

SERFF Tracking Number: HERT-127152732 State: Arkansas
Filing Company: United Heritage Life Insurance Company State Tracking Number: 48973
Company Tracking Number: RGCLIFE(08-2009)AR
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: RGCLIFE(Rev06-2011)AR
Project Name/Number: RGCLIFE(08-2009)AR/RGCLIFE(08-2009)AR

Filing at a Glance

Company: United Heritage Life Insurance Company

Product Name: RGCLIFE(Rev06-2011)AR SERFF Tr Num: HERT-127152732 State: Arkansas
TOI: L04G Group Life - Term SERFF Status: Closed-Approved- State Tr Num: 48973
Closed

Sub-TOI: L04G.103 Renewable - Single Life - Co Tr Num: RGCLIFE(08-2009)AR State Status: Approved-Closed
Fixed/Indeterminate Premium

Filing Type: Form

Reviewer(s): Linda Bird
Author: Deanne Schildan Disposition Date: 06/10/2011
Date Submitted: 06/03/2011 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: RGCLIFE(08-2009)AR
Project Number: RGCLIFE(08-2009)AR
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association, Discretionary
Filing Status Changed: 06/10/2011
State Status Changed: 06/10/2011
Created By: Deanne Schildan
Corresponding Filing Tracking Number:
Filing Description:
April 11, 2011

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 07/31/2009
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:
Deemer Date:
Submitted By: Deanne Schildan

Arkansas Department of Insurance
Attn: Form Filing Division

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RE: United Heritage Life Insurance Company, Group Division,
NAIC No. 63983, group 2878
Form Filing
Group Policy, RGP(08-2009)
Group Term Life Certificate, RGCLIFE(08-2009)AR

Ladies & Gentlemen:

Please find enclosed for your review and approval new forms, United Heritage Group Term Life Certificate and Policy of Incorporation.

RGP(08-2009) is a Policy of Incorporation which will be used for Group Term Life, Group Long Term Disability, & Group Short Term Disability. The Policy is the contract between the employer and the insurer. The corresponding Statement of Variable Language is on the Supporting Documents Tab. The form number is SOVL-RGP(08-2009).

RGCLIFE(08-2009)AR is our Group Term Life Certificate. A certificate is given to each insured employee. It includes their schedule of insurance showing their Term Life benefits specifics. The corresponding Statement of Variable Language is on the Forms Tab. The form number is SOVL-RGCLife(08-2009)AR.

This new group policy of incorporation and group term life certificate provide benefits to eligible employees, associations, trusts, etc. as the employer defines. The group size is determined by the state requirements. Statements of variables for the policy, certificate, and amendments/ riders are included with this filing.

Included with this filing are the following form no(s) also for review and approval:

GCA(08-2009): Certificate Amendment No. [X]: This form is attached to the Certificate. The Amendment may be attached to any benefit or provision herein in order to provide additional or optional benefits or provisions after the certificate is issued upon request from the employer. It may also be used to amend variable language in the certificate, as allowable by the statement of variables, after issue, upon the employer's request. The corresponding Statement of Variable language is SOVL Amendment-Rider Forms(08-2009).

GPA1(08-2009): Group Insurance Amendment No. [X]: This form is attached to the Policy. It is used to provide additional or optional benefits or provisions upon request from the employer, after the Policy is issued. This form does not require the Policyholder's signature because the instructions were provided in writing. The corresponding Statement of Variable language is SOVL Amendment-Rider Forms(08-2009).

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GPA2 (08-2009) Group Insurance Amendment No. [X]: This form is attached to the Policy. It is used to provide additional or optional benefits or provisions upon the employer's request after the Policy is issued. This form requires the Policyholder's signature. The corresponding Statement of Variable language SOVL Amendment-Rider Forms(08-2009).

These amendment documents are used when an employer requests a change to any benefit to their certificate or policy prior to renewal. SOVL-RGP(08-2009) and SOVL-RGCLIFE(08-2009)AR will also apply to GPA1(08-2009) & GPA2(08-2009). SOVL-RGCLIFE(08-2009)AR that applies to the certificate will also apply to GCA(08-2009).

60-206NM(04-2010) Application for Insurance: This is the employer group application completed by the Employer when applying for term life insurance.

60-269LNM(04-2010) Supplemental Life Simplified Medical Underwriting Application. This form must be completed by the employee when the required participation is not met by the group for Supplemental Life.

Form 60-06 (Rev.10-2003), Group Administration Card: This form is completed by the employee to make beneficiary changes and coverage changes. It is signed by both the employee and the employer.

60-194(REV.8-2006), Enrollment Card: The enrollment card is used when the employee applies and enrolls for the insurance provided by the employer group.

Form 60-256 NM (12-2005), Personal Health Statement: This form must be completed by the employee for amount over the guarantee issue amount and for late enrollees.

Should you have any questions please feel free to contact our Group Forms Division at 800-657-6351 ext. 2270 or by email at dschildan@unitedheritage.com.

Sincerely,

Deanne Schildan
Group Administrator
Group Forms Analyst

Company and Contact

Filing Contact Information

SERFF Tracking Number: HERT-127152732 State: Arkansas
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 Project Name/Number: RGCLIFE(08-2009)AR/RGCLIFE(08-2009)AR
 Deanne Schildan, Group Forms Analyst dschildan@unitedheritage.com
 PO Box 7777 208-475-0970 [Phone]
 Meridian, ID 83680 208-475-1070 [FAX]

Filing Company Information

United Heritage Life Insurance Company CoCode: 63983 State of Domicile: Idaho
 PO BOX 7777 Group Code: 2878 Company Type:
 Meridian, ID 83680-7777 Group Name: State ID Number:
 (208) 475-0981 ext. [Phone] FEIN Number: 82-0123320

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: Policy and all supporting documents \$50.00

Our domicile state, Idaho, does not have filing fees

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Heritage Life Insurance Company	\$50.00	06/03/2011	48348273
United Heritage Life Insurance Company	\$550.00	06/07/2011	48421392
United Heritage Life Insurance Company	\$50.00	06/07/2011	48421519

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/10/2011	06/10/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/07/2011	06/07/2011	Deanne Schildan	06/07/2011	06/07/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Group Life Certificate	Deanne Schildan	06/03/2011	06/03/2011
Form	Group Policy	Deanne Schildan	06/03/2011	06/03/2011

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Form (revised)	Group Life Certificate		No
Form	Statement of Variables GCLIFE08		No
Form (revised)	Group Policy		No
Form	Statement of Variables GP08		No
Form	Certificate Amendment/Rider		No
Form	Group Insurance Amendment/Rider		No
Form	Group Insurance Amendment/Rider		No
Form	Statement of Variables Amendment-Rider		No
	Forms		
Form	Application for Insurance		No
Form	Supplemental Life Simplified Medical		No
	Underwriting Application		
Form	Enrollment Card		No
Form	Personal Health Statement		No
Form	Group Administration Card		No
Form	Group Life Certificate	Replaced	No
Form	Group Policy	Replaced	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/07/2011
Submitted Date 06/07/2011
Respond By Date 07/07/2011

Dear Deanne Schildan,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$600.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/07/2011
Submitted Date 06/07/2011

Dear Linda Bird,

Comments:

Thank you for bringing that to our attention.

Response 1

Comments: We have submitted an additional \$600 in fees via EFT.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$600.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your review.

Sincerely,
Deanne Schildan

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Amendment Letter

Submitted Date: 06/03/2011

Comments:

We noticed a couple of the forms had the form number listed in the description. The documents did not change, just the name.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
RGCLIFE(08-2009)AR	Certificate	Group Life Certificate	Initial				42.300	RGCLIFE(08-2009)AR.pdf
RGP(08-2009)	Policy/Contract/Fraternal Certificate	Group Policy	Initial				40.000	RGP(08-2009).pdf

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Post Submission Update Request Submitted On 06/03/2011

Status: Submitted
Created By: Deanne Schildan

General Information:

Field Name	Requested Change	Prior Value
Product Name	RGCLIFE(08-2009)AR	RGCLIFE(Rev06-2011)AR
Explanation for Combination/Other		
Corresponding Filing Tracking Number		

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Form Schedule

Lead Form Number: RGCLIFE(08-2009)AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RGCLIFE(08-2009)AR	Certificate	Group Life Certificate	Initial		42.300	RGCLIFE(08-2009)AR.pdf
	SOVL RGCLIFE(Rev06-2011)AR	Other	Statement of Variables GCLIFE08	Initial		0.000	SOVL RGCLife(08-2009)AR.pdf
	RGP(08-2009)	Policy/Contract/Fraternal Certificate	Group Policy	Initial		40.000	RGP(08-2009).pdf
	SOVL RGP(08-2009)	Other	Statement of Variables GP08	Initial		0.000	SOVL RGP(08-2009).pdf
	GCA(08-2009)	Certificate Amendment, Insert Page, Endorsement or Rider	Certificate Amendment/Rider	Initial		40.000	GCA(08-2009).pdf
	GPA1(08-2009)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Group Insurance Amendment/Rider	Initial		40.000	GPA1(08-2009).pdf
	GPA2(08-2009)	Policy/Contract/Fraternal	Group Insurance Amendment/Rider	Initial		40.000	GPA2(08-2009).pdf

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al
 Certificate:
 Amendmen
 t, Insert
 Page,
 Endorseme
 nt or Rider

SOVL Amendmen t-Rider Forms(08- 2009)	Other	Statement of Variables Amendment-Rider Forms	Initial	0.000	SOVL Amendment- Rider Forms(08- 2009).pdf
60- 206NM(04- 2010)	Application/ Enrollment Form	Application for Insurance	Initial	40.000	60- 206NM(04- 2010).pdf
60- 269LNM(04 -2010)	Application/ Enrollment Form	Supplemental Life Simplified Medical Underwriting Application	Initial	40.000	60- 269LNM(04- 2010).pdf
60- 194(Rev. 8- 2006)	Application/ Enrollment Form	Enrollment Card	Initial	0.000	60-194(REV. 8-2006).pdf
Form 60- 256 NM (12-2005)	Other	Personal Health Statement	Initial	40.000	60-256 NM (12-2005).pdf
Form 60-06 (Rev.10- 2003)	Application/ Enrollment Form	Group Administration Card	Initial	40.000	Form 60-06 (Rev.10- 2003).pdf



UNITED HERITAGE®
Life Insurance Company

CERTIFICATE OF INSURANCE

UNITED HERITAGE LIFE INSURANCE COMPANY
Meridian, Idaho
(A stock insurance company)

[Policyholder: ABC Policyholder]
[Policy Number: XXXXXXXX]
[Policy Effective Date: DATE]
[Policy Anniversary Date: DATE]

1

[Participating Entity:]
[Account Number: XXXXXXXX]

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

[Signed for the Company

2

Marjorie A. Hopkins, Secretary

Dennis L. Johnson, President

1

[READ YOUR CERTIFICATE CAREFULLY

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

3

A note on capitalization in this Certificate:

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

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TABLE OF CONTENTS

[Section I	Schedule of Insurance
Section II	Definitions
Section III	Eligibility and Enrollment
Section IV	Period of Coverage
Section V	Termination Provisions
Section VI	Disability Benefit Provisions
Section VII	Life Insurance Benefit Provisions
Section VIII	Accelerated Benefit Provisions
Section IX	Conversion Provisions
Section X	Portability Provisions
Section XI	Accidental Death & Dismemberment Benefit Provisions
Section XII	Cafeteria Plan Provisions
Section XIII	General Provisions]

Section I

SCHEDULE OF INSURANCE

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

Cost of coverage:

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

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

Module Number 1.01

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

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

Module Number 1.02

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

Module Number 1.03

Eligibility Waiting Period for Coverage:

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

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

Module Number 1.04

Employee Life Insurance Benefit

Amount of Life Insurance

Amount of Basic Life Insurance

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

Amount of Supplemental Life Insurance

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

Section I

SCHEDULE OF INSURANCE

Combined Basic and Supplemental Amount of Life Insurance

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

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

Module Number 1.05

[Dependent Life Insurance Benefit

<u>Amount of Basic Dependent Life Insurance</u>	Spouse	\$XXXXXXXXXX
	Dependent	\$XXXXXXXXXX
	Child(ren) 15 days to 6 months	
	Dependent	\$XXXXXXXXXX
	Child(ren) 6 months to age 19	

<u>Amount of Supplemental Dependent Life Insurance</u>	Spouse	\$XXXXXXXXXX
	Dependent	\$XXXXXXXXXX
	Child(ren) 15 days to 6 months	
	Dependent	\$XXXXXXXXXX
	Child(ren) 6 months to age 19	

Module Number 1.06

Accidental Death and Dismemberment Benefit (AD&D)

[An amount equal to the Employee [Basic/Supplemental] Life Insurance Benefit above.]

[An amount equal to the Dependent [Basic/Supplemental] Life Insurance Benefit above.]

Combined Basic and Supplemental AD&D Principal Sum

Combined Maximum Amount	Class 1	\$XXXXXXXXXX
	Class 2	\$XXXXXXXXXX

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

Module Number 1.07

Reduction in Amount of Life Insurance

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

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

Module Number 1.08

Section I

SCHEDULE OF INSURANCE

Reduction in Coverage Due to Age

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

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

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

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

Module Number 1.09

[Disclosure of Fees:

We may reduce or adjust premiums, rates, fees and/or other expenses for programs under The Policy.

[Disclosure of Services:

In addition to the insurance coverage, We may offer noninsurance benefits and services to [Active [Employees]].

[Disclosure of Payment to [the Policyholder]

We [have agreed to] make payment to [the Policyholder] for reimbursement of cost(s) associated with [:

- 1) audit;
- 2) marketing communication services; and
- 3) [other] administrative expenses.]]

Module Number 1.10

Section II DEFINITIONS

<p>[Active Employee]</p> <p>Module Number 2.01</p>	<p>means [an employee who works for the Employer on a regular basis in the usual course of the Employer's business. This must be at least the number of hours shown in the Schedule of Insurance.]</p>	<p>1,2</p>
<p>Actively at Work</p>	<p>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:</p> <ol style="list-style-type: none"> 1) in the usual way; and 2) for [Your usual number of hours.]] <p>[We will also consider You to be Actively At Work on any regularly scheduled [vacation day, paid time off day, personal day] or holiday, [only if You were Actively At Work on the preceding scheduled work day].</p> <p>Paid time off and personal days do not include days off taken for Sickness or Injury.]]</p>	<p>1</p> <p>2</p> <p>3,4</p> <p>5</p>
<p>Module Number 2.02.1</p>	<p>Actively at Work</p> <p>means [You are performing all the regular duties of Your occupation on a full-time basis] [(at least 30 hours per week)] [at Your customary place of employment or in the usual way.]]</p>	<p>1,2</p> <p>3</p>
<p>Module Number 2.02.2</p>	<p>Airworthiness Certificate</p> <p>means:</p> <ol style="list-style-type: none"> 1) the "Standard" Airworthiness Certificate issued by the United States Federal Aviation Administration (FAA); or 2) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry. 	<p>None</p>
<p>Module Number 2.03</p>	<p>Civil or Public Aircraft</p> <p>means a civil or public aircraft which:</p> <ol style="list-style-type: none"> 1) has a current and valid Airworthiness Certificate; 2) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and 3) is not operated by the militia, or armed forces of any state, national government or international authority. 	<p>None</p>
<p>Module Number 2.04</p>	<p>Commissions and Bonuses</p> <p>means the [monthly average of monetary] commissions and bonuses You received from [the Employer] [over:</p> <ol style="list-style-type: none"> 1) [the [X month] period immediately prior to the Policy Anniversary Date]; or 2) the period of time You worked for the Employer, if less than [the above period/X months.]] 	<p>1,2,3</p> <p>4,5</p> <p>6</p>
<p>Module Number 2.05</p>	<p>Common Carrier</p> <p>means a conveyance operated by a concern, other than the [Policyholder], organized and licensed for the transportation of passengers for hire and operated by that concern.</p> <p>[Common Carrier will not mean any such conveyance which is hired or used for a sport, gamesmanship, contest, sightseeing, observatory and/or recreational activity, regardless of whether such conveyance is licensed.]</p>	<p>1</p>
<p>Module Number 2.06</p>	<p>Contributory Coverage</p> <p>means coverage for which You are required to contribute toward the cost. [Contributory Coverage is shown in the Schedule of Insurance.]</p>	<p>1</p>
<p>Module Number 2.07</p>		

