title and throughout this section.
2. The phrase "from any cause" will be omitted if the any of the listed exclusions apply to the policyholder's plan.
3. In some circumstances, we may offer the life insurance plan as a non-occupational policy and also exclude coverage for accidental death. Certain policyholder's who perform work outside the U.S. in hazardous areas do provide an occupational life insurance policy for their employees, however there is no benefit if loss of life is due to 'natural causes'. Kemper would like to provide the additional coverage for loss of life due to "natural causes". This will provide employees with comprehensive life insurance coverage. The bracketed language for "non-occupational" and "natural causes" will be used to support such a policy.
4. References to "spouse" and/or "domestic partner" or "dependent" will be included only if dependent coverage is included under a Policyholder's plan, and if such dependents are eligible for coverage under this provision. If dependents are not entitled to the benefits, all references to dependents will be omitted.

5. This statement will be included if the employee is permitted to choose separate beneficiaries for Life and Accidental Death Coverage. It will be omitted and the following statement will be included when the life beneficiary will also apply to the accidental death benefit.
6. This item may be omitted. If included, we may include the amount here or in the Benefits Schedule and only reference the benefit name in the certificate.
7. This item may be omitted. If included, we may include the amount here or in the Benefits Schedule and only reference the benefit name in the certificate.
8. This item may be omitted if not applicable to the policyholder's plan.
9. This item may be omitted.
10. This item will only be included if there is an option to pay the death benefit in monthly installments in lieu of a lump sum payment.
11. The Beneficiary Rules and the Assignability Provisions may be moved to the General Provisions or the Claims Information section.
12. This section will be omitted if reductions are not included in a Policyholder's plan design. If included, only the appropriate coverage references will be included.
13. If one set of reduction rules applies to all insureds, this phrase will be omitted. If included, the heading will reflect the class of insureds impacted by the age reduction rules and all related references within this provision will also reflect the same.
14. If a policyholder's plan contains just one reduction at a given age, this section will be omitted and the percentage of the reduction will be reflected. If a policyholder's plan includes a tiered reduction schedule, the appropriate tiers and corresponding ages and percentages will be reflected. The ages and percentages are variable and will reflect the policyholder's plan. The age may be lower, but not less than age 50. When accidental death and dismemberment is part of the plan the statement in the insurance amount may be changed to state "your benefit amount for all coverages", or your life and AD & D coverage.
15. This phrase will reflect the date on which reductions are based.
16. The appropriate phrase will be included. If the [date] option is included, it will be revised to reflect the date on which reductions will become effective in accordance with a policyholder's plan.

Impact on Benefits When You Retire

Either the first sentence or the second paragraph will be included. If the second paragraph is included, the following items may be revised:

17. This sentence will be omitted when the following paragraph is included.
18. This paragraph will be included when the previous statement is omitted.
19. The appropriate option will be included in accordance with the policyholder's plan.

20. This phrase may be omitted. If included the amount may range from \$500-\$50,000 in accordance with the policyholder's plan. The phrase may be modified to include language indicating a minimum dollar amount. Your amount of life insurance will be reduced by 50%, but in no event below \$5000. The minimum dollar amount may range from \$500 -\$50,000.
21. This sentence may be omitted. If included, the amount may range from \$5000-\$500,000 in accordance with the policyholder's plan.

Life Insurance When You become Disabled

22. This section will be included when benefits are extended when an employee meets the definition of being disabled. There are several optional benefits which may be included. This section will be omitted if the options are not part of the policyholder's plan. Any bracketed statement may be included or omitted to describe the options covered under the plan.

Definition of a Disability

23. Several definitions are available to define a disability for extended benefits. Any of the definitions presented may be used by the policyholder or Kemper. Reference to Permanent Disability may be included or omitted as required by the plan. As a standard, the term "Total Disability" or "Totally Disabled" will be used unless a "Permanent and Total Disability benefit is included.
24. This section is optional and will be included if the policyholder's plan includes a premium waiver feature as a permanent and total disability feature. It may be omitted.
25. This item may be omitted if the premium waiver is not a feature of the policyholder's plan. If included the elimination period will reflect the number of months selected by the policyholder. The number may be higher or lower and may range from [0-12] months. The term "permanently and totally" may be omitted and the word "disability" may be used.
26. This item may be omitted if the premium waiver is not a feature of the policyholder's plan. The appropriate bracketed phrase regarding the continued payment of premiums in the second paragraph will be included.
27. This item may be omitted if the premium waiver is not a feature of the policyholder's plan. The last sentence will be omitted if age reduction or retirement reduction rules do not apply.
28. These items may be omitted if the premium waiver is not a feature of the policyholder's plan.
29. This item may be omitted if the premium waiver is not a feature of the policyholder's plan or the waiver is a lifetime benefit. When included, any of the statements within the brackets may be included or omitted to describe when the premium waiver feature ends.
30. If a policyholder's plan contains a maximum benefit period this section will be included. It will be omitted if not applicable to the policyholder's plan. The ages and

months are variable and will reflect the policyholder's plan. Any statements not relevant to the policyholder's plan will be omitted.

Additional Total and Permanent Disability Benefits

31. This benefit extension is optional and will be included if purchased by the policyholder.
32. This Permanent and Total Disability Benefit is optional and will be included if purchased by the policyholder. It may pay a lump sum or installment benefit. Death benefits are reduced for any amount paid under this option.
33. The provisions of the 'Important Note' may be included or omitted in accordance with the policyholder's plan and Permanent and Total Disability Benefits included under the employer's plan.

Exclusions and Limitations

34. Each of the exclusions or any part thereof, may be included or omitted as determined by the policyholder and Kemper.
35. The suicide exclusion will be included for supplemental coverage. Any of the bracketed statements may be included or omitted as relevant to the policyholder's plan. The suicide exclusion may be omitted.
36. The exclusions listed in this section are optional and may be included or omitted. If included, they will only be included for plans issued to US employers covering non-US residents living and working outside the United States.
37. This exclusion will only be used for specific policies written to cover non-occupational causes of death where the employer has purchased a "occupational only" policy. This additional coverage will provide employees with comprehensive life insurance coverage.

The following exclusions will only be included for non-US residents such as expatriates, key local nationals and third country nationals.

38. This list of exclusions may be included when the policyholder requests that Kemper liberalize the war exclusion in item #35 above. The "Active Participation in War or Terrorism" and the "Passive Participation in War" clauses are more liberal than a "War" exclusion. For such a request, the standard War exclusion in item #35 above would be omitted and replaced with these exclusions. These exclusions may be used with all US plans and plans covering expatriates, key local nationals, third country nationals and employees working in the USA under a visa.
39. The Nuclear, biological and chemical events exclusion is a new exclusion that may be used with US plans and plans covering expatriates, key local nationals, third country nationals and employees working in the US under a visa.

Conversion

40. This conversion option will be omitted if the permanent and total disability features are not part of the policyholders plan.

Certificate of Coverage
Section 5
Accelerated Death Benefit

Form Number: 4000 ZACERT-LF-05-01

General Comments

This section will be included when a Policyholder's plan includes coverage for an Accelerated Death Benefit under the life insurance plan, otherwise it will be omitted.

- Reference to the Accelerated Death Benefit Request Form' may be changed to another similar name.

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

1. References to "spouse" and/or "domestic partner" or "dependent" will be included only if dependent coverage is included under a Policyholder's plan, and if such dependents are eligible for coverage under this provision. If dependents are not entitled to the ADB benefit, all references to dependents will be omitted.
2. The months defining a terminal illness may range between 6-24 months.
3. This item may be omitted.
4. The benefit amount an employee may request is 5%-80% of their term life insurance amount.
5. Reference to the specific dollar amounts for the ADB minimum and maximum may be deleted and reference will be made by the term only. If the terms for the ADB minimum and ADB maximum are used, the amounts will be shown in the Benefits Schedule. The minimum may be increased but will never be less than \$5000. The maximum will be based on a percentage of the person's current amount of Life Insurance but will never be more than \$1,500,000.
6. This item will be omitted if a Policyholder's Plan does not include reduction rules for either age or retirement. If included, this section may be revised to reflect reductions due to age, retirement or both.
7. This sentence and the following two paragraphs may be omitted. If included, the timeframe of the terminally ill period may be included on this page or reflected in the Benefits Schedule. The basis for interest rate may be changed.

8. This item will be included when installment payments are available.
9. These items may be omitted if an "administrative charge" or "interest" does not apply to the Policyholder's plan.
10. This item will be omitted if the Permanent and Total Disability feature is not part of the plan.

Certificate of Coverage
Section 6
Accidental Death and Dismemberment Benefits

Form Number: 4000 ZACERT-ADD-06-01

General Comments

This section of the Certificate is optional and will be included when a Policyholder's plan includes coverage for an Accidental Death Benefit and/or Accidental Dismemberment Benefits otherwise it will be omitted. As a standard, the accidental death and dismemberment plan will be issued as a benefit section of the term life insurance plan. However it could also be issued as a stand-alone accidental death and dismemberment policy; or a stand-alone Accidental Death or stand-alone Accidental Dismemberment policy may also be issued. When offered on a stand-alone basis, the Certificate sections pertaining to life only coverage will be omitted.

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

1. Only the coverages purchased by the Policyholder will be reflected in the Title and throughout this section.
2. References to "spouse" and/or "domestic partner" or "dependent" will be included only if dependent coverage is included under a Policyholder's plan, and if such dependents are eligible for coverage under this provision. If dependents are not entitled to the accident benefits, all references to dependents will be omitted.

Covered Loss Schedules

3. Two covered loss schedules are included for Accidental Death and Dismemberment Coverage. Either Schedule 1 or Schedule 2 will be issued to the employer. They will never be included in the same Certificate

Covered Loss Schedule 1 represents the U.S. traditional covered losses and principal sum amounts. Schedule 1 is imbedded into this form # 4000 ZACERT-ADD-06-01. When Schedule 1 is part of the policyholder's plan it will appear in the certificate as presented in the filing, It will be omitted if Schedule 2, the Continental Scale is

included.

Covered Loss Schedule 2 represents the Continental Scale which is traditionally used in Europe and abroad. The Continental Schedule will generally be issued to employers for expatriate, key local nationals and third country nationals; however we are also seeking approval for use in the US and the state of Delaware for U.S. employers with U.S. resident employees.

Schedule 2 has a separate form number 4000 ZACERT-ADD-EU-06-01. When Schedule 2 is included, it will be attached to the Accidental Death and Dismemberment benefit section. The introductory paragraph of form # 4000 ZACERT-ADD-06-01 will refer to the attached schedule.

Any losses listed on the "Covered Loss Schedules may be omitted if not part of the Policyholder's plan. (e.g. accidental death may be omitted if the accidental death benefit was not elected by the policyholder.)

The benefit amount percentages may be changed to reflect the policyholder's plan of benefits.

The important notes on Schedule 2 may be included when appropriate for the policyholder's plan of benefits.