Section II DEFINITIONS

Dependent Child(ren)	means:	
	1) Your [unmarried] children, stepchildren, legally adopted children; or	1
	2) any other children related to You by blood or marriage [or domestic partnership] [who:	2,3
	a) live with You in a regular parent-child relationship; and/or	
	b) You claimed as a dependent on Your last filed federal income tax return;]	
	provided such children [are primarily dependent upon You for financial support and	4
	maintenance and] are [:	5
	1) [at least 15 days old but under age [19]];	6,7
	2) age [19,] but under age [26,] and in full-time attendance (at least [12] course credit hours	8,9,10
	per semester) at an accredited institution of learning. If the institution establishes full-	
	time status in any other manner, We reserve the right to determine whether the student	
	continues to qualify as a Dependent; or	
	3) age [19] or older and disabled. Such children must have become disabled before	11
	attaining age [19]. You must submit proof, satisfactory to Us, of such children's	12
	disability.]	
 Module Number 2.08		
Dependents	means [Your Spouse] [and Your Dependent Child(ren)]. [A dependent must be a citizen or	1,2,3
	legal resident of the United States, [its territories and protectorates.]] [Any person who is in	4,5
	full-time military service cannot be a dependent.]]	
 Module Number 2.09		
Earnings	[means Your regular annual rate of pay, not counting commissions, bonuses, tips and	1
	tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the most	
	recent the date immediately prior to the last Policy Anniversary Date.]	
 Module Number 2.10.1		
Earnings	[means, for sole proprietor, partners, members of a limited liability company taxable as a	1
	partnership under the federal income tax laws, or share holders in a S-Corporation:	
	1) the annual average of earnings reported as "net earnings from self-employment" for	
	federal income tax purposes for:	
	a) the X year(s) immediately prior to the most recent the last Policy Anniversary Date;	
	or	
	b) the number of months You were employed in this capacity, if less than above period;	
	and	
	2) not contributions You made through a salary reduction agreement with the Employer to:	
	a) an Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred	
	compensation arrangement;	
	b) an executive non-qualified deferred compensation arrangement; or	
	c) a salary reduction arrangement under an IRC Section 125 plan,	
	for the same period as above.	
	Earnings does not include bonuses, commissions, tips and tokens, dividends, capital gains	
	and returns of capital.]	
 Module Number 2.10.2		
Earnings	[means, for specific class description if applicable Your average annual rate of pay, including	1
	Bonuses, Commissions and Tips and Tokens, from the Employer for the X calendar year(s)	
	ending immediately prior to the most recent the last Policy Anniversary Date , or over the	
	number of calendar months of employment, if less than this period:	
	1) not including contributions you made through a salary reduction agreement with the	
	Employer to:	
	a) an Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred	
	compensation arrangement;	
	b) an executive non qualified deferred compensation arrangement; or	
	c) a salary reduction arrangement under an IRC Section 125 plan; and	
	not including bonuses, commissions, tips and tokens overtime pay or expense	
	reimbursements for the same period as above.]	
 Module Number 2.10.3		

Section II DEFINITIONS

<p>Non-Contributory Coverage Module Number 2.18</p>	<p>means coverage for which You are not required to contribute toward the cost. [Non-Contributory Coverage is shown in the Schedule of Insurance.]</p>	<p>1</p>																																
<p>Normal Retirement Age Module Number 2.19</p>	<p>means [the Social Security Normal Retirement Age under the most recent amendments to the United States Social Security Act. It is determined by Your date of birth, as follows:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Year of Birth</th> <th style="text-align: left;">Normal Retirement Age</th> <th style="text-align: left;">Year of Birth</th> <th style="text-align: left;">Normal Retirement Age</th> </tr> </thead> <tbody> <tr> <td>1937 or before</td> <td>65</td> <td>1955</td> <td>66 + 2 months</td> </tr> <tr> <td>1938</td> <td>65 + 2 months</td> <td>1956</td> <td>66 + 4 months</td> </tr> <tr> <td>1939</td> <td>65 + 4 months</td> <td>1957</td> <td>66 + 6 months</td> </tr> <tr> <td>1940</td> <td>65 + 6 months</td> <td>1958</td> <td>66 + 8 months</td> </tr> <tr> <td>1941</td> <td>65 + 8 months</td> <td>1959</td> <td>66 + 10 months</td> </tr> <tr> <td>1942</td> <td>65 + 10 months</td> <td>1960 or after</td> <td>67]</td> </tr> <tr> <td>1943 through 1954</td> <td>66</td> <td></td> <td></td> </tr> </tbody> </table>	Year of Birth	Normal Retirement Age	Year of Birth	Normal Retirement Age	1937 or before	65	1955	66 + 2 months	1938	65 + 2 months	1956	66 + 4 months	1939	65 + 4 months	1957	66 + 6 months	1940	65 + 6 months	1958	66 + 8 months	1941	65 + 8 months	1959	66 + 10 months	1942	65 + 10 months	1960 or after	67]	1943 through 1954	66			<p>1</p>
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1943 through 1954	66																																	
<p>On Module Number 2.20</p>	<p>means, when used with reference to any conveyance (land, water or air), in or on, boarding or alighting from the conveyance.</p>	<p>None</p>																																
<p>Participating [Employer] Module Number 2.21</p>	<p>means [an Employer who agrees to participate in the Trust, pays the required contribution and is a participant in accordance with the provisions of The Policy.]</p>	<p>1</p>																																
<p>Physician Module Number 2.22</p>	<p>means a legally qualified physician or surgeon other than a physician or surgeon who is [Related to You by blood or marriage.]</p>	<p>1</p>																																
<p>Prior Policy Module Number 2.23</p>	<p>means [the group life insurance policy carried by [the Employer] on the day before [the Policy Effective Date.]]</p>	<p>1,2 3</p>																																
<p>Related [Retiree] Module Number 2.24</p>	<p>means Your spouse or other adult living with You, sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild [or similar relationship in law].</p> <p>means a former employee of the Employer:</p> <ol style="list-style-type: none"> 1) [whose age plus years of service equals at least #; 2) who has attained the Normal Retirement Age; 3) who has completed at least # years of active full-time or part-time service with the Employer; 4) who is participating in an Employer-sponsored pension plan; 5) who retired from the Employer immediately after the last day as an Active Employee; or 6) who was on approved Waiver of Premium, immediately before retirement.] 	<p>1</p>																																
<p>Scheduled Aircraft Module Number 2.25</p>	<p>means a Civil or Public Aircraft operated by a scheduled airline which:</p> <ol style="list-style-type: none"> 1) is licensed by the FAA for the transportation of passengers for hire; and 2) publishes its flight schedules and fares for regular passenger service. 	<p>None</p>																																

Section II DEFINITIONS

Spouse	means Your spouse who:	
	1) [is under age 65; and]	1
	2) is not [legally separated or] divorced from You; and	2
	3) [is not in active full-time military service [outside the continental United States, Hawaii, Puerto Rico or Alaska.] [However, Your spouse who is in active full-time military service inside the continental United States, Hawaii, Puerto Rico or Alaska will be considered a Dependent.]].	3, 4 5 6, 7
	[Spouse will include Your [domestic partner or party to a civil union], provided You :	8
	1) have executed a [domestic partner affidavit] satisfactory to Us, establishing that You and Your partner are [domestic partners or parties to a civil union] for purposes of The [Policy] or;	9 10 11, 12
	2) have registered as [domestic partners or parties to a civil union] with a government agency or office where such registration is available [and provide proof of such registration [unless requiring proof is prohibited by law.]].	13 14
	You will continue to be considered [domestic partners or parties to a civil union] provided You continue to meet the requirements [described in the domestic partner affidavit [or required by law.]].	
Module Number 2.27		
The Policy	means the policy which We issued to [the Policyholder] under [the Policy Number] [shown on the face page.]	1,2,3
Module Number 2.28		
Tips and Tokens	means the [monthly average of monetary] tips and tokens You received from [the Employer] [over:	1,2,3 4,5
	1) [the [X month] period immediately prior to the Policy Anniversary Date]; or	6
	2) the period of time You worked for the Employer, if less than [the above period/X months.]	
Module Number 2.29		
[Trust	means [the Policyholder stated on the face page of The Policy.]]	1
Module Number 2.30		
We, Us or Our	means [the insurance company named on the face page of The Policy.]	1
Module Number 2.31		
You or Your	means the person to whom this certificate is issued.	
Module Number 2.32		

Section III

ELIGIBILITY AND ENROLLMENT

<p>Eligible Persons: <i>Who is eligible for coverage?</i> Module Number 3.01</p>	<p>All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.</p>	
<p>Eligibility for Coverage: <i>When will I become eligible?</i> Module Number 3.02</p>	<p>You will become eligible for coverage on the latest of:</p> <ol style="list-style-type: none"> 1) [the Policy Effective Date; 2) the date on which You complete the Eligibility Waiting Period for Coverage; or 3) the date You become a member of an Eligible Class.] <p>[You are eligible for Retiree coverage on the later of:</p> <ol style="list-style-type: none"> 1) the date You meet the definition of Retiree; or 2) the Policy Effective Date.] 	<p>1</p> <p>2</p>
<p>Eligibility for Dependent Coverage: <i>When will I become eligible for Dependent Coverage?</i> Module Number 3.03</p>	<p>You will become eligible for Dependent coverage on the later of:</p> <ol style="list-style-type: none"> 1) [the date You become [insured] for employee coverage; or 2) the date You acquire Your first Dependent.] <p>[You may not elect coverage for Your Dependent if such Dependent is covered as an employee under The Policy. No person can be insured as a Dependent of more than one employee under The Policy.]</p> <p>[As a Retiree, You are not eligible for Dependent Coverage [for any Dependent You acquire after the date You retire.]]</p>	<p>1,2</p> <p>3</p> <p>4,</p> <p>5</p>
<p>Enrollment: <i>How do I enroll for coverage for myself [and my Dependents?]</i> Module Number 3.04</p>	<p>[[For Non-Contributory Coverage,] Your Employer will automatically enroll You [for the Amount of Basic Life Insurance and Basic Dependent Life Insurance.] [However, You will need to complete a beneficiary designation form.]]</p> <p>[To enroll for Contributory Coverage, You [must:</p> <ol style="list-style-type: none"> 1) complete and sign a group insurance enrollment form, satisfactory to Us, for Your coverage [and Your Dependent's coverage]; and 2) deliver it to Your Employer.] <p>[You have the option to enroll by voice recording or electronically. Your Employer will provide instructions.]</p> <p>[You must enroll for Retiree Coverage [within 31 days] of the date You retire.]</p> <p>[If You do not enroll for Your coverage [and/or Your Dependent's coverage] [within 31 days] after becoming eligible under The Policy, [or if You were eligible to enroll under the Prior Policy and did not do so, and later choose to enroll] You may only enroll for Your coverage [and/or Your Dependent's coverage:]</p> <ol style="list-style-type: none"> 1) [during an [Annual Enrollment Period] designated by the Policyholder; or 2) within [31 days] of the date You have a Change in Family Status.] <p>Any Enrollment may be subject to the Evidence of Insurability Requirements provision.]</p>	<p>1,2,3</p> <p>4</p> <p>5,6</p> <p>7</p> <p>8,9</p> <p>10,11</p> <p>12</p> <p>13,14</p> <p>15</p>

Section III ELIGIBILITY AND ENROLLMENT

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

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

1

If Your Evidence of Insurability is not satisfactory to Us:

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

Module Number 3.05

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

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

1

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

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

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

Module Number 3.06

Evidence of Insurability:
What is Evidence of Insurability?

- Evidence of Insurability must be satisfactory to Us and may include, but will not be limited to:
- 1) [a completed and signed application approved by Us; and
 - 2) any additional information We may require.]

1

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

2

3

4

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

Module Number 3.07

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

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

1

Module Number 3.08

Section IV PERIOD OF COVERAGE

Effective Date: <i>When does my coverage start?</i>	[Non-Contributory Coverage, for which Evidence of Insurability is not required, will start [on the date You become eligible.]]	1,2
	[Contributory Coverage, for which Evidence of Insurability is not required, will start [on the latest to occur of: 1) The date You become eligible, if You enroll on or before that date; 2) the first day of the month on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or 3) the date You enroll, if You do so within 31 days from the date You are eligible.]]	3,4
	[Any coverage for which Evidence of Insurability is required, will become effective on [the later of: 1) the date You become eligible; or 2) the date We approve Your Evidence of Insurability.]]	5,6
	[However, all Effective Dates of coverage are subject to the Deferred Effective Date provision.]	7
Module Number .4.01		
Deferred Effective Date: <i>When will my effective date for coverage or a change in my coverage be deferred?</i>	[With respect to Active [Employees], if, on the date You are to become covered: 1) under The Policy; 2) for increased benefits; or 3) for a new benefit; You are not Actively at Work [due to a physical or mental condition,] such coverage will not start until [the date You are Actively at Work.]]	1,2
	[With respect to Retirees, if, on the date You are to become covered: 1) for increased benefits; or 2) for a new benefit; You are: 1) confined in a hospital; or 2) Confined Elsewhere; such coverage will not start until [You: 1) are discharged from the hospital; or 2) are no longer Confined Elsewhere; and have engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.]]	3,4
	[Confined Elsewhere means You are unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.]	5
		6
		7
Module Number 4.02		

Section IV PERIOD OF COVERAGE

Continuity from a Prior Policy: <i>Is there continuity of coverage from a Prior Policy? [Not Applicable To Retirees]</i>	[Your initial coverage under The Policy will begin, and will not be deferred if [on the day before the Policy Effective Date], You were:	1,2
	1) insured under the Prior Policy; [and	3
	2) Actively at Work or on an authorized family and medical leave;]	
	but [on the Policy Effective Date,] You were not Actively at Work, and would otherwise meet the Eligibility requirements of The Policy. [However, Your Amount of Insurance will be the lesser of the amount of life insurance and accidental death and dismemberment principal sum]:	4 5
	1) You had under the Prior Policy; or	
	2) [shown in the Schedule of Insurance;]	6
	[reduced by any coverage amount:	7
	1) that is in force, paid or payable under the Prior Policy; or	
	2) that would have been so payable under the Prior Policy had timely election been made.]	
	Such amount of insurance under this provision [is subject to any reductions in The Policy and will not increase.]]	8
	Coverage provided through this provision ends [on the first to occur of:	9
	1) the last day of a period of [12 consecutive months] after the Policy Effective Date;	10
	2) the date Your insurance terminates for any reason shown under the Termination provision;	
	3) the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated; or	
	4) the date You are Actively at Work.]	
	However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active Employee under The Policy.	
Module Number 4.03		
Continuity from a Prior Policy for Disability Extension: <i>Is there continuity of coverage from a Prior Policy? [Not applicable To Retiree Coverage]</i>	[Your initial coverage under The Policy will begin, and will not be deferred if [on the day before the Policy Effective Date], You were:	1,2
	1) insured under the Prior Policy; [and	
	2) [under age 65];	3
	Your Amount of Insurance will be the lesser of the amount of life insurance and [accidental death and dismemberment principal sum]:	4
	1) You had under the Prior Policy; or	
	2) [shown in the Schedule of Insurance;]	5
	[reduced by any coverage amount:	6
	1) that is in force, paid or payable under the Prior Policy; or	
	2) that would have been so payable under the Prior Policy had timely election been made.]	
	Such amount of insurance under this provision [is subject to any reductions in The Policy and will not increase.]]	7
	Coverage provided through this provision ends [on the first to occur of:	8
	1) the date Your insurance terminates for any reason shown under the Termination provision;	
	2) [the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated;]	9
	3) the date You are Actively at Work]; or	
	4) [the date] You attain age [65].	10,11
	However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active [Employee] under The Policy.	