4. This item will be omitted if a Policyholder's Plan terminates accidental death and/or dismemberment benefits at a specific age. Otherwise it will be omitted.
5. This item may be omitted.
6. The accidental death benefit is optional. This section will be included when the Policyholder purchases an Accidental Death benefit as part of the term life insurance plan, or purchases an Accidental Death and/or Accidental Death and Dismemberment Benefit Policy.
7. The standard will be 90 days, however the Policyholder may increase the days within the ranges show.
8. The accidental dismemberment benefits are optional. This section will be included when the Policyholder purchases an Accidental Dismemberment benefit as part of the term life insurance plan, or purchases a separate Accidental Death and Dismemberment Benefit Policy. It may also be issued without the Accidental Death benefit is elected by the Policyholder.

Exclusions and Limitations

9. Each of the exclusions or any part thereof, may be included or omitted as determined by the policyholder and Kemper.
10. This list of exclusions may be included when the policyholder requests that Kemper liberalize the war exclusion in item #9 above. The "Active Participation in War or Terrorism" and the "Passive Participation In War" clauses are more liberal than a "War" exclusion, For such a request, the standard War exclusion in item #9 above would be omitted and replaced with these exclusions. These exclusions may be used with all US plans and plans covering expatriates, key local nationals, third country nationals and employees working in the USA under a visa.

11. The Nuclear, biological and chemical events exclusion is a new exclusion that may be used with US plans and plans covering expatriates, key local nationals, third country nationals and employees working in the US under a visa.

Additional Benefits Section

12. All the benefits offered in this section are optional and will be included if elected by the Policyholder; otherwise they will be omitted. The benefit amount may be included in the Certificate and/or in the Benefits Schedule. The standard for loss of life as a result of an *accidental bodily* injury will be within 365 days where applicable.
13. When the benefit amount, maximums, months and other specific payment information is described in the Benefits Schedule, reference to these items will be omitted in this section. When omitted in this section, item #14 will be included.
14. This item will be included when the benefit amounts and limits are shown in the Benefits Schedule.
15. The number may be increased or decreased at the option of the Policyholder. It will range between 72 hours and 4 weeks.

Certificate of Coverage Section 7 Additional Benefit Features

Form Number: 4000 ZACERT-LF-AF-07-01

General Comments

This section will be included when transferred business is issued, or the Portability Features are purchased by the policyholder.

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Transferred Business and Portability

This section will be included when the group plan is being issued to replace a prior plan. The bracketed material in this section will be included as appropriate. When not applicable to the Policyholder's plan, this section will be omitted.

1. This section will be revised to include references to the specific type of coverage included in the policyholder's plan.
2. Only the examples relevant to the policyholder's plan of coverage will be included. For example: reference to the Total and Permanent Disability benefit will be omitted if the life

insurance coverage does not contain a Total and Permanent Disability benefit.

3. This item may be omitted.
4. This item will be omitted if dependent coverage is not provided. If included, any of the bracketed statements may be omitted.
5. Either the paragraph for Non-Discontinuance and Replacement or Discontinuance and Replacement will be included.

Portability Provision

This provision will be omitted if a policyholder's plan does not include life insurance coverage or if the policyholder elects not to include this feature as part of the life insurance plan. If included, this provision may be offered to employees only, employees and dependents, and dependents only in certain circumstances, and may be revised as follows:

6. This item may be omitted if we permit portability of the Basic Insurance.
7. This item will be omitted if dependent coverage is not available under a policyholder's plan or if dependents are not eligible under this provision.
8. The amount of insurance or the percentages may change to meet the needs of a policyholder's plan design within the ranges shown.
9. This item will be omitted if accidental death and dismemberment insurance is not part of the policyholder's plan of benefits.
10. This section will be omitted if age reduction rules do not apply to the portability feature.
11. The standard number of days is 31 but may be increased upon a Policyholder's request.
12. The first parenthetical item will only be included if we are offering the option of electing coverage above the amount stated. The second parenthetical item will be included when the coverage is provided on a Guaranteed Issue only (i.e., no evidence of insurability required).
13. The age may be reduced but will never be below age 60. The maximum age for this coverage is 98 as to an employee, dependent spouse or domestic partner.
14. These items will be omitted when the coverage is provided on a Guaranteed Issue basis only (i.e., no evidence of insurability required).
15. This section will be deleted if the Life Insurance does not provide a Permanent and Total Disability feature, (e.g. Death Benefit Only).
16. The age may be lower but never less than age 60.
17. This sentence will be omitted if the Basic Insurance is not included.
18. The appropriate effective date will be inserted as determined by the Policyholder and Kemper.
19. This section may be omitted if the plan does not include the Accelerated Death Benefit. This section will be omitted if the coverage is provided on a Guaranteed Issue basis only (i.e., no evidence insurability is required).

**Certificate of Coverage
Section 8
Term Life Insurance Claim Information**

Form Number: 4000 ZACERT-ADD-CLM-08-02-01

General Comments

This Section of the Certificate will be included when Term Life Insurance benefits are part of the Policyholder's plan. It will be omitted when Term Life Insurance is not part of the policyholder's plan.

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

1. This Section of the Certificate will be included when Term Life Insurance benefits are part of the Policyholder's plan. It will be omitted when not part of the policyholder's plan.
2. This paragraph will be omitted if permanent disability is not a feature of the plan.
3. This paragraph may be modified to add information about filing a claim electronically, by internet, or by telephone. When available the term "written" will be omitted.
4. This item may be omitted.
5. This item may be modified or revised to provide instructions for submitting claims by telephone, electronically or by internet. For example:

"Our customer service department will assist you to file your claim. Call the toll free number or contact a representative by email at www.xxxx.com."

**Certificate of Coverage
Section 9
Accidental Death and Dismemberment Claim Information**

Form Number: 4000 ZACERT-ADD-CLM-09-02-01

General Comments

This Section of the Certificate will be included when Accidental Death and/or Accidental

Dismemberment benefits are part of the Policyholder's plan. It will be omitted when not part of the policyholder's plan. Only the coverage selected by the Policyholder will be included in the title.

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

1. This Section of the Certificate will be included when Accidental Death and/or Accidental Dismemberment benefits are part of the Policyholder's plan. It will be omitted when not part of the policyholder's plan.
2. This paragraph will be omitted if permanent disability is not a feature of the plan.
3. This paragraph may be modified to add information about filing a claim electronically, by internet, or by telephone. When available the term "written" will be omitted.
4. This paragraph will be omitted if the Education Benefit is not a feature of the plan.
5. This paragraph will be omitted if the Child Care Benefit is not a feature of the plan.
6. This item may be omitted.
7. This item may be modified or revised to provide instructions for submitting claims by telephone, electronically or by internet.

For example:

"Our customer service department will assist you to file your claim. Call the toll free number on the back of your ID card or contact a representative by email at www.XXX.com."

8. This paragraph may be omitted.

Certificate of Coverage, Section 10 Glossary

Form Number: 4000 ZACERT-LF-GLOS-10-01

General Comments

The Glossary is entirely variable. Only the definitions pertaining to a policyholder's specific plan will be included in an insured's Certificate. Any definition in the Glossary may be omitted if not relevant to the specific coverage provided. Specific terms in the glossary may be changed as indicated in the general comments below. However, the definitions will not change, except as indicated by the specific variable material comments below.

Definitions may be placed in the Certificate sections for specific provisions utilizing those terms. They will also appear in the Glossary.

Each variable and bracketed item listed in this section is subject to inclusion, omission or substitution as described below. The benefits shown will correspond to the particular coverage provided by the policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the policyholder will appear on the issued form.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

1. **Administrator:** This statement may be omitted.
2. **Annual Earnings:** There are many standard definitions of 'annual earnings' available to the policyholder. This item will be revised as applicable to the employer's plan to show special compensation varieties mutually agreed upon by the Policyholder and Kemper. Some examples are included in the Glossary and below; others may be used. "Annual earnings may be determined by a specific date at the election of the employer or the insureds last pay period, or the insureds annual (calendar year) earnings. When averaging earnings, any date may be used to determine the earnings year as agreed upon by the employer and Kemper.

The definition may include or exclude commissions, bonus and other income earned by the insured. It may include employee allowances, including but not limited to: education, housing, childcare, automobile lease or other special income arrangements between the employee and the policyholder. The policyholder and Kemper will determine the types of compensation and benefits included in the annual earnings definition.

Some alternative definitions of covered monthly earnings include:

Version 1

"**Annual Earnings**" means your average gross monthly income as reported on your IRS federal income tax returns for the prior year. It includes salary, profits, fees, commissions, bonuses, and other compensation for professional services. It does not include investment returns, rent, royalties or other like income not directly produced by your occupation. Earnings are determined after deduction of normal business expenses and losses, but before deduction of any income taxes."

Version 2

This item may be revised to show special compensation varieties mutually agreed upon by Kemper and the policyholder. Examples for employees who own part of the employer's business, the following may be used:

"For Employees who own any part of the Employer's business: "*Annual earnings*" means, as reported to the IRS:

- Your share of the net income or loss (i.e. income earned and received from that employer, less your share of the employer's business expenses which are deductible for Federal Income Tax purposes); plus
- The salary received by you; plus
- Contributions to qualified pension or profit sharing plan made on your behalf by the employer.

We will use the following in determining the above:

For Sole Proprietors: Net profit or loss from the Employer's business as designated on Schedule C of Federal Form 1040, U.S. Individual Income Tax

Return. A loss on Schedule C will be considered as zero earnings.

For Partnerships: Ordinary income or loss from trade or active participation in business activities from the Employer's business as reported on Federal Form 1065, U.S. Partnership Return of Income. An ordinary loss will be considered as zero earnings.

For S Corporations: Ordinary income or loss from trade or business activities from the Employer's business as reported on Federal Form 1120S, U.S. Income Tax Return for an S Corporation. An ordinary loss on an S Corporation is to be deducted from salary and pension plan contributions from the same Employer.

For C Corporations: Your share (based on 20% or more stock ownership) of the amount designated as taxable income before net operation loss deduction and special deductions of the Employer's business as reported on Federal Form 1120, U.S. Corporation Income Tax Return. A gain on a C Corporation will not be considered earnings, but a loss is to be deducted from salary and pension plan contributions from the same Employer.

Annual earnings do not include any amounts paid to you that are derived or generated from loans made to the [Employer] from whatever source, or from withdrawals of invested capital. If there is a change in the name of the above-mentioned IRS tax forms, then the newly designated forms will apply instead.

Version 3

If you are paid on an annual contract basis, your *annual earnings* are your annual contract salary. If you are paid on an hourly basis, the calculation of your annual wages is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work in a twelve month period. The monthly hours may not exceed [173] hours per month.

If you do not have regular work hours, the calculation of your *annual earnings* is based on the average number of hours you worked per month during the last 12 calendar months (or during your period of employment if fewer than 12 months; but not more than 173 hours per month).

Included in included in *annual earnings* are:

[Commissions, awards and bonuses, overtime pay, shift differential pay] averaged over the last [12] months of actual employment or such shorter period if actual employment was for fewer than [12] months.