Section IV PERIOD OF COVERAGE

Dependent Effective Date: <i>When does Dependent coverage start?</i>	[Non-Contributory Coverage, [for which Evidence of Insurability is not required,] will start [on the date You become eligible for Dependent coverage.]]	1,2,3
Dependent Effective Date: <i>When will the effective date for Dependent coverage or a change in coverage be deferred?</i>	<p>[Contributory Coverage, [for which Evidence of Insurability is not required,] will start on [the latest to occur of:</p> <ol style="list-style-type: none"> 1) The date You become eligible for Dependent coverage, if You have enrolled on or before that date; or 2) the first day of the month on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or 3) the date You enroll, if You do so within 31 days from the date You are eligible for Dependent coverage.]] <p>[Coverage for which Evidence of Insurability is required, will become effective [on the later of:</p> <ol style="list-style-type: none"> 1) the date You become eligible for Dependent coverage; or 2) the date We approve Your Dependents' Evidence of Insurability.]] <p>[In no event will Dependent coverage become effective before You become [insured].]</p> <p>[If, on the date Your Dependent, [other than a newborn,] is to become covered:</p> <ol style="list-style-type: none"> 1) under The Policy; 2) for increased benefits; or 3) for a new benefit; <p>he or she is:</p> <ol style="list-style-type: none"> 1) confined in a hospital; or 2) Confined Elsewhere; <p>such coverage will not start until he or she:</p> <ol style="list-style-type: none"> 1) [is discharged from the hospital; or 2) is no longer Confined Elsewhere; <p>and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.]</p> <p>[This Deferred Effective Date provision will not apply to disabled children who qualify under the definition of Dependent Children.]</p> <p>[Confined Elsewhere] means Your Dependent is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.]</p>	<p>4,5,6</p> <p>7,8</p> <p>9,10</p> <p>1,2</p> <p>3</p> <p>4</p> <p>5</p>
Module Number 4.05		
Module Number 4.06		

Section IV PERIOD OF COVERAGE

Dependent Continuity from a Prior Policy: <i>Is there continuity of coverage from a Prior Policy for my Dependents ?</i>	If on [the day before the Policy Effective Date], You were covered with respect to Your Dependents under the Prior Policy, the Deferred Effective Date provision will not apply to initial coverage under The Policy for such Dependents. However, the Dependent Amount of Insurance will be [the lesser of the amount of life insurance [and the accidental death and dismemberment principal sum]: 1) they had under the Prior Policy; or 2) shown in the Schedule of Insurance;] [reduced by any coverage amount: 1) that is in force, paid or payable under the Prior Policy; or 2) that would have been so payable under the Prior Policy had timely election been made.]	1 2 3 4
Module Number 4.07 Effective Date of Retiree Coverage: <i>When does my Retiree Coverage start?</i>	[Non-Contributory Coverage will start [on the date You become eligible.]] [Contributory Coverage will start on the date You become eligible if You enroll on or before that date.] Deferred Effective Date provisions will only apply to increases in coverage or new benefits.	1,2 3
Module Number 4.08 Change in Coverage: <i>When may I change my coverage [or coverage for my Dependents]?</i>	[After Your initial enrollment] You may increase or decrease coverage [for You or Your Dependents] [or add a new Dependent to Your existing Dependent coverage]: 1) [during any Annual Enrollment Period designated by the Policyholder; or 2) within [31] days of the date of a Change in Family Status.]	1,2 3 4
Module Number 4.09 Effective Date for Changes in Coverage: <i>When will changes in coverage become effective?</i>	Any decrease in coverage will take effect on [the date of the change.] Any increase in coverage will take effect on [the latest of: 1) the date of the change; 2) the date requirements of the Deferred Effective Date provision are met; and 3) the date Evidence of Insurability is approved, if required.]	1 2
Module Number 4.10		

Section IV PERIOD OF COVERAGE

Increase in Amount of Life Insurance: <i>If I request an increase in the Amount of Life Insurance [for myself or my Dependents], must [we] provide Evidence of Insurability?</i>	<p>If You [or Your Dependents] are:</p> <ol style="list-style-type: none"> 1) [already enrolled for an Amount of [Supplemental] Life Insurance under The Policy, then You [and Your Dependents] must provide Evidence of Insurability [for any increase; or] 2) not already enrolled for [Supplemental] Life Insurance under The Policy, You [and Your Dependents] must provide Evidence of Insurability [for any amount of coverage, including an initial amount of [Supplemental] Life Insurance.]] <p>[In any event, if the Amount of [Supplemental Life] Insurance You request is greater than the [Combined Guaranteed Issue Amount,] You [or Your Dependents,] as applicable, must provide Evidence of Insurability.]</p> <p>[If Your Evidence of Insurability is not satisfactory to Us, the Amount of [Supplemental Life] Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.]</p> <p>[If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of [Supplemental Life] Insurance he or she had in effect on the date immediately prior to the date You requested the increase will not change.]</p>	<p>1,2 3 4 5 6 7,8,9 10,11 12,13</p>
Module Number 4.11 [Increase in Amount of Life Insurance: <i>If my Amount of Life Insurance increases because my Earnings increase, must I provide Evidence of Insurability?]</i>	<p>If Your Amount of [Supplemental Life] Insurance is based on a multiple of Your Earnings, You must provide Evidence of Insurability if Your Earnings increase such that Your Amount of [Supplemental Life] Insurance is greater than the [Combined Guaranteed Issue Amount.]</p> <p>[Additionally, once approved, We require Evidence of Insurability again if Your Amount of [Supplemental Life] Insurance:</p> <ol style="list-style-type: none"> 1) is greater than the [Combined Guaranteed Issue Amount;] and 2) [would increase solely because Your Earnings increased more than \$25,000: <ol style="list-style-type: none"> a) during the last [12 consecutive month] period; or b) since Your Evidence of Insurability was last approved; whichever occurs most recently.] <p>However, if:</p> <ol style="list-style-type: none"> 1) You do not submit Evidence of Insurability; or 2) Your Evidence of Insurability is not satisfactory to Us, <p>Your Amount of Life Insurance:</p> <ol style="list-style-type: none"> 1) [will increase, but only up to [the amount for which You were eligible without having to provide Evidence of Insurability; and] 2) will not increase again, or beyond that amount, until Your Evidence of Insurability is approved.]] 	<p>1 2 3 4,5 6 7 8 9,10</p>

Module Number 4.12

Section V

TERMINATION PROVISIONS

Termination: <i>When will my coverage end?</i>	Your coverage will end on the earliest of the following:	
	1) [the date The Policy terminates;	1
	2) the date You are no longer in a class eligible for coverage, or the class is cancelled;	
	3) the date the required premium is due but not paid;	
	4) the date You or Your Employer terminates Your employment;	
	5) the date Your Employer ceases to be a Participating Employer;	
	6) the date You are no longer Actively at Work; or	
	7) the date You attain age [70];]	2
	[unless continued in accordance with one of the Continuation Provisions.]	3

Module Number 5.01

Reinstatement: <i>Can my coverage be reinstated after it ends?</i>	If:	
	1) Your coverage ends [because You are no longer employed by the Employer or no longer in an eligible class; and]	1
	2) [You are rehired or return to an eligible class] within [12 months] of the date Your coverage ended;	2,3
	then coverage for You [and Your previously covered Dependents] may be reinstated, provided You request such reinstatement within [31 days] of the date [You return to work or to an eligible class.]	4 5,6
	The reinstated coverage will be the lesser of the:	
	1) coverage amounts in force on the date coverage ended; or	
	2) amount of coverage in Your new eligible class.	7
	[We will not reinstate any amount of coverage which You [or Your Dependent:]	
	1) converted in accordance with the Conversion Right; or	
	2) continued under the Portability Provision;	
	unless You cancel such coverage.]	

Module Number 5.02

Dependents Termination: <i>When does coverage for my Dependents end?</i>	Coverage for Your Dependents will end on the earliest to occur of:	
	1) [the date Your coverage ends;	1
	2) the date the required premium is due but not paid;	
	3) the date You are no longer eligible for Dependent's coverage;	
	4) the date We or the Employer terminate Dependent's coverage;	
	5) the date the Dependent no longer meets the definition of Dependent; or	
	6) the date Your Spouse reaches age [70.]]	2
	[unless continued in accordance with the continuation provisions.]	3

Module Number 5.03

Retiree Coverage Termination: <i>When will my Retiree Coverage end?</i>	Your coverage will end on the earliest of the following:	
	1) [the date The Policy terminates;	1
	2) the date You are no longer in a class eligible for coverage, or the class is cancelled;	
	3) the date the required premium is due but not paid;	
	4) the date Your Employer ceases to be a Participating Employer; or	
	5) [the date You attain age [70];]]	2,3

Module Number 5.04

Section V

TERMINATION PROVISIONS

Continuation Provisions:

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

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

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

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2
3

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

4

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

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

5,6,7

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

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

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

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

20

[Status Change: If You are:

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

21

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

22

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

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

23,

24

25

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

Section V

TERMINATION PROVISIONS

<p><u>[Sickness or Injury:</u> If You are not Actively at Work due to sickness or injury, all of Your coverage [(including Dependent Life coverage)] may be continued:</p> <ol style="list-style-type: none"> 1) [for a period of twelve consecutive months from the date You were last Actively at Work; or 2) if such absence results in a leave of absence in accordance with state and/or federal family and medical leave laws, then the combined continuation period will not exceed twelve consecutive months.]] 	<p>26</p> <p>27</p> <p>28</p>
<p><u>[Family and Medical Leave:</u> If You are granted a leave of absence, in writing, according to the Family and Medical Leave Act of 1993, or other applicable state or local law, Your coverage may be continued for up to [12 weeks, or longer if required by other applicable law,] following the date Your leave commenced. [If the leave of absence ends prior to the agreed upon date, this continuation will cease immediately.]]</p>	<p>29</p> <p>30</p> <p>31</p>
<p><u>[Labor Dispute:</u> If You are not Actively at Work as the result of a labor dispute, all of Your coverage [(including Dependent Life coverage)] may be continued during such dispute [until the last day of the month in which the coverage terminated.] [If the labor dispute ends, this continuation will cease immediately.]]</p>	<p>32</p> <p>33</p> <p>34,</p>
<p><u>[Sabbatical:</u> If You are on a documented [paid] sabbatical, Your coverage [(including Dependent Life coverage)] may be continued [until the last day of the month in which] the sabbatical commenced. [If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.]]</p>	<p>35</p> <p>36</p> <p>37</p>
<p><u>[Severance:</u> If Your employment terminates and continuation of life insurance is available to You [and Your Dependents] in a severance plan sponsored by the Employer, all of Your coverage [(including Dependent Life coverage)] may be continued. Your coverage will continue until the earliest of:</p> <ol style="list-style-type: none"> 1) [the date The Policy terminates; 2) the date You become covered under another group life insurance policy; 3) the date specified in Your Severance plan; or 4) [12 months] from the date Your employment terminated.] <p>[Coverage for Your Dependent will continue until the earliest of:</p> <ol style="list-style-type: none"> 1) [the date Your Dependents no longer meet the definition of Dependents; 2) the date We or Your Employer terminate Dependent coverage; or 3) the date Your coverage terminates.]]] 	<p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p>

Section VI

DISABILITY BENEFIT PROVISIONS

Waiver of Premium: <i>Does coverage continue if I am Disabled?</i>	Waiver of Premium is a provision which allows You to continue [Your and Your Dependent's] [Life Insurance] coverage without paying premium, while You are Disabled and qualify for Waiver of Premium.	1
	If You qualify for Waiver of Premium, the amount of continued coverage:	2
	1) will be the amount in force on the date You [cease to be an Active [Employee];]	3
	2) [will be subject to any reductions provided by The Policy; and	
	3) will not increase.]	
Module Number 6.01		
Waiver of Premium and Disability Extension: <i>Does coverage continue if I am Disabled??</i>	If You become Disabled, You may qualify for Waiver of Premium or Disability Extension [for You and Your Dependents].	
	To qualify for Waiver of Premium, You must be Disabled prior to [age 60.] If You qualify for Waiver of Premium, Your coverage will be continued while You are Disabled without payment of premium.	1
	To qualify for Disability Extension, You must be Disabled [at age 60 or older but under age 65]. If You qualify for the Disability Extension, You may continue Your Life Insurance coverage while You are Disabled provided the required premium payments are made.	2
	If You qualify for either Waiver of Premium or Disability Extension, the amount of continued coverage:	3
	1) will be the amount in force on the date You [cease to be an Active [Employee];]	4
	2) [will be subject to any reductions provided by The Policy ; and	
	3) will not increase .]	
Module Number 6.02		
Disability Extension: <i>Does coverage continue if I am Disabled?</i>	If You become Disabled, You may qualify for Disability Extension for You [and Your Dependents]. To qualify for Disability Extension, You must be Disabled [prior to age 65]. If You qualify for Disability Extension, You may continue Your Life Insurance coverage while You are Disabled provided the required premium payments are made.	1
	If You qualify for Disability Extension, the amount of continued coverage:	
	1) will be the amount in force on the date You [cease to be an Active [Employee];]	2
	2) [will be subject to any reductions provided by The Policy; and	3
	3) will not increase .]	
Module Number 6.03		
Extended Benefit Provision: <i>Does coverage continue if I am Disabled?</i>	The Extended Benefit provision allows for a continuation of Your life insurance:	
	1) while You are Disabled; and	
	2) without payment of premium.	
	We will pay the amount of continued coverage after We receive Proof of Loss if:	
	1) Your coverage under The Policy terminates while You are Disabled; and	
	2) Your death occurs:	
	a) before You [are age 70; and	1
	b) within the Extended Benefit Period; and]	
	3) You are continuously Disabled from the date Your coverage terminates until the date You die.	
	The amount of continued coverage:	2
	1) will be the amount in force on the date You [cease to be an Active [Employee];]	3
	2) [will be subject to any reductions provided by The Policy; and	
	3) will not increase.]	
	The Extended Benefit Period begins on the date Your coverage ends and continues until the earlier of:	4
	1) [a period of time equal to the length of time You were covered; or	
	2) one year.]	

Module Number 6.04

Section VI

DISABILITY BENEFIT PROVISIONS

Eligible Coverages: <i>What coverages are eligible under this provision?</i>	This provision applies only to: 1) Your Basic; and 2) Your Accidental Death and Dismemberment coverage; and 3) Dependent Life Insurance.]	1
	This provision does not apply to: 1) [Retirees; 2) ;Basic and Supplemental/Supplemental Life Insurance;	2
	[You are not eligible to apply for both the Portability Benefit and Waiver of Premium for the same coverage amount for You or Your Dependents.]	3
Module Number 6.05		
[Disabled]: <i>What does Disabled mean?</i>	Disabled means You are prevented by injury or sickness from doing any work for which You are, or could become, qualified by: 1) education; 2) training; or 3) experience. [In addition, You will be considered Disabled if You have been diagnosed with a life expectancy of [6 months or less.]]]	1 2,3
Module Number 6.06		
Conditions for Qualification: <i>What conditions must I satisfy before I qualify for this provision?</i>	[To qualify for Waiver of Premium You must: 1) be covered under The Policy [and be under age 60 when You become Disabled;] 2) be Disabled and provide Proof of Loss that You have been Disabled for [9 consecutive months], [starting on the date You were last Actively at Work;] and 3) provide such proof within [one year] of [Your last day of work as an Active [Employee].]	1 2 3 4 5, 6
	[To qualify for Disability Extension You must: 1) be covered under The Policy and be under age 65 when You become Disabled; 2) be Disabled and provide Proof of Loss that You have been Disabled; or 3) Your coverage must have been continued under a Disability Extension provision of the Prior Policy.]	7 8,9
	[In any event, You must have been Actively at Work under the Policy to qualify for [Waiver of Premium or Disability Extension].]]	
Module Number 6.07		

Section VI

DISABILITY BENEFIT PROVISIONS

When Premiums are Waived: <i>When will premiums be waived?</i>	If We approve Waiver of Premium, We will notify You of the date We will begin to waive premium. [In any case, We will not waive premiums for the first [9 months] You are Disabled.] We have the right to: <ol style="list-style-type: none"> 1) [require Proof of Loss that You are Disabled; and 2) have You examined at reasonable intervals during the first 2 years after receiving initial Proof of Loss, but not more than once a year after that.] [If You fail to submit any required Proof of Loss or refuse to be examined as required by Us, [then Your coverage will terminate, premiums will not be waived and You must continue to pay premiums.]] [However, if We deny Waiver of Premium, You may be eligible to: <ol style="list-style-type: none"> 1) [continue coverage under the Portability Benefit; or] 2) convert coverage in accordance with the Conversion Right; for You and Your Dependents.] [If You cease to be Disabled and return to work for a total of 5 days or less during the first 9 months that You are Disabled, the 9 month waiting period will not be interrupted. Except for the 5 days or less that You worked, You must be Disabled by the same condition for the total 9 month period. If You return to work for more than 5 days, You must satisfy a new waiting period.]	1 2 3 4,5 6 7 8
Module Number 6.08 Benefit Payable before Approval of Waiver of Premium: <i>What if I die [or my Dependent dies] before I qualify for Waiver of Premium?</i>	If You [or Your Dependent] die within [one year] of [Your last day of work as an Active [Employee],] but before You qualify for Waiver of Premium, We will pay the Amount of Life Insurance which is in force for [the deceased person] provided: <ol style="list-style-type: none"> 1) You were continuously Disabled; 2) the Disability lasted or would have lasted [9 months] or more; and 3) [premiums had been paid for coverage.] 	1,2 3 4
Module Number 6.09 Waiver Ceases: <i>When will Waiver of Premium cease?</i>	We will waive premium payments and continue Your coverage, while You remain Disabled, until [the earliest of]: <ol style="list-style-type: none"> 1) [the date You attain age [65] if Disabled prior to age [60]; 2) the date You are no longer in an Eligible Class, or the class is cancelled; or] 3) [5 years after the date You became Disabled, if You became Disabled on or after age 60]. We will waive premium payments for Your Dependent Life Insurance and continue such coverage, while You remain Disabled, until the earliest of the date: <ol style="list-style-type: none"> 1) [You die; 2) You no longer qualify for Waiver of Premium; 3) [The Policy terminates [or Your Employer ceases to be a Participant Employer];] 4) [You attain age 65;] 5) Your Dependents are no longer in an Eligible Class, or Dependent coverage is no longer offered; or 6) Your Dependent no longer meets the definition of Dependent.] 	1 2,3,4 5 6 7, 8 9
<i>What happens when Waiver of Premium ceases?</i>	When the Waiver of Premium ceases: <ol style="list-style-type: none"> 1) if You return to work [in an Eligible Class,] [as an Active Employee], then You may again be eligible for coverage [for Yourself and Your Dependents] as long as premiums are paid when due; or 2) if You do not return to work [in an Eligible Class,] coverage will end and You may be eligible to exercise the Conversion Right [for You and Your Dependents] if You do so within the time limits described in such provision. The Amount of Life Insurance that may be converted will be subject to the terms and conditions of the Conversion Right. [Portability will not be available.] 	10 11 12