Contributions you make through a salary reduction agreement with your employer to any of the following:

- An Internal Revenue Code (IRC) Section 125 plan for your fringe benefits.
- An IRC 401(k), 403(b) or 457 deferred compensation arrangement.
- An executive nonqualified deferred compensation agreement.
- Your guaranteed payments if you are a partner;
- Your net profit from business;
- Your compensation as an officer, salary, or wages if you are an S-Corporation shareholder.]

[Salary and wages do [not] include:

- Commissions, Awards and bonuses
- Overtime pay
- Shift differential pay

- Fringe benefits
- Contributions made by your [employer] to any deferred compensation arrangement or pension plan.
- Extra compensation such as payment for revenue sharing, housing allowances, stipends, relocation incentives or buyouts of unused vacations, professional fees, or non qualified income.
- Dividends, capital gains, and returns of capital.]

[A retroactive change in your rate of earnings will not result in a retroactive change in coverage.]

Version 4

This item will be included when the employer uses a separate calculation for new hires.

[New hires, your covered income is equal to your annual base pay and your targeted extra earnings determined as of your hire date.]

3. **Expatriate:** This item may be revised to refer to an employee's country of residence or citizenship.
4. **Pre-existing Condition:** This definition will only be included for custom plans for expatriate or non-US resident specialty groups that will exclude life benefits when death is due to a pre-existing condition.

**KEMPER INVESTORS LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY**

Life Insurance Benefits Schedule

FORM NUMBER: 4000 ZASCH-LF-01-01 through 04-01

ZASCH-LF-01-01	Employer Information
ZASCH-LF-02-01	Life Insurance Benefits
ZASCH-LF-03-01	Accidental Death and Dismemberment Benefits
ZASCH-LF-04-01	Additional Accidental Death and Benefits

General Comments

This Schedule will be included when insurance is purchased for Group Term Life, Accidental Death and/or Accidental Dismemberment benefits. The plan of benefits issued may be a combined plan of Term Life, Accidental Death, and Accidental Dismemberment Insurance or in any combination. Each plan may also be issued individually. The schedule will contain only those benefits purchased by the Policyholder.

The Benefits Schedule will contain the specific plan and benefit information for each class of employees covered under the policyholders plan. The coverage may apply only to employees or be extended to apply to employees, dependent spouses, domestic partners and dependent children. If dependent coverage is included, only the appropriate classes of dependents will be included on the Schedule.

Parameters related to eligible classes and individuals will be determined by the Policyholder. The benefits shown will correspond to the particular coverage provided by the Policyholder's plan of insurance. Variability is provided within this Explanation of Variability and on the Schedule. The issued document will reflect only the appropriate information for the Policyholder and the plan selected by the Policyholder.

There are two types of variable material set forth in brackets within this form. These types are:

Illustrative material;
and
Specific variable material.

Illustrative material consists of any entries such as names, dates, addresses, eligible classes, waiting periods, elimination periods, benefit amounts, benefit periods, ages, numbers, amounts, percentages or time periods which will be revised to reflect the specific details of a Policyholder's plan.

The fields reflecting the Policyholder's specific information such as names, policy numbers and effective dates are illustrative and variable. Upon issue, they will be completed to reflect the specific names of the Policyholder, the group policy number and the contract effective date applicable to each issued policy.

Ranges (e.g. of percentages, amounts, time periods) are shown for some illustrative material and are indicated by brackets. Actual entries will always fall within the ranges.

Any changes made through the use of variability shall comply with the laws of the state in which the contract is issued.

The common terms listed below may not be relevant to all sections/subsections in the documents listed above. The terms do not have a corresponding EOV number or explanation other than what appears below. However, the terms do appear in variable brackets throughout the relevant sections/subsections. These general comments apply to the entire document. If no other variables are specified, only these general comments apply.

Connective words and phrases which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of coverage may vary as sense may demand. Such connective wording will not be ambiguous or deceptive.

The placement of material may vary to avoid gaps and to allow the contractual documents to be system-produced. Information in the Schedule of Benefits may be moved to the Certificate of Coverage.

- Reference to the 'Benefits Schedule' may be changed to 'Summary of Benefits', 'Benefits Summary' or 'Schedule of Benefits'.
- The name of the insurer "Kemper Investors Life Insurance Company" is bracketed in the event the name is changed subsequent to regulatory approval.
- The company name is bracketed to permit a name change in the event the company files and receives regulatory approval of such a change.
- Each variable and bracketed item listed on the Benefits Schedule is subject to inclusion or omission. The benefits shown will correspond to the particular coverage provided by the Policyholder's plan of insurance, and will vary depending on the plan design. Only those items selected by the Policyholder will appear on the issued form.
- Reference to 'Certificate' may be changed to 'Certificate of Coverage', 'Certificate of Insurance', 'Booklet-Certificate'.
- Any reference to a period of time may be changed to a longer or shorter period. Any such change will only be made if the change is liberalization from the Policyholder's perspective.
- Bracketed numbers may vary within the ranges shown.
- References to 'dependents' will be omitted if the plan does not include such coverage.
- References to 'calendar year', '12 months' and '365 days' are interchangeable with each other or may be changed to 'plan year' and 'policy year', 'contract year', 'policy term', 'contract term', '365 consecutive day period' or '12 consecutive month period'. The word consecutive may be changed to 'continuous'.
- References to 'employee' may be changed to 'subscriber', 'enrollee', 'member', 'the insured', 'covered person', 'you', 'your', 'participant' or other appropriate term describing a member of the group insured.
- References to 'policyholder' and/or 'employer', may be changed to 'association', 'plan sponsor', 'contract holder', 'member group', 'participant', 'participating employer, or participating organization. They may be used interchangeably when appropriate. We may also change the term to reflect the client's name or the name of an association.
- 'Your employer' may be changed to 'the Policyholder'.