Section VII

LIFE INSURANCE BENEFIT PROVISIONS

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

Module Number 7.01

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

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

Module Number 7.02

Section VIII

ACCELERATED BENEFIT PROVISIONS

Accelerated Benefit: <i>What is the benefit? [This benefit is not available for Retirees.]</i>	In the event that You [or Your Dependent] are diagnosed as Terminally III, while [the Terminally III [person is]: 1) covered under The Policy for an Amount of Life Insurance of at least [\$10,000]; and 2) [is under age 60]; We will pay the Accelerated Benefit amount as shown below, provided We receive proof of such Terminal Illness.	1 2 3
	[The Accelerated Benefit will not be available to You unless You have been Actively at Work under The Policy.]	4
	If Terminal Illness is the result of sickness, such condition must first manifest itself more than 60 days following the effective date of coverage.	
	You must request in writing that a portion of the [Terminally III person's] Amount of Life Insurance be paid as an Accelerated Benefit.	
	The Amount of Life Insurance payable upon [the Terminally III person's] death will be reduced by any Accelerated Benefit Amount paid under this benefit. [In addition, Your remaining Amount of Life Insurance will be subject to any reductions in the Policy and will not increase once an Accelerated Benefit has been paid.]	5
	You may request a minimum Accelerated Benefit amount of [\$3,000, and a maximum of \$100,000]. However, in no event will the Accelerated Benefit Amount exceed [30%] of the [Terminally III person's] Amount of Life Insurance. [This option may be exercised only once for You and only once for each of Your Dependents].	6 7 8
	[For example, if You are covered for a Life Insurance Benefit Amount under The Policy of \$100,000 and are Terminally III, You can request any portion of the Amount of Life Insurance Benefits from \$3,000 to \$30,000 to be paid now instead of to Your beneficiary upon death. However, if You decide to request only \$3,000 now, You cannot request the additional \$27,000 in the future.]	9
	[If You submit proof satisfactory to Us of Your Terminal Illness You will also meet the definition of Disabled for Waiver of Premium.]	10
	[Any benefits received under this benefit may be taxable. You should consult a personal Tax Advisor for further information.]	11
	[In the event: 1) You are required by law to accelerate benefits to meet the claims of creditors; or 2) if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement; You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.]	12
	If You have executed an Assignment of rights and interest with respect to Your [or Your Dependent's] Amount of Life Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.	
	Amount of Life Insurance as used in this benefit means [Basic/Supplemental/Basic and Supplemental] Life Insurance.	13
	Terminal Illness or Terminally III means a life expectancy of [6] months or less.	14

Section VIII

ACCELERATED BENEFIT PROVISIONS

Proof of Terminal Illness and Examinations:

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

Must proof of Terminal Illness be submitted?
Module Number 8.02

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

No Longer Terminally Ill:
What happens to my coverage if I am no longer Terminally Ill [or my Dependent is no longer Terminally Ill]?
Module Number 8.03

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

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

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

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Section IX CONVERSION PROVISIONS

Conversion Policy Provisions: <i>What are the Conversion Policy provisions?</i>	<p>The Conversion Policy will:</p> <ol style="list-style-type: none"> 1) be issued on one of the Life Insurance policy forms the Insurer is issuing for this purpose at the time of conversion; and 2) base premiums on the Insurer's rates in effect for new applicants of Your class and age at the time of conversion. <p>The Conversion Policy will not provide:</p> <ol style="list-style-type: none"> 1) the same terms and conditions of coverage as The Policy; 2) [any benefit other than the Life Insurance Benefit;] and 3) term insurance [unless You request a single premium term insurance policy for a period of [1] year prior to the issuance of the Conversion Policy.] <p>[However, Conversion is not available for any Amount of Life Insurance which was, or is being, continued:</p> <ol style="list-style-type: none"> 1) in accordance with the Waiver of Premium provision; 2) under a certificate of insurance issued in accordance with the Portability provision; or 3) in accordance with the Continuation Provisions; <p>until such coverage ends.]</p>	<p>1 2,3 4</p>
Module Number 9.03 Death within the Conversion Period: <i>What if I [or my Dependents] die before coverage is converted?</i>	<p>We will pay [the deceased person's] Amount of Life Insurance You would have had the right to apply for under this provision if :</p> <ol style="list-style-type: none"> 1) coverage under The Policy terminates; and 2) You [or Your Dependent] die within [31] days of date coverage terminates; and 3) We receive Proof of Loss. <p>If the Conversion Policy has already taken effect, no Life Insurance Benefit will be payable under The Policy [for the amount converted].</p>	<p>1 2</p>
Module Number 9.04 Effect of Waiver of Premium on Conversion: <i>What happens to the Conversion Policy if Waiver of Premium is later approved?</i>	<p>If You apply and are approved for Waiver of Premium after an individual Conversion Policy has been issued, any benefit payable at Your [or Your Dependent's] death under The Policy will be paid only if the individual Conversion Policy is surrendered. [The Insurer will refund the premium paid for such Conversion Policy.]</p>	<p>1</p>
Module Number 9.05		

Section X

PORTABILITY PROVISIONS

Portability Benefits: What is Portability? Portability is a provision which allows You [and Your Dependents] to continue coverage under a Group Portability policy when coverage would otherwise end due to certain Qualifying Events. Portability applies to [Basic] Life Insurance [only.] 1,2

Module Number 10.01

Qualifying Events: What are Qualifying Events? Qualifying Events for You are: 1

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

provided the Qualifying Event occurs prior to [Normal Retirement Age]. 2

[Qualifying Events for Your Dependents are: 3

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

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

[In order for Dependent Child coverage to be continued under this provision, You or Your Spouse must elect to continue coverage due to your own Qualifying Event.].] 4

Module Number 10.02

Electing Portability: How do I elect Portability? You may elect Portability for Your coverage after Your [Basic/Supplemental/Basic and Supplemental Life Insurance] coverage ends following a Qualifying Event. [You may also elect Portability for Your Dependent coverage if Your Dependent coverage ends following a Qualifying Event] The Policy must still be in force [and the Employer must continue to be a Participant Employer] in order for Portability to be available. Portability will not be available to You [or Your Dependents] unless you have been Actively at Work under The Policy. 1

To elect Portability for You [or Your Dependents], You must: 2

- 1) complete and have Your Employer sign a Portability application;
- 2) submit the application [to Us,] with the required premium; and 4
- 3) [provide Evidence of Insurability, if required.] 5

This must be received within: 6, 7

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

whichever is later. However, Portability requests will not be accepted if they are received more than 91 days after Life Insurance terminates.] 8

After [We] verify eligibility for coverage, We will issue a certificate of insurance under a Portability policy. The Portability coverage will be: 9

- 1) [issued without Evidence of Insurability;]
- 2) issued on one of the forms then being issued by Us for Portability purposes; and 10
- 3) will be effective on the day following the date Your [or Your Dependent's] coverage ends.

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

Module Number 10.03

Section X

PORTABILITY PROVISIONS

Limitations:	You may elect to continue [50%, 75% or 100%] of the Amount of Life Insurance which is	1
<i>What limitations apply to this benefit?</i>	ending for You [or Your Dependent]. This amount will be rounded to the next higher multiple of [\$1,000,] if not already a multiple of [\$1,000]. However, the Amount of Life Insurance that may be continued will not exceed:	2
	1) [\$250,000 for You;	3
	2) \$50,000 for Your Spouse; or	4
	3) \$10,000 for Your Dependent Child(ren).]	5
	If You elect to continue [50% or 75%] now, You may not continue any portion of the remaining amount under this Portability provision at a later date. In no event will You [or Your Spouse] be able to continue an Amount of Life Insurance which is less than [\$5,000].	6
	Portability is not available for any Amount of Life Insurance for which You [or Your Dependents] were not eligible and covered.	7
	[In addition Portability is not available if You [or Your Dependents] are entering active military service.]	7
Module Number 10.04		
Effect of Portability on other provisions:	Portability is not available for any Amount of Life Insurance which [was, or is being,] continued in accordance with the:	1
<i>How does Portability affect other Provisions?</i>	1) [Conversion Right;	2
	2) Waiver of Premium provision; or	3
	3) Continuation provisions;]	4
	under The Policy. However, if:	3
	1) [You elect to continue only a portion of terminated coverage under this Portability provision; or	3
	2) the Amount of Life Insurance exceeds the maximum Portability amount;]	4
	then the Conversion Right may be available for the remaining amount.	4
	[The Waiver of Premium provision will not be available if You elect to continue coverage under this Portability provision.]	4
Module Number 10.05		

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

Accidental Death Benefit: If You [or Your Dependents] sustain an Injury which results in Loss of life within [90 days] of the date of accident, We will pay [the deceased person's amount of] Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision. 1
When is the Accidental Death Benefit payable? This Benefit will be paid according to the General Provisions of The Policy.
[Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

Module Number 11.01

Accidental Death Benefit with Double Indemnity While On a Common Carrier: If You [or Your Dependents] sustain an Injury which results in Loss of life within [90 days] of the date of accident, We will pay [the deceased person's amount of] Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision. 1
When is the Accidental Death Benefit with Double Indemnity while on a Common Carrier payable? This Benefit will be paid according to the General Provisions of The Policy.
If the Injury occurs while On a Common Carrier, We will double the Principal Sum payable for Accidental Death Benefit. [However, in no event will the Principal Sum be increased by more than the Common Carrier Limit.] 2
[Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

Module Number 11.02

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

Accidental Death and Dismemberment Benefit: If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90 days] of the date of accident, We will pay [the injured person's amount of] Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss after We receive Proof of Loss in accordance with the Proof of Loss provision. 1

When is the Accidental Death and Dismemberment Benefit payable? This Benefit will be paid according to the General Provisions of The Policy. 2

We will not pay more than the Principal Sum, [to any one person,] for all Losses due to the same accident. [Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.] 3

For Loss of:

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

Loss means with regard to:

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

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

[Double Indemnity while On a Common Carrier Benefit: If the Injury occurs while [the injured person] is On a Common Carrier, We will double the Principal Sum payable. [However, in no event will the Principal Sum be increased by more than the Common Carrier Limit.] 1
2

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

Module Number 11.04

[Exposure and Disappearance: Exposure to the elements will be presumed to be Injury if: 1
What if Loss is due to exposure or disappearance?]

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

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

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

Module Number 11.05

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

Seat Belt [and Air Bag] Benefit: <i>When is the Seat Belt [and Air Bag] Benefit payable?</i>	If You [or Your Dependents] sustain an Injury that results in [a Loss] payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Seat Belt [and Air Bag] Benefit if the Injury occurred while the injured person was: 1) a passenger riding in; or 2) the licensed operator of; a properly registered Motor Vehicle and was wearing a Seat Belt at the time of the Accident as verified on the police accident report. This Benefit will be paid: 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and 2) according to the General Provisions of The Policy.	1
	[If a Seat Belt Benefit is payable, We will also pay an Air Bag Benefit if the injured person was: 1) positioned in a seat equipped with a factory-installed Air Bag; and 2) properly strapped in the Seat Belt when the Air Bag inflated.]	2
	The Seat Belt Benefit is [the lesser of: 1) an amount resulting from multiplying [the injured person's amount of] Principal Sum by the Seat Belt Benefit Percentage; or 2) the Maximum Amount for this Benefit].	3
	[The Air Bag Benefit is [the lesser of; 1) an amount resulting from multiplying [the injured person's amount of] Principal Sum by the Air Bag Benefit Percentage; or 2) the Maximum Amount for this Benefit].]	4
	[If it cannot be determined that [the injured person was] wearing a Seat Belt at the time of Accident, [a Minimum Benefit] will be payable under the Seat Belt Benefit.]	5
	Accident , for the purpose of this Benefit only, means the unintentional collision of a Motor Vehicle during which [the injured person was] wearing a Seat Belt.	
	[Air Bag] means an inflatable supplemental passive restraint system installed by the manufacturer of the Motor Vehicle or its proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.]	6
	Seat Belt means: 1) an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Motor Vehicle, or proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications; or 2) a child restraint device that meets the standards of the National Safety Council and is properly secured and used in accordance with applicable state law and installed according to the recommendations of its manufacturer for children of like age and weight.]	7 8
	[The Seat Belt [and Air Bag] Benefit will not be payable if [the injured person is] operating the Motor Vehicle at the time of Injury while: 1) Intoxicated; or 2) taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician.	
	Intoxicated means: 1) the blood alcohol content; 2) the results of other means of testing blood alcohol level; or 3) the results of other means of testing other substances; that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.]	
	[The specific amounts for this Benefit are shown in the Schedule of Insurance.]	

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

Module Number 11.06

Repatriation Benefit:

When is the Repatriation Benefit payable?

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

This Benefit will be paid:

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

1

The Repatriation Benefit will pay the [least of:

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

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

Module Number 11.07

Felonious Assault Benefit:

When is the Felonious Assault Benefit payable?

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

This Benefit will be paid:

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

The Felonious Assault Benefit will pay the lesser of:

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

1

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

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

which constitutes a felony under the law.]

2

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

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

3

4

5

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

Module Number 11.08

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

Child Education Benefit: <i>When is the Child Education Benefit payable?</i>	If You [or Your Spouse] sustain[s] an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Child Education Benefit to Your [Dependent] Child(ren).	1
	This Benefit will be paid: 1) after We receive proof that your [Dependent] Child(ren) qualify as a Student, as defined in this Benefit; and 2) according to the General Provisions of The Policy.	
	If You die, the Child Education Benefit provides an annual amount equal to [the lesser of: 1) the amount resulting from multiplying Your Principal Sum by the Child Education Percentage; or 2) the Maximum Amount for this Benefit.]	2 3, 4
	[If Your Spouse dies, the Child Education Benefit pays an amount equal to the lesser of: 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by the Child Education Percentage; or 2) the Maximum Amount for this Benefit.]	
	The Child Education Benefit is payable to each of Your [Dependent] Child(ren): 1) on the date; and 2) for whom; We have received proof satisfactory to Us that he or she is a Student. If he or she is a minor, We will pay the benefit to the Student's legal guardian.	
	We will pay the Child Education Benefit to a qualifying Student until the first to occur of: 1) Our payment of the [fourth] Child Education Benefit to or on behalf of that person; or 2) the end of the 12 th consecutive month during which We have not received proof satisfactory to Us that he or she is a Student.	5
	We will not pay more than one Child Education Benefit to any one Student during any one school year.	
	We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision of The Policy if: 1) a Principal Sum is payable because of Your death [or Your Spouse's death]; and 2) no person qualifies as a Student.	6 7,8
	Student means Your [Dependent] Child [who is covered] on the date of Your [or Your Spouse's] death and: 1) is a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning on the date of Your [or Your Spouse's] death; or 2) became a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning within [365 days] after Your [or Your Spouse's] death and was a student in the 12th grade on the date of Your [or Your Spouse's] death.	9 10 11,12 13
	If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student qualifies as a Student.	14, 15 16
	[Child(ren)] means Your [or Your Spouse's] unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is less than age [21] who: 1) regularly attends an accredited institution of learning; and 2) is primarily dependent on You for financial support and maintenance.]	
	[The specific amounts for this Benefit are shown in the Schedule of Insurance.]	

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

Day Care Benefit:
When is the Day Care Benefit payable?

If You [or Your Spouse] sustain[s] an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Day Care Benefit for each of your [Dependent] Children [who are covered] if such [Dependent] Child is under age [7] at the time of Your [Your Spouse's] death. 1
2, 3

This Benefit will be paid:

- 1) after We receive proof of enrollment in a Day Care Program as described in this Benefit; and
- 2) according to the General Provisions of The Policy. 4

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

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

- 1) a copy of the [Dependent]Child's approved enrollment application in a Day Care Program;
- 2) cancelled check(s) evidencing payment to a Day Care facility or Day Care provider;
- 3) a letter from the Day Care facility or Day Care provider stating that the [Dependent] Child: 5
 - a) is attending a Day Care Program; or 6
 - b) has been enrolled in a Day Care Program and will be attending within [365 days] of the date of the death. 7

Proof of enrollment must be sent to Us prior to the last day of the [12th month following the date of death.] 8,9

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

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

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

- 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by the Day Care Benefit; or
- 2) the Maximum Amount for this Benefit.] 10

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

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

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

- 1) is operated in a private home, school or other facility;
- 2) provides, and makes a charge for, the care of children; and
- 3) is licensed as a day care center or is operated by a licensed day care provider, if such licensing is required by the state or jurisdiction in which it is located; or 11, 12
13
- 4) if licensing is not required, provides childcare on a daily basis for 12 months a year.

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

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

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

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

This Benefit will be paid:

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

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

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

Rehabilitative Program means any training which:

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

Expense Incurred means the actual cost of:

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

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

Module Number 11.11

Spouse Education Benefit: *When is the Spouse Education Benefit payable?* If You sustain an Injury that results in a Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Spouse Education Benefit to Your surviving Spouse. 1

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

This Benefit will be paid:

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

The Spouse Education Benefit is [the least of;

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

[If a Principal Sum is payable because of Your death and there is no surviving Spouse, We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision.] 3

Your surviving Spouse must enroll in Occupational Training: 4

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

Occupational Training means any:

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

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

Expense Incurred means:

- 1) the actual tuition charged, exclusive of room and board; and
- 2) the actual cost of the materials needed; 5

for the Occupational Training.

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

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

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

Module Number 11.12

Adaptive Home and Vehicle Benefit:

When is the Adaptive Home and Vehicle Benefit payable?

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

This Benefit will be paid:

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

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

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

to make the residence accessible and/or the private automobile drivable or rideable for [him or her.] The costs must be incurred within [two] years from the date of accident.

We will pay the Adaptive Home and Vehicle Benefit if:

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

The Adaptive Home and Vehicle Benefit will provide an amount equal to the [the least of: 1

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

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

Module Number 11.13

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

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

- 1) are in a Coma within [31 days] from the date of accident; and 1
- 2) remain continuously in a Coma for at least [the number of days shown as the Waiting Period]; 2

We will pay [1%] of the Coma Maximum Benefit Amount for each month after the Waiting Period that [the injured person] remains in a Coma.

This Benefit will be paid:

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

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

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

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

Coma means complete and continuous:

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

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

Module Number 11.14

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

Critical Burn Benefit:

When is the Critical Burn Benefit payable?

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

This Benefit will be paid:

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

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

1

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

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

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

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

Module Number 11.15

Therapeutic Counseling Benefit:

When is the Therapeutic Counseling Benefit payable?

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

This Benefit will be paid:

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

Therapeutic Counseling must:

1

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

2

3

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

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

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

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

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

Module Number 11.16

Section XI

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Extended Dependents Coverage Benefit:
When is the Extended Dependents Coverage Benefit payable?

If You die while Your Dependents are covered under [The Policy], We will waive the payment of premiums; and continue coverage for Your Dependents. 1

This Benefit will be paid:

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

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

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

2

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

Module Number 11.17

Common Disaster Benefit:
When is the Common Disaster Benefit payable?

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

- 1) received in the same accident; [or
- 2) in separate accidents which occur within 24 hours of each other;]

and a Principal Sum is payable under the Accidental Death [and Dismemberment] Benefit for each death, the Principal Sum applicable to Your Spouse will be increased to equal the lesser of:

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

1

This Benefit will be paid:

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

2

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

Module Number 11.18

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

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

This Benefit will be paid:

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

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

1

The Survivor Income Benefit will be paid:

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

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

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

Module Number 11.19

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

HIV Occupational Accident Benefit:
When is the HIV Occupational Accident Benefit payable?

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

In order to receive this Benefit, You must:

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

We must receive notification of HIV Positive test results as soon as reasonably possible.

This Benefit will be paid:

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

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

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

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

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

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

HIV means human immunodeficiency virus.

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

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

Module Number 11.20

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

If Your Dependent Child sustains a Loss, other than Loss of Life under the [Non-Contributory] Accidental Death and Dismemberment Benefit, We will [double] the Principal Sum amount payable for the Loss. 1

This Benefit will be paid:

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

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

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

Module Number 11.21

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

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

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

This Benefit will be paid:

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

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

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

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

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

Module Number 11.22

Loss of Use Benefit: *When is the Loss of Use Benefit payable?*

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

This Benefit will be paid:

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

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

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

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

Entire Limb means with regard to:

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

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

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

Module Number 11.23

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

Traumatic Brain Injury Benefit:	If You [or Your Dependents] sustain an Injury that results in a Traumatic Brain Injury within [90] days of the date of accident which:	1
<i>When is the Traumatic Brain Injury Benefit payable?</i>	1) requires that [the injured person] be Hospitalized for at least [7 days during the first 60 days] following the accident; and	2
	2) continues for [12] consecutive months;	3
	We will pay a Traumatic Brain Injury Benefit.	
	This Benefit will be paid:	
	1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and	
	2) according to the General Provisions of The Policy.	
	The Traumatic Brain Injury Benefit is equal to [the injured person's amount of] Principal Sum.	
	[We will not pay this Benefit if a benefit is payable [to the injured person] for Loss of Life under the Accidental Death [and Dismemberment] Benefit.]	
	Traumatic Brain Injury means physical damage to the brain which is certified by a Physician at the end of [12] consecutive months to::	4
	1) be permanent, complete and irreversible; and	
	2) prevent [the injured person] from performing all the substantial and material functions and activities of a person of like age and gender in good health.	
	[The specific amounts for this Benefit are shown in the Schedule of Insurance.]	

Module Number 11.24

Bereavement Counseling Benefit:	If You [or Your Dependents] die and a Benefit is payable for Loss of life under the Accidental Death [and Dismemberment] Benefit, We will pay the expenses [You or] Your dependents incur for Bereavement Counseling.	
<i>When is the Bereavement Counseling Benefit payable?</i>	This Benefit will be paid:	
	1) after We receive proof of Bereavement Counseling expenses, satisfactory to Us, within [one year] of the date of Your [or Your Dependent's] death; and	1
	2) according to the General Provisions of The Policy.	
	We will pay up to [\$50.00] per visit up to [the Maximum Amount for this Benefit per person.]	2
	The expenses for Bereavement Counseling must first be incurred within [90 days] of the date of the death.	3
	Bereavement Counseling means [treatment or counseling for the grief reaction resulting from Your [or Your Dependent's] Loss of life. Counseling must be provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.]	4
	[The specific amounts for this Benefit are shown in the Schedule of Insurance.]	

Module Number 11.25

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

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

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

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

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

- 1) [an Injury sustained during working hours as an employee of the employer, or in the case of a required period of work not coinciding with regular work hours, while in transit to or from work;] 2
- 2) [any disease or infection which arises out of the scope of active employment as an employee and to which you are not ordinarily exposed;] 3
- 3) [cardiovascular, hypertension disease or Silicosis and You were treated by a Physician within [365 days] after You were last Actively at Work;] 4
5
- 4) [cardiovascular or hypertension disease if You were Actively at Work for [1 day] or more and: 6,7
8
a) death occurs within [365 days] after You were last Actively at Work; 9
b) were treated by a Physician after You were last Actively at Work and within [365 days] of Your initial treatment.] 10
- 5) [any disease of the lungs or respiratory tract or renal disease.] 11

[Injury means bodily injury resulting:

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

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

Loss resulting from:

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

is not considered as resulting from Injury.

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

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

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

- 1) [war or act of war, whether declared or not;] 12
14
- 2) [suicide or attempted suicide, whether sane or insane;] 15
- 3) [Injury sustained while committing or attempting to commit a felony; or]
- 4) [Voluntary use or consumption of any poison, chemical compound or drug, including but not limited to prescribed medications, unless as prescribed by or administered by a Physician.]

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

Module Number 11.26

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

Accelerated Benefit: <i>When is the Accelerated Benefit payable?</i>	In the event that You [or Your Dependent] are Terminally Injured, You may be eligible to receive an Accelerated Benefit. We will pay the applicable Accelerated Benefit amount as shown below, provided the [Terminally Injured person]:	1
<i>[This benefit is not available for Retirees.]</i>	1) is covered under The Policy [for an amount of at least [\$10,000]]; 2) [is under age 60]; and 3) gives Proof of Loss to Us of such Terminal Injury.	2
	You must request in writing that a portion of [the Terminally Injured person's] Amount of Accidental Death [and Dismemberment] Insurance be paid as an Accelerated Benefit.	
	However, if You [or Your Dependents] are incompetent or unable to provide a request for the Accelerated Benefit, Your [or Your Dependents'] legal guardian may submit the request.	
	The Amount of Accidental Death [and Dismemberment] Insurance payable upon [the Terminally Injured person's] death will be reduced by any Accelerated Benefit Amount paid under this benefit.	3 4 5
	You may request a minimum Accelerated Benefit amount of [\$3,000, and a maximum of \$100,000]. However, in no event will the Accelerated Benefit Amount exceed [30%] of [the Terminally Injured person's] Amount of Accidental Death [and Dismemberment] Insurance. [This option may be exercised only once for You and only once for each of Your Dependents].	6
	[For example, if You are covered for an Accidental Death [and Dismemberment] Insurance Benefit Amount under The Policy of \$100,000 and are Terminally Injured, You can request any portion of the Amount of Accidental Death [and Dismemberment] Insurance Benefits from \$3,000 to \$30,000 to be paid now instead of to Your Beneficiary upon death. However, if You decide to request only \$3,000 now, You cannot request the additional \$27,000 in the future.]	7 8
	[Any benefits received under this benefit may be taxable. You should consult a personal tax advisor for further information.]	
	[In the event: 1) You are required by law to accelerate benefits to meet the claims of creditors; or 2) if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement;	
	You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.]	9
	If You have executed an assignment of rights and interest with respect to Your [or Your Dependent's] Amount of Accidental Death [and Dismemberment] Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.	
	Terminal Injury or Terminally Injured means Your [or Your Dependents'] bodily Injury which: 1) resulted directly and independently of all other causes from an accident which occurred while [the injured person was] covered under The Policy; and 2) resulted in [the injured person] having a life expectancy of [6] months or less.	
	Loss resulting from: 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or 2) medical or surgical treatment of a sickness or disease; is not considered as resulting from Injury.	

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

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

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

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

Module Number 11.28

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

- If [the injured person is] diagnosed by a Physician as no longer Terminally Injured and:
- 1) [are in an Eligible Class,] coverage will remain in force, provided premium is paid; 1
 - 2) [are not in an Eligible Class, but You continue to meet the definition of Disabled, coverage will remain in force, subject to the Waiver of Premium provision; or 2
 - 3) are not in an Eligible Class, but You do not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision.]
- In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.

Module Number 11.29

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

- The Policy does not cover any loss caused or contributed by:
- 1) [intentionally self-inflicted Injury; 1
 - 2) suicide or attempted suicide, whether sane or insane; 2
 - 3) war or act of war, whether declared or not; 3
 - 4) Injury sustained while on [full-time] active duty as a member of the armed forces (land, water, air) of any country or international authority [except Reserve National Guard Service]; 4
- [We will refund the pro rata portion of any premium paid for You [or Your Dependents] while You [or Your Dependents] are in the armed forces on full-time active duty, for a period of [two] months or more. [Written] notice must be given to Us within 12 months of the date You [or Your Dependents] enter the armed forces.); 5
- 5) Injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
 - 6) Injury sustained while On any aircraft:
 - a) as a pilot, crewmember or student pilot;
 - b) as a flight instructor or examiner;
 - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any [Employer] or organization whose eligible persons are covered under The Policy;
 - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests; or
 - 7) Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
 - 8) Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
 - 9) Injury sustained while committing or attempting to commit a felony; 6
 - 10) Injury sustained while Intoxicated; or
 - 11) Injury sustained while driving while Intoxicated.]

Intoxicated means:

- 1) the blood alcohol content;
 - 2) the results of other means of testing blood alcohol level; or
 - 3) the results of other means of testing other substances;
- that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred. 7

Section XI

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PROVISIONS

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

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

Module Number 11.30

Section XII

CAFETERIA PLAN PROVISIONS

**Cafeteria Plan
Election
Restriction**

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

Cafeteria Plans are subject to the following restriction:

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

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

Module Number 12.01

Section XIII

GENERAL PROVISIONS

Notice of Claim: <i>When should I notify the Company of a claim?</i>	You, or the person who has the right to claim benefits, must give Us, [or Our representative,] [written] notice of a claim within [30 days] after: <ol style="list-style-type: none"> 1) the date of death; or 2) [the date of loss.] <p>If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant's name, address and the Policy Number.</p>	1,2 3 4
Module Number 13.01 Claim Forms: <i>Are special forms required to file a claim?</i>	Within [15 days] of receiving a Notice of Claim, We [or Our representative] will send forms to the claimant to provide Proof of Loss. If We do not send the forms within [15 days,] any other [written] proof which fully describes the nature and extent of the claim may be submitted.	1,2 3,4
Module Number 13.02 Proof of Loss: <i>What is Proof of Loss?</i>	Proof of Loss may include, but is not limited to, the following: <ol style="list-style-type: none"> 1) [a completed claim form; 2) a certified copy of the death certificate (if applicable); 3) Your Enrollment form; 4) Your Beneficiary Designation (if applicable); 5) documentation of: <ol style="list-style-type: none"> a) the date Your Disability began; b) the cause of Your Disability; c) the prognosis of Your Disability; 6) any and all medical information, including x-ray films and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes; 7) the names and addresses of all: <ol style="list-style-type: none"> a) Physicians or other qualified medical professionals You have consulted; b) hospitals or other medical facilities in which You have been treated; and c) pharmacies which have filled Your prescriptions within the past three years; 8) Your signed authorization for Us to obtain and release medical, employment and financial information; or 9) Any additional information required by Us to adjudicate the claim.] <p>All proof submitted must be satisfactory to Us.</p>	1
Module Number 13.03 Sending Proof of Loss: <i>When must Proof of Loss be given?</i>	[Written] Proof of Loss should be sent to Us [or Our representative;] <ol style="list-style-type: none"> 1) [with respect to the Life Insurance Benefits,] within [365 days]; and 2) [with respect to the Accidental Death and Dismemberment Benefits,] within [90 days]; <p>after the loss. However, all claims should be submitted to Us within [90 days] of the date coverage ends.</p> <p>If proof is not given by the time it is due, it will not affect the claim if:</p> <ol style="list-style-type: none"> 1) it was not possible to give proof within the required time; and 2) proof is given as soon as possible; but 3) not later than [1 year] after it is due unless You, or the person who has the right to claim benefits, are not legally competent. 	1,2 3,4 5,6 7 8
Module Number 13.04 Physical Examination and Autopsy: <i>Can We have a claimant examined or request an autopsy?</i>	While a claim is pending We have the right at Our expense: <ol style="list-style-type: none"> 1) to have the person who has a loss examined by a Physician when and as often as We reasonably require; and 2) to have an autopsy performed in case of death where it is not forbidden by law. 	
Module Number 13.05		

Section XIII GENERAL PROVISIONS

Claim Payment: When We determine that benefits are payable, We will pay the benefits due in accordance with the Claims to be Paid provision, [but not more than [30 days] after such Proof of Loss is received.] 1,2
When are benefit payments issued?