- Except in the Heading, our name 'Kemper Investors Life Insurance Company' may be replaced by 'Plan Administrator', 'Insurer', 'the Company', 'Us', 'We', 'Our' interchangeably.
- The word 'Core' as in 'Core Benefits' may be changed to 'Basic Benefits' or other similar term. 'Supplemental' benefits may be changed to 'Buy-up Benefits', 'Core Buy-up Benefits', 'Optional Benefits' or 'Voluntary Benefits'.
- 'Annual earnings' may be changed to 'covered annual earnings', 'annual income', 'scheduled income' or other similar term.
- 'Elimination period' may be changed to 'benefit waiting period'.
- The term 'spouse' may be changed to 'domestic partner' or both may be included.
- The 'Group Insurance Policy' may be changed to 'policy', 'group policy', 'group contract', 'group insurance contract'.
- 'Principal Sum' may be changed to 'Full Amount' or 'Insurance Amount'.
- Reference to any plan of benefits will be omitted if not purchased by the Policyholder.

Specific Variable material is noted by subscripted numbers by variable text. Specific variable material will be changed only as indicated in the explanations shown below. However, illustrative material that appears within specific variable material may be varied as described above.

Section 1: ZASCH-LF-01-01

General Information

This section of the Benefits Schedule provides the specific information about the Policyholder. The examples shown are illustrative and when issued will reflect the Policyholder's plan information. The types of classes and individuals eligible to enroll in the plan will be reflected throughout the Schedule.

1. Only the benefit coverage type provided will be included in the heading.
2. Either paragraph may be included or omitted.
3. The specific Policyholder information will be inserted. The dates for the Policyholder's enrollment and effective dates will be inserted.

Eligible Classes

4. Classes of eligible employees will be described in this section. More than one eligible group may be used allowing the Policyholder to differentiate coverage between groups.

The Policyholder and Kemper will determine the eligible classes in accordance with the Policyholder's requirements and descriptions will be included here.

'Eligible Classes' may be changed to 'Eligible Groups' or 'Eligible Employees'. Each employee class will be described and multiple classes may appear. When benefits vary between classes, this entire section may be omitted. If omitted, the classes will be described with the Certificate. Classes shown are purely illustrative and any description of an eligible class may be inserted.

Each of the bracketed words or terms will be included or omitted to reflect the Policyholder's eligible class(es). Other descriptions as determined by the Policyholder may be included.

5. These notes may be included for expatriate plans. Each of the separate notes may be included or omitted in accordance with the employer's plan. Any country name may be inserted to reflect eligible and ineligible countries of residence. Any country or territory may be inserted.
6. The definitions of 'Expatriate' and 'Third Country National' may be included when coverage for expatriates and third country nationals is provided. A definition for Key Local Nationals may also be included. The definitions may also appear in the Glossary.

Minimum Hours Requirement

7. The minimum hours requirement for full-time and part-time may be included or omitted. If described above with the eligible class, or in the Certificate, it may be omitted from this section of the Schedule.
8. Reference to part-time employees will be omitted when not covered by the Policyholder's plan.
9. This item will be included when relevant to the Policyholder's plan.

[Service] Waiting Period

10. The Waiting Period section may be omitted if the Policyholder does not include a waiting period as a feature of their plan. The option 'None' may be included to clarify for employees, that no waiting period is applied. Reference to part-time employees will be omitted when not part of the Policyholder's plan.

When different waiting periods apply with respect to the employee's prior plan or employment start date, the appropriate options in paragraphs 1 and 2 will appear by class. The actual date of the Policyholders plan effective date will appear.

Rehire

11. Credit for prior service after rehire is an optional feature and will be omitted when not selected by the Policyholder.

Waive the Waiting Period

12. This is an optional feature and will be omitted when not selected by the Policyholder.

Credit For Prior Service

13. This is an optional feature and will be omitted when not selected by the Policyholder.

Who Pays For Coverage

14. This entire section may be included or omitted. When included, only the statements relevant to the Policyholder's plan of benefits will appear. Separate descriptions may appear for Life and AD&D benefits. If omitted, the information will appear in the Certificate.
15. Basic plans and supplemental plans may appear as separate paragraphs. Benefits may be described as Core or 'Basic Plan' or 'Basic Benefits'. Reference to 'Supplemental Benefits' will be omitted if not part of the Policyholder's plan. 'Supplemental' may be changed to 'Basic Buy-up, Optional' or 'Buy-up Benefits'.
16. This item will be omitted if Dependent coverage is not part of the policyholder's plan.

Elimination Period

17. The appropriate options reflecting the Policyholder's plan will be included. This item may be omitted if not part of the policyholder's plan.

Employee Term Life Basic Plan

(comments also apply the supplemental term life and the accidental death and dismemberment schedules.)

18. The appropriate employee classification term(s) will be included in accordance with the policyholder's plan. For dependent coverage, this item will describe the eligible dependents.

19. Several options are available to determine the 'Life Insurance Amount' and the AD&D 'Principal Sum'. Benefits may be a flat amount or fall within the ranges shown. The appropriate amount will be included in accordance with the policyholder's plan.

20. The Insurance Amount may be a calculation of the employee's annual earnings. It will fall within the ranges shown.

21. The Insurance Amount may be a percentage of the employee's annual earnings. The appropriate percentage will be included in accordance with the policyholder's plan and within the ranges shown.

The employee's insurance amount may be determined by the use of an "Annual Earnings" Chart as shown below.