Module Number 13.06

Claims to be Paid: *To whom will benefits for my claim be paid?* Life Insurance Benefits [and benefits for loss of life under the Accidental Death and Dismemberment Benefits] will be paid in accordance with the life insurance Beneficiary Designation. 1

If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay: 2

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

In addition, We may, at Our option, pay a portion of Your Life Insurance Benefit up to [\$500] to any person equitably entitled to payment because of expenses from Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid. 4

[If any beneficiary is a minor, We may pay his or her share, until a legal guardian of the minor's estate is appointed, to a person who at Our option and in Our opinion is providing financial support and maintenance for the minor. We will pay: 5

- 1) [\$200.00] at Your death; and
- 2) monthly installments of not more than [\$200.00.] 6

Payment to any person as shown above will release Us from all further liability for the amount paid.] 7

[We will pay the Life Insurance Benefit at Your Dependents' death to You, if living. Otherwise, it will be paid, at Our option, to Your surviving Spouse or the executor or administrator of Your estate.] 8

[If benefits are payable and meet Our guidelines, then We may pay benefits into a draft book account (checking account) which will be owned by: 9

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

The account owner may elect a lump sum payment by writing a check for the full amount in the account. However, an account will not be established for: 10

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

We will make any payments, other than for loss of life, to You. We may make any such payments owed at Your death to Your estate. If any payment is owed to: 11

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

then We may pay up to \$10,000 to a person who is related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid.]

Module Number
13.07-AR

Section XIII GENERAL PROVISIONS

Beneficiary Designation: You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us [and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.] 1

How do I designate or change my beneficiary? Beneficiary designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change [from the Employer]. 2

Module Number 13.08 [In no event may a beneficiary be changed by a Power of Attorney.] 3

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

Do I have any payment options? We will make the first payment when We receive Proof of Loss. No installment will be less than [\$20.00] under any option chosen. 1

The following table is illustrative only. 2

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

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

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

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

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

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

If the payee is a corporation, partnership, association, assignee or trustee, this option will be available only with Our consent. 4

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

Module Number 13.09

Section XIII GENERAL PROVISIONS

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

What notification will my Beneficiary or I receive if a claim is denied?

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

Module Number 13.10

Claim Appeal: On any claim, the claimant or his or her representative may appeal to Us for a full and fair review. To do so, he or she:

What recourse do my Beneficiary or I have if a claim is denied?

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

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

Module Number 13.11

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

Who interprets policy terms and conditions?

Module Number 13.12

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

When can The Policy be contested?

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

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

Module Number 13.13

Statement of Variable Language

Group Life Insurance

RGCLife(08-2009)AR

Introduction: This statement of variable material (SOVL) shows the language we intend to substitute, delete or change. Variable language is identified by brackets ([]) in each module on Form RGCLife(08-2009)AR. Each module is identified in this SOVL and each variable within each module is numbered on the form. These numbers directly correspond with the numbers on the SOVL for the appropriate module.

Constant Variables

1	Wherever the term "the Employer" appears, it may be changed to "Your employer" or some other term to accommodate non-Employer groups
2	Wherever the term "Employee" appears, it may be changed to "Member" or "Associate" or some other term, to reflect the case specifics
3	Wherever the term "Policyholder" appears, it may be changed to "Employer" or "Organization" or some other term to reflect the case specifics
4	Whenever the term "Supplemental" appears, it may be changed to "Voluntary" or some other term to reflect the case specifics.
5	Wherever a reference to "Your Dependent(s)" appears, it may be deleted if Dependent coverage is not offered; if that is the case, all other references will agree with no dependent coverage offered (eg. he or she deleted)
6	Wherever the word "Policy" appears, it may be replaced by "Plan" or some other term to accommodate the structure of the Policyholder
7	United Heritage Life Insurance Company
8	module questions are variable and may be deleted or revised
9	Wherever the term "deceased person" or "injured person" or "terminally ill person" or "critically ill person" appears, it may be deleted if no dependent coverage provided. In that case, You or Your may be substituted or not, as appropriate
10	References to "Accidental Death and Dismemberment Benefit" may be entitled "Accidental Death Benefit" depending on the benefits under a specific Policy.
11	Wherever the words "Non-Contributory" or "Contributory" are used one or both may be deleted depending on the coverage under The Policy.
12	Specific percentages, maximum benefit amounts, etc. referenced in a Benefit, may actually be stated, i.e. 20%, \$10,000. May also be stated in the Schedule of Insurance. The last sentence in each benefit, "The specific amounts for this Benefit are shown in the Schedule of Insurance" may be deleted if not appropriate.

Page #	Module #		Variable #	Description of Variable	Use	
1	n/a	Face page	1	Fill-in information will vary by Policyholder; fill-in items may be deleted in whole or in part and may be located on Schedule of Insurance	Always included	
1			2	signatures will change if officers change		
1			3	may be in or out; 30 days may be 45, 60, 90 or 180		
2		Table of Contents	4	Table of Contents may be expanded and detailed and may appear on next page or a separate page		
3,4,5	1.01 - 1.07	Schedule of Insurance	1	language on page is illustrative		
3,4,5	1.01 - 1.10	Schedule of Insurance	1	language on page is illustrative		
6,7,8,9,10	2.01 - 2.32	Definitions		Definitions may be deleted in their entirety if not applicable and/or placement in certificate may change; variability indicated within each module		
6	2.01	Active Employee	1	description may be revised to meet the case specifics;		
6	2.01		2	Employee may be Member or Associates or some other term to reflect the case specifics		

Page #	Module #		Variable #	Description of Variable	Use	
6	2.02.1	Actively at Work	1	paragraph may be deleted; specific items may be deleted or amended to meet the case specifics.		
6			2	actual number of hours may be stated here		
6			3	entire sentence may be deleted		
6			4	may be either vacation day, paid time off day or personal day or a combination of; or may be deleted.		
6			5	phrase may be in or out.		
6	2.02.2	Actively at Work	1	may be part-time; may be deleted		
6			2	number of hours will be adjusted to meet the case specifics		
6			3	may be deleted or may describe employment circumstances		
6	2.03	Airworthiness Certificate		No Variables	Included when AD/AD&D included	
6	2.04	Civil or Public Aircraft		No Variables	Included when AD/AD&D included	
6	2.05	Commissions	1	clause may be deleted or "monetary" may be deleted		
6			2	may be "Your Employer"		
6			3	clause and items 1 and 2 may be deleted		
6			4	may be actual date, may be "immediately prior to date of loss" or some other event trigger		
6			5	number will be 12 to 60 months or may be expressed in Calendar Years (1-5) or weeks (1-52)		
6			6	may be specific period noted above		
6	2.06	Common Carrier	1	sentence may be in or out	Included when AD/AD&D included	
6	2.07	Contributory Coverage	1	may be deleted or coverages may be described here		
7	2.08	Dependent Child(ren)	1	may be deleted		
7			2	may be deleted		
7			3	may be deleted		
7			4	may be deleted		
7			5	any item may be deleted		
7			6	may be "from live birth but not yet [19] years"		
7			7	may be 19-26		
7			8	may be 19-26		
7			9	may be 21-30		
7			10	may be 10-25		
7			11	may be 19-26		
7			12	may be 19-26		
7	2.09	Dependents	1	may be deleted		
7			2	may be deleted		
7			3	may be deleted		
7			3	may be deleted.		
7			4	may be deleted.		
7			5	may be deleted.		

Page #	Module #		Variable #	Description of Variable	Use	
7	2.10.1	Earnings	1	Note: the definitions of Earning are examples of what we intend to use as a determination of earnings. However, we reserve the right to amend, alter or revise this definition to reflect a Policyholder's actual practice and salary structure.		
7	2.10.2	Earnings	1			
7	2.10.3	Earnings	1			
8	2.11	Employer	1	may be Participating Employer or some other description, or Employer will be named		
8	2.12	FAA		No Variables	Included when AD/AD&D included	
8	2.13	Guaranteed Issue Amount	1	may be deleted or actual amount may be stated		
8	2.14	Hospital		No Variables		
8	2.15	Injury	1	may be revised to meet the specifics of the case		
8	2.16	Military Transport Aircraft		No Variables	Included when AD/AD&D included	
8	2.17	Motor Vehicle	1	items may be deleted or revised to reflect case specifics	Included when AD/AD&D included	
8			2	sentence may be in or out		
9	2.18	Non-Contributory Coverage	1	may be deleted or coverages may be described here		
9	2.19	Normal Retirement Age	1	chart may be revised in accordance with Social Security Administration changes or chart may be deleted and normal retirement age defined by Policyholder		
9	2.20	On		No Variables	Included when AD/AD&D included	
9	2.21	Participating [Employer]	1	description may be revised to meet the case specifics and to describe the participating entity.		
9	2.22	Physician	1	the following may be added: or who is the proprietor or an employee of a Nursing Home.		
9	2.23	Prior Policy	1	actual policy and insurance carrier may be stated here; the following language may be added: "and will only include the coverage which is transferred to Us"; in any case, this will be an accurate description of the Prior Policy		
9			2	name of Employer/Policyholder may be stated here		
9			3	actual date may be shown here		
9	2.24	Related	1	actual relationship may be stated		
9	2.25	Retiree	1	may be defined by Policyholder, any item may be deleted or revised to meet case specifics; number will be set by Policyholder		
9	2.26	Scheduled Aircraft		No Variables	Included when AD/AD&D included	
10	2.27	Spouse	1	age may be 60-90; list may be amended to reflect nature of the group; may be deleted		
10			2	may be deleted		
10			3	may be deleted		
10			4	may be deleted		
10			5	may be deleted		
10			6	may be deleted		
10			7	domestic partner language is optional and may be deleted		
10			8	may be some other document		

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10			9	domestic partner language is optional and may be deleted		
10			10	domestic partner language is optional and may be deleted		
10			11	may be deleted		
10			12	may be deleted		
10			13	domestic partner language is optional and may be deleted		
10			14	may be deleted		
10	2.28	The Policy	1	Policyholder may be named		
10			2	Policy number may be shown		
10			3	reference may be deleted		
10	2.29	Tips and Tokens	1	clause may be deleted or "monetary" may be deleted		
10			2	may be "Your Employer"		
10			3	clause and items 1 and 2 may be deleted		
10			4	may be actual date, may be "immediately prior to date of loss" or some other event trigger		
10			5	number will be 12 to 60 months or may be expressed in Calendar Years (1-5) or weeks (1-52)		
10			6	may be specific period noted above		
10	2.30	Trust	1	trust may be named or described here	Include if policy issued to Trust	
10	2.31	We, Us or Our	1	United Heritage Life Insurance Company		
10	2.32	You or Your		no variables		
11	3.01	Eligible Persons		no variables	Optional module if language is not in Policy of Incorporation	
11	3.02	Eligibility for Coverage	1	items may be deleted or revised to reflect case specifics	Optional module if language is not in Policy of Incorporation	
11			2	may be deleted or amended to reflect case specifics		
11	3.03	Eligibility for Dependent Coverage	1	either item may be deleted or "the date" may be "first day of the month on or next following" or some other date description	Optional module if language is not in Policy of Incorporation	
11			2	may be "eligible"		
11			3	may be deleted		
11			4	may be deleted.		
11			5	may be deleted.		
11	3.04	Enrollment	1	Entire paragraph may be deleted	Optional module if language is not in Policy of Incorporation	
11			2	may be deleted or some other plan description used		
11			3	may be deleted or reference to basic may change to meet case specifics		
11			4	may be deleted or may be: may be required to complete an enrollment form or beneficiary designation form		
11			5	may be deleted or some other plan description used		
11			6	may be deleted or either item may be deleted		

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11			7	may be deleted		
11			8	may be deleted		
11			9	entire section may be deleted or revised to meet case specifics		
11			10	may be deleted		
11			11	31 may be 31-90 days		
11			12	may be deleted		
11			13	either item, or both, may be deleted		
11			14	Annual Enrollment period may be referred to by another title		
11			15	31 may be 31-90 days		
12	3.05	Evidence of Insurability Requirements	1	Note: the Evidence of Insurability requirements outlined in the document, for both the Employee and Dependents, are illustrative and show the basic items of the provisions. However, we reserve the right to amend, alter or revise these requirements to reflect the Policyholder's plan structure. In addition, the modules for Evidence requirements may be stated in chart form	Optional module if language is not in Policy of Incorporation	
12	3.06	Dependent Evidence of Insurability Requirements	1		Optional module if language is not in Policy of Incorporation	
12	3.07	Evidence of Insurability	1	list may be expanded	Optional module if language is not in Policy of Incorporation	
12			2	may be "our" expense		
12			3	reference to initial or increase may be deleted or other plan description used		
12			4	may be changed to reflect some other method of notification		
12	3.08	Change in Family Status	1	list may be expanded or events may be deleted	Optional module if language is not in Policy of Incorporation	
13	4.01	Effective Date	1	may be deleted or reference to non-contributory revised to meet case specifics	Optional module	
13			2	"the date" may be "1st day of the month on or next following" or may be "the January 1st (or some other month) next following..." or some other description to meet case specifics		
13			3	may be deleted or reference to contributory revised to meet case specifics		
13			4	any of the items may be deleted or Annual Enrollment Period reference revised or references to "the date" or "the X day of the month on or next following" may be reversed or coordinated or may be "the January 1st (or some other month) next following..." or timing may be revised to meet case specifics		
13			5	may be deleted		
13			6	may be deleted or either item may be deleted; the date may be "1st day of the month on or next following the date" or some other description of timing to meet case specifics		
13			7	may be deleted		
13	4.02	Deferred Effective Date	1	Entire paragraph may be deleted	Optional module	
13			2	may be Employee or some other description of persons insured		

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13			3	may be deleted		
13			4	actual date may be stated or time period may be described		
13			5	Entire paragraph may be deleted		
13			6	actual date may be stated or time period may be described; 15 may be 15-60		
13			7	may be defined with specific locations mentioned or definition may be revised		
14	4.03	Continuity from a Prior Policy	1	section may be deleted	Optional module	
14			2	actual date may be shown		
			3	may be deleted or revised to reflect continuations from prior policy		
14			4	actual date may be shown		
14			5	may be deleted or reference to accidental death and dismemberment deleted		
14			6	dollar amount may be shown		
14			7	may be deleted or either item may be deleted or modified		
14			8	may be "is not subject to any reductions in The Policy and will increase."		
14			9	any item may be deleted or the date may be the last day of the month on or next following the date or some other time description or modified		
14			10	12 may be 12-36		
14	4.04	Continuity from a Prior Plan for Disability Extension	1	section may be deleted.	Optional module	
			2	actual date may be shown		
14			3	65 may be 65 - 85 or normal retirement age.		
14			4	may be deleted.		
14			5	dollar amount may be shown.		
14			6	may be deleted or either item may be deleted or modified.		
14			7	may be "is not subject to any reductions in The Policy and will increase."		
14			8	any item may be deleted.		
14			9	"the date" may be the last day of the month on or next following the date or some other time description or modified.		
14			10	date may be last day of the month on or next following the date or some other time description or modified.		
14			11	65 may be 65 - 85 or normal retirement age.		
15	4.05	Dependent Effective Date	1	may be deleted or reference to non-contributory revised to meet case specifics	Optional module	
15			2	may be deleted		

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15			3	may be deleted or "the date" may be "1st day of the month on or next following" or some other timing description may be used		
15			4	section may be deleted or reference to contributory revised to meet case specifics		
15			5	may be deleted		
15			6	may be deleted; Annual Enrollment Period reference revised to meet case specifics; any item may be deleted; "the date" may be "the first day of the month on or next following" or some other time description; or 31 may be 31-90		
15			7	may be deleted		
15			8	may be deleted or either item may be deleted; "the date" may be "the first day of the month on or next following" or some other time description;		
15			9	may be deleted		
15			10	"insured" may be "eligible" or may be tied to Employee insured or eligible for specific plan or portion of plan or benefit		
15	4.06	Dependent Deferred Effective Date	1	may be deleted	Optional module	
15			2	either may be deleted		
15			3	any item may be deleted; or 15 may be 15-90		
15			4	may be deleted		
15			5	may be defined with specific locations mentioned or definition may be expanded		
16	4.07	Dependent Continuity from a Prior Policy	1	may be deleted	Optional module	
			2	actual date may be shown		
16			3	dollar amount may be shown; either item may be deleted		
16			4	may be deleted		
16	4.08	Effective Date of Retiree Coverage	1	may be deleted or reference to non-contributory may be revised to meet case specifics	Optional module	
16			2	"the date" may be "1st day of the month on or next following" or may be "the January 1st (or some other month) next following" or some other description to meet case specifics.		
16			3	reference to contributory may be revised to meet case specifics; "the date" may be "1st day of the month on or next following" or may be "the January 1st (or some other month) next following" or some other description to meet case specifics.		
16	4.09	Change in Coverage	1	may be deleted or reference to initial coverage may be revised to meet case specifics	Optional module	
16			2	may be deleted		
16			3	either item may be deleted or replaced by "at any time"		