Optional Life Insurance Salary Chart

The Annual Earnings and the Insurance Amount chart, shown below, may be included on the Benefits Schedule as an option to determine the employee's Insurance Amount. If included it may replace the other options shown or be applicable to a specific employee class. It may be included as part of the employee Basic Benefits Schedule and/or part of the employee Supplemental Benefits Schedule when selected by the Policyholder. The Annual Earnings and the Life Insurance Amount may range from a high of \$5,000,000 to a low of \$10,000.00. The Policyholder may determine the ranges and the Insurance Amount. Any combination may be selected.

[Annual Earnings]			Life Insurance Amount
[\$60,000	or more		\$70,000
[\$50,000	but less than	\$60,000	\$60,000
[\$40,000	but less than	\$50,000	\$50,000
[\$30,000	but less than	\$40,000	\$40,000
[\$20,000	but less than	\$30,000	\$30,000
[\$10,000	but less than	\$20,000	\$20,000
	less than	\$10,000	\$10,000]

22. This item may be omitted. If included, calculations for rounding the percentage of salary may be selected by the policyholder. Either statement describing "annual earnings" may be included or omitted.

23. The maximum and minimum benefit amounts are optional features and will be omitted when not selected by the Policyholder. When included the appropriate maximum or minimum

benefit amount will be included. A reduced benefit may be provided for Late Applicants if selected by the Policyholder.

24. The Guarantee Issue Amount will be included when the Policyholder includes a Guarantee Issue Amount in the Plan. It may be omitted.

Employee Term Life Supplement Benefits

(comments also apply the Accidental Death and Dismemberment Schedules)

25. This supplemental term life section of the schedule will be omitted if a policyholder's plan does not include supplemental coverage. If included the appropriate coverage options and the policyholder references will be included.

26. A benefit increase may be included as part of the policyholder's plan. Various options are available to increase life/AD&D benefit amounts. Some options will require evidence of insurability, others may not. Any of the unit amounts shown may be elected by the Policyholder. The Supplemental benefit may be equal to the employee's basic term life insurance coverage. Any option may be included or omitted.

For Dependent coverage, incremental increases may be presented on separate lines for a spouse and a dependent child.

27. The Optional Payee Amount reflects the maximum amount of the Funeral Benefit paid from the Term Life benefit. This item may be included or omitted. If included, the appropriate amount will be included in accordance with the policyholder's plan and within the ranges shown.

28. This paragraph may be included or omitted.

29. Evidence Requirements: This section will be included if appropriate for the Policyholder's plan. Levels of coverage requiring evidence and language regarding the approval of evidence may be included or omitted. If included, the requirement for evidence may be omitted. Approval by Kemper may not be required and this language may be omitted. Reference to the prior employer will be included or omitted as appropriate for the Policyholder's plan.

30. Life Status Change will generally be included, but it may be omitted.

Age Reduction Rule

31. This section will be omitted if a policyholder's plan does not include age reduction rules. If included, several options are available and ages, percentages, the reduction schedule and the effective date of reductions will vary in accordance with a policyholder's plan.

If AD&D is issued on a stand-alone basis and if age reduction rules apply, this section may be moved to Section 03-01 of this schedule, following the AD&D benefits. IF this occurs, the age reduction rule in the AD&D section referring back to the life age reduction rules, will be omitted.

32. Only the product appropriate to the policyholder's plan of coverage will be included (e.g. accidental death and dismemberment will be omitted if not part of the plan of coverage).

33. The effective date of reductions may be on the first day of the calendar month, on the date of the insured's attainment of the specified age, on the first day of the second calendar month next following the insured's attainment of the specified age, on January 1st following the insured's attainment of the specified age, or on the policy anniversary date next following the insured's attainment of the specified age.

34. The appropriate ages will be included in accordance with the policyholder's plan and within the ranges shown.
35. The appropriate percentages will be included in accordance with the policyholder's plan and within the ranges shown.
36. Age Reduction Schedule: If included, ages, percentages, the reduction schedule and the effective date of reductions will vary in accordance with the policyholder's plan. This section may be revised to reflect just one reduction at a given age; also, a minimum dollar amount, ranging from \$500 - \$50,000, may be incorporated into this section (e.g. Your amount of insurance will be reduced by 50% but in no event below \$5,000).
37. This sentence may be omitted in accordance with the policyholder's plan. If included, the sentence will be revised as appropriate to reflect the appropriate policyholder specific information.
38. This sentence will be omitted if this coverage is not continued beyond retirement.

Retirement Reduction Rule

39. This section will be omitted if a policyholder's plan does not include retiree coverage or if such a rule does not apply.
40. The reduction amount may be a percentage up to a flat dollar amount, or a flat dollar amount, within the ranges shown. The benefit reduction will be based on the original benefit amount when that amount is a flat dollar amount. If a benefit is a percentage of salary, the reduction will be based on the value of the benefit at the time of the reduction period.
41. This item may be omitted.
42. This sentence will be omitted if a policyholder's plan does not include a permanent and total disability feature. It will be included when a plan includes a tiered reduction rule.
43. Either the Age Reduction Rule or the Retirement Rule may apply, or both rules may apply.
44. This item will be included if the previous sentence, item #43 is omitted. If included, it will be revised to reflect either a percentage or dollar reduction.

Dependent Basic and Supplemental Benefits.