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16			4	31 may be 31-90 days		
16	4.10	Effective Date for Changes in Coverage	1	the date may be "the first day of the month on or next following the date the change is requested" or some other time description	Optional module	
16			2	references to Deferred Effective Date or Evidence of Insurability may be deleted or "the date" may be "the first day of the month on or next following the date the change is requested" or some other time description; another item may be added: the January 1st (or some other month) next following the last day of the Annual Enrollment Period, except for an increase as a result of a Change in Family Status.		
17	4.11	Increase in Amount of Insurance	1	either item may be deleted	Optional module	
17			2	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted		
17			3	may be: "for an increase of more than one level"		
17			4	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted		
17			5	may be deleted		
17			6	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted		
17			7	may be deleted		
17			8	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted		
17			9	Combined may be deleted or another term substituted for "Guaranteed Issue" or actual amount may be used		
17			10	may be deleted		
17			11	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted		
17			12	may be deleted		
17			13	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted		
17	4.12	Increase in Amount of Insurance:	1	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted	Optional module	
17			2	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted		
17			3	Combined may be deleted or another term substituted for "Guaranteed Issue" or actual amount may be used		
17			4	section may be deleted		
17			5	may be Basic Life; Supplemental Life; Basic and Supplemental Life or deleted		

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17			6	actual dollar amount may be shown or Combined deleted or another term substituted for "Guaranteed Issue"		
17			7	may be deleted or \$25,000 may be \$25,000 to \$125,000		
17			8	12 may be 12-36		
17			9	both or either item may be deleted		
17			10	actual dollar amount may be shown		
18	5.01	Termination	1	any item in list may be deleted or revised to meet case specifics; "the date" may be revised to be "the first day of the month on or next following the date" or some other time description	Optional module	
18			2	70 may be 70-95		
18			3	may be deleted or specific continuation provisions listed		
18	5.02	Reinstatement	1	other reasons for coverage termination may be specified.	Optional module	
18			2	statement will coordinate with items in 1 above.		
18			3	12 may be 12 - 36.		
18			4	may be deleted.		
18			5	31 may be 31 - 90 days.		
18			6	statement will coordinate with items in 1 above.		
18			7	items will coordinate with plan structure.		
18	5.03	Dependents Termination	1	any item in list may be deleted or revised to meet case specifics; "the date" may be revised to be "the first day of the month on or next following the date" or some other time description	Optional module	
18			2	70 may be 60-95		
18			3	may be deleted or specific continuation provisions listed		
18	5.04	Retiree Coverage Termination	1	any item in list may be deleted or revised to meet case specifics; "the date" may be revised to be "the first day of the month on or net following the date" or some other time description.	Optional module	
18			2	may be deleted.		
18			3	70 may be 70 - 95.		
19,20	5.05	Continuation Provisions		NOTE: the specific types of continuation listed in this provision may be added to or deleted based on the Employer's plan of continuation specific to his or her particular business needs and requirements	Optional module	
19			1	may be deleted		
19			2	may be deleted		
19			3	may be deleted or 70 may be 60-95		
19			4	may be deleted		
19			5	may be deleted		
19			6	medical may be deleted or replaced by non-medical or some other type of leave		
19			7	may be deleted		

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19			8	may be deleted		
19			9	may be deleted		
19			10	provision may be deleted		
19			11	may be 12-52 or some other duration		
19			12	may be deleted		
19			13	provision may be deleted		
19			14	may be 12-52 or some other duration		
19			15	may be deleted		
19			16	provision may be deleted		
19			17	may be deleted; may be "permanently" or some other duration		
19			18	may be "for [30] days after the date" where 30 may be 30-365 or may be expressed in months or some other duration		
19			19	may be deleted		
19			20	provision may be deleted		
19			21	may be third to twenty-fourth month or some other duration		
19			22	provision may be deleted		
19			23	may be another insurer (referenced or named)		
19			24	may be the Policyholder		
19			25	may be 12-36 months or some other duration		
20			26	provision may be deleted		
20			27	either item may be deleted; twelve may be twelve to thirty-six		
20			28	provision may be deleted		
20			29	12 may be 12-36 or some other duration		
20			30	may be deleted		
20			31	provision may be deleted		
20			32	may be "for [30] days after the date" where 30 may be 30-365 or may be expressed in months or some other duration		
20			33	may be deleted		
20			34	provision may be deleted		
20			35	may be unpaid; medical or non-medical		
20			36	may be "for [30] days after the date" where 30 may be 30-365 or may be expressed in months or some other duration		
20			37	may be deleted		
20			38	provision may be deleted		
20			39	any item may be deleted		
20			40	12 may be 12-36 or some other duration		
20			41	entire section may be deleted		
20			42	any item may be deleted		
21	5.06	Dependent Continuation	1	may be "eligible"	Optional module	
21			2	may be "all coverage"		

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21			3	any items may be deleted; "the date" may be "the first/last day of the month on or next following the date" or some other time description; ages will correspond with definition of child(ren); 5 years may be 1-15 years		
21			4	may be deleted		
21	5.07	Continuation for Dependent Child(ren) with Disabilities	1	ages will correspond with definition of child(ren)	Optional module	
21			2	31 may be 31-90 days		
21			3	ages will correspond with definition of child(ren) or may be deleted		
21			4	may be "eligible"		
21			5	may be deleted		
21			6	may be deleted		
21			7	may be 2-5 years		
21			8	may be "once every 2-5 years"		
22	6.01	Waiver of Premium	1	other benefits may be listed	Optional module	
22			2	may be "became Disabled"		
22			3	either item may be deleted; may be changed to: 1) will increase; and 2) will not be subject to any age reductions provided by any part of The Policy		
22	6.02	Waiver of Premium and Disability Extension			Optional module	
22			1	age 60 may be 60-85		
22			2	age 60-65 may be 65-85 or any age combination in between		
22			3	may be "became Disabled"		
22			4	either item may be deleted; may be changed to: 1) will increase; and 2) will not be subject to any age reductions provided by any part of The Policy		
22	6.03	Disability Extension	1	may be deleted or age 65 may be 65-85 or may be Normal retirement age	Optional module	
22			2	may be "became Disabled"		
22			3	either item may be deleted; may be changed to: 1) will increase; and 2) will not be subject to any age reductions provided by any part of The Policy		

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22	6.04	Extended Benefit Provision	1	may be Normal Retirement Age; age 70 may be 70-90; or item b may be deleted or specific time limit described	Optional module	
22			2	may be "became Disabled"		
22			3	either item may be deleted; may be changed to: 1) will increase; and 2) will not be subject to any age reductions provided by any part of The Policy		
22			4	items 1 or 2 may be deleted; 1 year may be 1-5 years		
23	6.05	Eligible Coverages	1	items in list may be added or deleted to reflect case specifics	Optional module	
23			2	items in list may be added or deleted to reflect case specifics		
23			3	may be deleted or reference to either provision may be deleted		
23	6.06	Disabled	1	entire definition may be deleted or revised to meet case specifics	Optional module	
23			2	may be deleted		
23			3	6 months may be 3-48		
23	6.07	Conditions for Qualification	1	entire section may be deleted	Optional module	
23			2	age 60 may be 60-90 or Normal retirement age or Policy Age Limit or may be deleted		
23			3	9 months may be 9-18 months		
23			4	may be "after the date You first became Disabled"		
23			5	one year may be 1-5 years		
23			6	may be deleted or specific date may be stated or may be replaced by "the date You became Disabled"		
23			7	entire section may be deleted or any item may be deleted or age 65 may be 65-90 or Normal retirement age or Policy Age Limit or may be deleted		
23			8	may be deleted		
23			9	either Waiver of Premium or Disability Extension may be deleted		
24	6.08	When Premiums are Waived	1	may be deleted	Optional module	
24			2	9 months may be 3-18 months		
24			3	either item may be deleted; "2 years" may be 2-5 years; "once every year" may be once every 2-5 years		
24			4	may be deleted		
24			5	may be changed to "premiums will no longer be waived and You must resume contributions/payment of premium in order to continue coverage." or		
24			6	may be deleted		
24			7	either item may be deleted or replaced by "You will be required to resume/continue contributions/premium payments in order to continue coverage."		

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24			8	may be deleted; references to 5 days may be 5-30; refernces to 9 months may be 3-18 months		
24	6.09	Benefit Payable before Approval of Waiver of Premium	1	one year may be 1-5 years	Optional module	
24			2	may be: "the date You became Disabled"		
24			3	9 months may be 3-18 months		
24			4	may be deleted		
24	6.10	Waiver Ceases	1	may be deleted	Optional module	
24			2	may be deleted or either item may be deleted		
24			3	age 65 may be 65-85		
24			4	age 60 may be 60-85		
24			5	item may be deleted; 5 years may be 5-15 years; age 60 may be 60-80 or phrase may be deleted and date may be some other time description		
24			6	any item may be deleted		
24			7	may be deleted		
24			8	may be deleted		
24			9	age 65 may be 65-95 or may be Policy Age Limit or Normal Retirement Age		
24			10	may be deleted		
24			11	may be deleted		
24			12	may be deleted		
25	6.11	Disability Extension Ceases	1	any item in list may be deleted or revised to meet case specifics; "the date" may be revised to be "the first day of the month on or next following the date" or some other time description	Optional module	
25			2	age may be 65-85 or may be Normal retirement age		
25			3	section may be deleted or specific items deleted; "the date" may be revised to be "the first day of the month on or next following the date" or some other time description		
25			4	may be deleted		
25			5	may be age 60-75		
25			6	may be replaced by: "if You are eligible for coverage under The Policy, You may continue coverage under The Policy by paying the premiums"		
25			7	may be deleted		
25			8	may be replaced by "if You are not eligible for coverage under The Policy, and ocverage would be terminated, You [or Your Dependents] may exercise the Conversion Right"		
25			9	may be deleted		

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25	6.12	Effect of Policy Termination	1	may be deleted or references to Employer may be "Association" other entity	Optional module	
25			2	may be deleted or references to Employer may be "Association" other entity		
25			3	either item may be deleted		
26	7.01	Life Insurance Benefit		no variables		
26	7.02	Suicide	1	may be deleted		
26			2	may be Basic Life; Supplemental Life; Basic and Supplemental Life or some description of plan		
26			3	may be deleted or may refer to Basic Life; Supplemental Life; Basic and Supplemental Life or some description of plan		
26			4	may be "became effective"		
26			5	2 years may be 1-5 years		
26			6	may be deleted		
26			7	may be deleted		
26			8	2 years may be 1-5 years		
27	8.01-AR	Accelerated Benefit	1	may be deleted or reference to Terminally Ill person may be Your		
27			2	\$10,000 may be \$5,000 - \$250,000		
27			3	60 may be age 60-85 or Normal Retirement Age or The Policy Age Limit		
27			4	may be deleted		
27			5	may be deleted		
27			6	may be \$3,000-\$25,000; may be \$100,000 - \$1,000,000		
27			7	may be 30% - 100%		
27			8	if no Dependent coverage, will be changed to Your		
27			9	example is illustrative		
27			10	may be deleted		
27			11	may be deleted		
27			12	may be deleted		
27			13	may be Basic, Supplemental or Basic and Supplemental		
27			14	6 months may be 3-48 months		
28	8.02	Proof of Terminal Illness and Examinations		no variables		
28	8.03	No Longer Terminally Ill	1	may be deleted or may be "become eligible under The Policy"		
			2	may be deleted or may be "become eligible under The Policy"; either item may be deleted		
29	9.01-AR	Conversion Right	1	may be deleted		
29			2	may be deleted; other reasons may be included		
29			3	may be deleted or amended to reflect case specifics		
29			4	may be deleted		

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29			5	may be deleted		
29			6	5 years may be 3-10 years		
29			7	31 may be 31-90 days		
29			8	may be deleted		
29	9.02	Conversion	1	may be "The Insurer"		
29			2	31 may be 31-90 days		
29			3	item 2 may be deleted; last sentence may be deleted; 91 may be 91-181		
29			4	15 may be 15-90		
29			5	some other process may be described		
29			6	32nd day may be 32nd-91st		
30	9.03	Policy Provisions	1	some additional benefits may be provided		
30			2	may be deleted		
30			3	1 may be 1-5 years		
30			4	may be deleted or individual items may be deleted		
30	9.04	Death within the Conversion Period	1	31 may be 31-90 days		
30			2	may be deleted		
30	9.05	Effect of Waiver of Premium on Conversion	1	may be deleted		
31	10.01	Portability Benefits	1	may be Supplemental or Basic and Supplemental		
31			2	may be deleted		
31	10.02	Qualifying Events	1	may be age 60-85		
31			2	may be age 60-85		
31			3	Section may be deleted or items may be deleted; Normal Retirement Age may be age 60-85		
31			4	May be deleted		
31	10.03	Electing Portability	1	may be deleted		
31			2	may be deleted		
31			3	may be deleted		
31			4	may be "Your Employer"		
31			5	may be deleted		
31			6	31 may be 31-90 days		
31			7	item 2 may be deleted; last sentence may be deleted or 91 may be 91-181		
31			8	15 may be 15-90		
31			9	may be some other entity or insurer with whom we have contracted to provide portability		
31			10	may be deleted		
32	10.04	Limitations	1	may be 10%-100%		

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32			2	may be \$500		
32			3	may be \$500		
32			4	may be \$250,000-\$1 million; may be deleted or \$50,000 may be \$50,000-\$250,000; \$10,000 may be \$10,000-\$100,000		
32			5	may be 10-95%		
32			6	may be \$5,000-\$100,000		
32			7	may be deleted		
32	10.05	Effect of Portability on other provisions	1	may be both or either or; may also include future tense		
32			2	items may be deleted		
32			3	either item may be deleted		
32			4	may be deleted		
33	11.01	Accidental Death Benefit:	1	may be 90, 120, 180 or 365 days.	Optional Module	
33	11.02	Accidental Death Benefit with Double Indemnity while On a Common Carrier	1	may be 90, 120, 180 or 365 days.	Optional Module	
33			2	sentence may be in or out		
34	11.03	Accidental Death and Dismemberment:	1	may be 90, 120, 180 or 365 days.	Optional Module	
34			2	Loss Table will be inserted		
34			3	Definition of Loss that corresponds to the Losses in the Loss Table will be		
34		Loss Table Module	1	All or some of the listed Losses will be included. Other Losses may be added if applicable to the specific case.	Optional Module	
34		Definition of Loss Module	1	Definition of Loss will define the items listed in the Loss Table.	Optional Module	
35	11.04	Double Indemnity while On A Common Carrier	1	may be in or out.	Optional Module	
35			2	sentence may be in or out or may state a specific amount or reference the location of the Benefit Amount.		
35	11.05	Exposure and Disappearance	1	references to "Your Dependents" may be in or out. Provision will be deleted if not applicable to the specifics of the case.	Optional Module	
36	11.06	Seat Belt [and Air Bag] Benefit	1	may be in or out	Optional Module	
36			2	in or out		
36			3	items may be in or out or described specifically for a case		
36			4	items may be in or out or described specifically for a case		
36			5	in or out		
36			6	in or out		
36			7	in or out		
36			8	Exclusions and definition of Intoxication may be in or out		

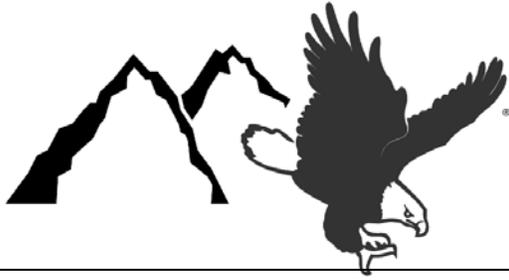
Page #	Module #		Variable #	Description of Variable	Use	
37	11.07	Repatriation Benefit	1	all or some of the items may be included, modified or deleted depending on the specifics of the case.	Optional Module	
37	11.08	Felonious Assault Benefit	1	all or some of the items may be included, modified or deleted depending on the specifics of the case.	Optional Module	
37			2	may be modified to suit the specifics of the case.		
37			3	may be modified to suit the specifics of the case.		
37			4	may be modified to suit the specifics of the case.		
37			5	may be modified to suit the specifics of the case.		
38	11.09	Child Education Benefit	1	may be child not Dependent Child	Optional Module	
38			2	all or some of items may be included		
38			3	in or out		
38			4	all or some of items may be included		
38			5	may be more or less than 4		
38			6	in or out		
38			7	in or out		
38			8	in or out		
38			9	more or less than 12 or another description		
38			10	more or less than 12 or another description		
38			11	more or less than 365 days		
38			12	in or out		
38			13	in or out		
38			14	in or out		
38			15	in or out		
38			16	may be more or less than 21		
39	11.10	Day Care Benefit	1	in or out	Optional Module	
39			2	may be older than 7 years		
39			3	in or out		
39			4	may be more than 2 years		
39			5	may be more than 365 days		
39			6	may be more than 12 months		
39			7	1 or 2 may be in or out or revised		
39			8	paragraph may be in or out		
39			9	1 or 2 may be in or out or revised		
39			10	paragraph may be in or out		
39			11	definition may be in or out		
39			12	in or out		
39			13	may be older than 7 years		
40	11.11	Rehabilitation Benefit	1	may be more than 1 year	Optional Module	
			2	all or some items may be included or revised to need the specifics of the case		