45. This entire section of the schedule will be omitted if dependent coverage is not included under a policyholder's plan. References to domestic partners will be included when domestic partners are eligible dependents. If included, only the appropriate classes of dependents and coverage options will be included. If children are included, coverage may vary or be provided for the age ranges shown. The Schedule may be used for 'Basic Dependent Coverage' or 'Supplemental Coverage'.
46. The spouse's benefit may be a percentage of the employee's term life benefits.
47. One benefit amount may apply to all dependent children, or the age schedule may be used. The age ranges within the age schedule for dependent children may be changed. However, coverage will always be provided for full-time students through the regulatory minimum age.
48. The dependent child's benefit may be a percentage of the employee's or the spouse's term life benefit amount up to a limiting amount.

Accelerated Death Benefit

- 49. The Accelerated Death Benefit is an optional feature. This section will be omitted if this benefit is not included in the policyholder's plan.
- 50. The combination of eligible employee and dependents will be shown in accordance with the policyholder's plan.
- 51. The Accelerated Death Benefit minimum may be omitted. If included the amount may vary within the ranges shown or be reflected as a percentage of the total benefit.
- 52. The Accelerated Death Benefit maximum may be omitted. If included the amount will vary within the ranges shown, or be reflected as a percentage of the total benefit.
- 53. The appropriate percentages will be included in accordance with the policyholder's plan and within the ranges shown.
- 54. This item may be omitted. If included, the appropriate timeframe will be included in accordance with the Policyholder's plan and within the ranges shown.

Limitations that Apply To Your Coverage

- 55. Statements in this section will be included as applicable to the policyholder's plan.
- 56. This item will be included if an accelerated death benefit or a disability extension benefit is part of the plan.
- 57. This item will be omitted if AD&D coverage is not part of the plan.

58. Accidental Death and Dismemberment Benefits

The AD&D Schedule is optional and will be included when coverage is provided for Accidental Death and/or Accidental Dismemberment benefits, otherwise it will be omitted. If included the appropriate coverage options and the policyholder references will be included.

This supplemental AD&D section of the schedule will be included when the policyholder purchases supplemental coverage. It will be omitted if a policyholder's plan does not include supplemental coverage.

The benefits shown will correspond to the particular coverage provided by the Policyholder's plan of insurance. Variability is provided within this Explanation of Variability and on the schedule.

Employee Basic and Supplemental Plans

- 59. The Principal Sum may be equal to the employee's life insurance benefit.

Optional Accidental Death and Dismemberment Salary Chart

The chart of Annual Earnings and the Principal Sum Amount, shown below, may be included on the Benefits Schedule as an option to determine the employee's Insurance Amount. If included it will replace the other options shown. It may be included as part of the employee Basic Benefits Schedule and/or part of the employee Supplemental Benefits Schedule when selected by the policyholder. The chart of basic earnings and the principal sum charts may range from a high of \$5,000,000 to a low of \$10,000.00. The Policyholder may determine the ranges and the Insurance Amount. Any combination may be selected.

[[Annual Earnings]		[Principal Sum] Amount
[\$60,000	or more	\$70,000

[\$50,000	but less than	\$60,000	\$60,000
[\$40,000	but less than	\$50,000	\$50,000
[\$30,000	but less than	\$40,000	\$40,000
[\$20,000	but less than	\$30,000	\$30,000
[\$10,000	but less than	\$20,000	\$20,000
	less than	\$10,000	\$10,000]]

60. The Employee Supplemental Plan for AD&D coverage will be included when the employer offers such coverage to employees. Otherwise this section will be completely omitted.

Dependent Coverage

61. This entire section of the schedule will be omitted if dependent coverage is not included under a policyholder's plan. References to domestic partners will be included when domestic partners are eligible dependents. If included, only the appropriate classes of dependents and coverage options will be included. If children are included, coverage may vary or be provided for the age ranges shown. The Schedule may be used for 'Basic Dependent Coverage' or 'Supplemental Coverage'.

62. The spouse's AD&D principal sum may be equal to a percentage of the employee's principal sum or a percentage of the employee's life insurance benefit at the time of loss. A benefit limit may be included.

63. The dependent child's principal sum may be a calculation of the employee's life benefit amount, or the spouse's life benefit amount. The AD&D principal sum may be equal to the dependent child's life insurance amount. A benefit limit may be included.

Additional Benefits and Features

64. Each benefit listed in this section is optional and is subject to inclusion or omission. If included the benefit will be described within the parameters listed in the schedule. For complex benefits, the insured will be referred back to the certificate for a complete benefit description. Benefits will be paid if an accidental death or accidental dismemberment benefit is paid first.

65. There are two options for the critical burn benefit. The policyholder may select either benefit, but the two options will not be offered in a single plan.



ARKANSAS INSURANCE DEPARTMENT

1200 West Third Street
Little Rock Arkansas 72201-1904
501-371-2600

Mike Pickens
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Kemper Investors Life Insurance Company
Company NAIC Code: 90557
Company Contact Person & Telephone # Jeff Kulesus 312.499.5635
Form Number(s): 1000 ZAGP-01-01 4000 ZACERT-LF-01-01 ZA-EA-01
4000 ZASCHD-LF-01-01

* INSURANCE DEPARTMENT USE ONLY *
*
* ANALYST: AMOUNT: ROUTE SLIP: *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * 1 x \$50 = 50 **Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. * x \$50 = 0 **Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * 3 x \$50 = 150 **Retaliatory

Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms. * x \$20 = 0 **Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * x \$25 = 0 **Retaliatory \$150

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to
amend an Insurer's Certificate of Authority.

$$\begin{array}{r} * \\ \hline \end{array} \times \$400 = \begin{array}{r} 0 \\ \hline \end{array}$$

Filing to amend Certificate of Authority.

$$\begin{array}{r} *** \\ \hline \end{array} \times \$100 = \begin{array}{r} 0 \\ \hline \end{array}$$

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER
RULE AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER
ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.