Page #	Module #		Variable #	Description of Variable	Use	
40	11.12	Spouse Education Benefit	1	may be in or out	Optional Module	
40			2	all or some items may be included or revised to need the specifics of the case		
40			3	in or out		
40			4	may be more than 1 years		
40			5	may be more than 2 years		
41	11.13	Adaptive Home and Vehicle Benefit	1	all or some items may be included or revised to need the specifics of the case	Optional Module	
41	11.14	Coma Benefit	1	may be more than 31 days	Optional Module	
41			2	may be another percentage		
42	11.15	Critical Burn Benefit	1	all or some items may be included or revised to need the specifics of the case	Optional Module	
42	11.16	Therapeutic Counseling Benefit	1	May be more than 90 days	Optional Module	
42			2	may be more than one year		
42			3	all or some items may be included or revised to need the specifics of the case		
43	11.17	Extended Dependents Coverage	1	may be another descriptive term	Optional Module	
43			2	may be in or out		
43	11.18	Common Disaster Benefit	1	in or out	Optional Module	
43			2	in or out		
43	11.19	Survivor Income Benefit	1	items may be in or out	Optional Module	
44	11.20	HIV Occupational Accident Benefit	1	May be other than 48 hours	Optional Module	
44			2	May be other than 48 hours		
44			3	May be other than 26 weeks		
44	11.21	Dependent Child Dismemberment Benefit	1	may be more than double	Optional Module	
44			2	may be more than 2		
45	11.22	Funeral Expense Benefit	1	items number 1 through 3 may be deleted or revised to meet the specifics of the case	Optional Module	
45	11.23	Loss of Use Benefit	1	May be more than 90 days	Optional Module	
45			2	all or some of the losses of use may be listed		
45			3	will agree with type of loss		
45			4	will be modified if necessary or describe the loss of use		
45			5	may be more or less than 12 months		
46	11.24	Traumatic Brain Injury Benefit	1	may more or less than 90 days	Optional Module	
46			2	may be another period of time		
46			3	may be more or less than 12 months		
46			4	may be more or less than 12 months		
46	11.25	Bereavement Counseling Benefit	1	may be less than one year	Optional Module	
46			2	may be \$50 or more		

Page #	Module #		Variable #	Description of Variable	Use	
46			3	may be more than 90 days		
46			4	may be revised to suit specifics of the case		
47	11.26	Occupational Death Benefit	1	may be 90, 120, 180 or 365 days.	Optional module	
47			2	may be deleted.		
47			3	may be deleted.		
47			4	may be deleted.		
47			5	may be 90, 120, 180 or 365 days.		
47			6	may be deleted.		
47			7	may be 1 - 31 days.		
47			8	may be 90, 120, 180 or 365 days.		
47			9	may be 90, 120, 180 or 365 days.		
47			10	may be deleted.		
47			11	may be revised to meet the specifics of the case.		
47			12	may be deleted.		
47			13	may be deleted.		
47			14	may be deleted.		
47			15	may be deleted.		
48	11.27	Accelerated Benefit	1	\$10,000 may be \$5,000 - \$250,000	Optional Module	
48			2	60 may be age 65-85 or Normal Retirement Age or The Policy Age Limit		
48			3	may be \$3,000-\$25,000; may be \$100,000 - \$500,000		
48			4	may be 30% - 100%		
48			5	if no Dependent coverage, will be changed to Your		
48			6	example is illustrative		
48			7	may be deleted		
48			8	may be deleted		
48			9	6 months may be 6-24 months		
49	11.28	Proof of Terminal Illness and Examinations		no variables	Optional Module	
49	11.29	No Longer Terminally Ill	1	may be deleted or may be "become eligible under The Policy"		
49			2	may be deleted or may be "become eligible under The Policy"; either item may be deleted	Optional Module	
49	11.30	Exclusions	1	Any of the listed exclusions may be included or deleted depending on the specific coverage.	Optional Module	
49			2	may be "part-time"		
49			3	in or out		
49			4	paragraph in or out		
49			5	may be more or less than 2 months		
49			6	definition may be in or out		
50			7	in or out		

Page #	Module #		Variable #	Description of Variable	Use	
51	12.01	Cafeteria Plan Election Restriction		no variables		
52	13.01	Notice of Claim	1	may be deleted	Always included	
52			2	"written" may be deleted or may be "written, electronic or telephonic" or any variation thereof		
52			3	may be 20-90		
52			4	may be deleted		
52	13.02	Claim Forms	1	may be 15-45	Always included	
52			2	may be deleted		
52			3	may be 15-45		
52			4	"written" may be deleted or may be "written, electronic or telephonic" or any variation thereof		
52	13.03	Proof of Loss	1	items in list may be deleted or added to	Always included	
52	13.04	Sending Proof of Loss	1	"written" may be deleted or may be "written, electronic or telephonic" or any variation thereof	Always included	
52			2	may be deleted		
52			3	may be deleted		
52			4	may be 365-1825 or expressed in months or years		
52			5	may be deleted		
52			6	may be 90-180		
52			7	may be 90-365		
52			8	may be 1-2 years		
52	13.05	Physical Examination and Autopsy		no variables	Always included	
53	13.06	Claim Payment	1	may be deleted	Always included	
53			2	may be 30-90		
53	13.07-AR	Claims to be Paid	1	may be deleted	Always included	
53			2	item in list may be added to, deleted or rearranged		
53			3	may be \$500-\$5,000		
53			4	may be deleted		
53			5	may be \$200-\$2,500		
53			6	may be \$200-\$2,500		
53			7	may be deleted		
53			8	may be deleted		
53			9	may be deleted or \$10,000 may be \$10,000-100,000; and/or the following added: In addition, if You or Your beneficiary reject this option, We will make the full payments and no account will be established.		

Page #	Module #		Variable #	Description of Variable	Use	
53			10	items in list may be reordered; if Ability Plus benefit included, the following language will be added: Periodic benefit payments will be made on a monthly basis after We recief the Proof of Loss and will continue while the loss and Our liability continue. Monthly will reflect case specifics		
54	13.08	Beneficiary Designation	1	may be deleted; may be some other entity	Always included	
54			2	may be deleted; may be some other entity		
54			3	may be deleted		
54	13.09	Optional Modes of Settlement	1	may be \$20-\$100	Optional module	
54			2	table is illustrative		
54			3	may be deleted		
54			4	may be deleted		
55	13.10	Claim Denial		no variables	Always included	
55	13.11	Claim Appeal	1	may be 180-365	Always included	
55			2	may be 60-180		
55	13.12	Policy Interpretation	1	may be deleted	Optional module	
55	13.13	Incontestability	1	may be deleted	Always included	
55			2	may be deleted		
56	13.14	Assignment	1	may be deleted	Optional module	
56			2	may be deleted		
56			3	may be deleted		
56	13.15	Legal Actions	1	may be 60-180	Always included	
56			2	may be deleted		
56			3	may 3-6 years		
56	13.16	Workers' Compensation		no variables	Always included	
56	13.17	Fraud	1	may be "Your Third Party Administrator" / "Policyholder" / "Association" / "Organization" or the like	Always included	
56			2	may be "Your Third Party Administrator" / "Policyholder" / "Association" / "Organization" or the like		
56			3	may be "Your Third Party Administrator" / "Policyholder" / "Association" / "Organization" or the like		
56	13.18	Misstatements		no variables	Always included	



UNITED HERITAGE®
Life Insurance Company

Name of Policyholder: <HOLDER>

Policy Numbers:

[GL0000000
GD0000000
GS0000000

Effective Date:

<EFFECT_DATE>
<EFFECT_DATE>
<EFFECT_DATE>

Place of Delivery:

<STATE>
<STATE>
<STATE>]

Anniversary Dates:

<ISSUE MONTH/DAY> of each year, beginning in
<ISSUE YEAR>

Premium Due Dates:

Monthly, on the first day of each policy month.

UNITED HERITAGE LIFE INSURANCE COMPANY

Meridian, Idaho 83642

(An insurance company, herein called United Heritage)
Non-Participating

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

Signed for United Heritage:

Marjorie A. Hopkins

Secretary

Quinn Z. Johnson

President

TABLE OF CONTENTS

	<u>Section</u>
[Participant Employer _____	1]
Incorporation Provision _____	2
Schedule of Insurance _____	3
Premiums _____	4
Policy Provisions _____	5

[SECTION I PARTICIPANT EMPLOYERS

1.01 An employer may be included as a Participant Employer if the Policyholder and United Heritage so agree. United Heritage will keep a list of accepted Participant Employers and the effective dates of coverage for each.

The Policyholder may act for or on behalf of all Participant Employers in all matters of the policy. The following will be binding on all Participant Employers:

- all agreements between United Heritage and the Policyholder;
- all notices from United Heritage to the Policyholder; and
- all notices from the Policyholder to United Heritage.

An employee of a Participant Employer will be deemed to be an employee of the Policyholder for insurance purposes.

Coverage for a Participant Employer will terminate on the first to occur of:

- the date his premium is due, but not paid; or
- the date on which the Policyholder wants the employer to be removed from the policy. Such date must be stated in a written notice to United Heritage, and must be after the date of the notice.]

SECTION II INCORPORATION PROVISION

2.01 BOOKLET-CERTIFICATE The Booklet-certificate(s), and the endorsement form(s) enclosed therein, attached to this Policy are hereby incorporated in, and made a part of, this policy.

<u>Booklet-certificate</u> <u>Form(s):</u>	<u>Endorsement Form(s):</u>
[GCLIFE08 GCLTD08 GCSTD08]	GPA(1)08 GPA(2)08 GCA08

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

- the benefit plan provisions;
- the eligibility and effective date of insurance rules;
- the termination of insurance rules;
- exclusions; and
- other general policy provisions pertaining to state insurance law requirements.

SECTION III SCHEDULE OF INSURANCE

3.01 SCHEDULE OF INSURANCE The Schedule(s) of Insurance for benefits listed below:

[

- Basic Life Insurance
- Basic Accidental Death, Dismemberment and Loss of Sight Benefit
- Basic Dependent Life Insurance
- Supplemental Life Insurance
- Supplemental Spouse Life Insurance
- Supplemental Accidental Death, Dismemberment and Loss of Sight Benefit
- Supplemental Spouse Accidental Death, Dismemberment and Loss of Sight Benefit
- Supplemental Child Life Insurance
- Long Term Disability
- Short Term Disability]

are shown in Booklet-certificate(s) [00000000]

The Schedule(s) of Insurance will control the:

- benefit amounts and maximum limits;
- eligibility and effective date rules; and
- other schedule amounts and limits,

which apply to the employees of the Policyholder.

SECTION IV PREMIUMS

4.01 INITIAL MONTHLY PREMIUM RATES The initial monthly premium rates to be charged for employee coverage and/or child/spouse coverage, if applicable, will be:

[Basic Life Insurance \$ > for each \$1,000 of Basic Life Insurance

Basic Accidental Death, Dismemberment and Loss of Sight Insurance \$ > for each \$1,000 of Principal Sum

Basic Dependent Life Insurance \$ > per Child Unit
 \$ > per Dependent Unit (spouse & child)
 \$ > per spouse

* for each \$1,000 of Dependent Life Insurance the monthly premium rate shall be determined in accordance with the spouse's age as follows:	* Less than age 30 30 years of age but less than 35 years of age 35 years of age but less than 40 years of age 40 years of age but less than 45 years of age 45 years of age but less than 50 years of age 50 years of age but less than 55 years of age 55 years of age but less than 60 years of age 60 years of age but less than 65 years of age 65 years of age but less than 70 years of age 70 years of age but less than 75 years of age 75 years of age or more	\$> \$> \$> \$> \$> \$> \$> \$> \$> \$>
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Supplemental Life Insurance \$ > for each \$1,000 of Supplemental Life Insurance

*for each \$1,000 of Supplemental Life Insurance the monthly premium rate shall be determined in accordance with the employee's age as follows:	* Less than age 30 30 years of age but less than 35 years of age 35 years of age but less than 40 years of age 40 years of age but less than 45 years of age 45 years of age but less than 50 years of age 50 years of age but less than 55 years of age 55 years of age but less than 60 years of age 60 years of age but less than 65 years of age 65 years of age but less than 70 years of age 70 years of age but less than 75 years of age 75 years of age or more	\$> \$> \$> \$> \$> \$> \$> \$> \$> \$>
---	--	--

<u>Supplemental Spouse Life Insurance</u>	\$ > per spouse	
*for each \$1,000 of Supplemental Spouse Life Insurance the monthly premium rate shall be determined in accordance with the employee's/spouse's age as follows:	* Less than age 30 30 years of age but less than 35 years of age 35 years of age but less than 40 years of age 40 years of age but less than 45 years of age 45 years of age but less than 50 years of age 50 years of age but less than 55 years of age 55 years of age but less than 60 years of age 60 years of age but less than 65 years of age 65 years of age but less than 70 years of age 70 years of age but less than 75 years of age 75 years of age or more	\$> \$> \$> \$> \$> \$> \$> \$> \$> \$>]

Supplemental Accidental Death, \$> for each \$1,000 of Principal Sum

Dismemberment and Loss of Sight Insurance

Spouse Accidental Death, Dismemberment and Loss of Sight Insurance

\$> for each \$1,000 of Principal Sum

Supplemental Spouse Accidental Death, Dismemberment and Loss of Sight Insurance

\$> for each \$1,000 of Principal Sum

Supplemental Child Life Insurance

\$ > per Child Unit

\$> for each \$1,000 of Supplemental Child Life Insurance

Long Term Disability

\$ > for each \$100 of Monthly Covered Salary

Short Term Disability

\$ > for each \$10 of Weekly Benefit

[The amount of an employee's Earnings which is disregarded in determining his Monthly Benefit because of the Maximum Monthly Benefit limitation will also be disregarded in determining the amount of the total insured payroll.]

[The Premium Rate for [Supplemental Life Insurance, Supplemental Spouse Life Insurance, Long Term Disability, and Short Term Disability] will increase on the Policy Anniversary following the date the employee enters the next higher age bracket.]

[The minimum monthly premium for a group is \$35.00]. [The minimum monthly premium for a group is \$50.00.]

The Initial Monthly Premium Rates may be converted as follows:

To Convert Rates to:	Use a Conversion Factor of:
-- annual rates	11.8227
-- semi-annual rates	5.9557
-- quarterly rates	2.9852

4.02 PARTICIPATION REQUIREMENTS: [United Heritage reserves the right to terminate [Employee Life Insurance, Short Term Disability, and Long Term Disability Benefits] on any premium due date on which:

- there are fewer than [10] persons insured for Coverage; or
- less than 100% of the persons eligible for Coverage on a Non-Contributory Basis are insured; or
- less than 75% of the persons eligible for Coverage on a Contributory Basis are insured.

United Heritage reserves the right to terminate Dependent Life Insurance Benefits on any premium due date on which:

- less than 100% of the persons eligible for Dependent Coverage on a Non-Contributory Basis are insured; or
- less than [75%] of the persons eligible for Dependent Coverage on a Contributory Basis are insured.

United Heritage reserves the right to terminate Supplemental Life Benefits on any premium due date on which:

- there are fewer than [10] persons insured for Supplemental Coverage; or
- less than [25%] of the persons eligible for Supplemental Coverage are insured.

United Heritage reserves the right to terminate Voluntary Disability Benefits on any premium due date on which:

- there are fewer than [10] persons insured for Voluntary Coverage; or
- less than [25%] of the persons eligible for Voluntary Coverage are insured.]

United Heritage shall give the Policyholder [31/60] days notice of its intent to terminate any Insurance Benefit.]

4.03 CHANGE IN MONTHLY PREMIUM RATES Initial Monthly Premium rates are guaranteed as follows:

<u>[Basic Life Insurance</u>	> months
<u>Basic Accidental Death, Dismemberment and Loss of Sight Insurance</u>	> months
<u>Basic Dependent Life Insurance</u>	> months
<u>Supplemental Life Insurance</u>	> months
<u>Supplemental Spouse Life Insurance</u>	> months
<u>Supplemental Accidental Death, Dismemberment and Loss of Sight Insurance</u>	> months
<u>Supplemental Spouse Accidental Death, Dismemberment and Loss of Sight Insurance</u>	> months
<u>Supplemental Child Life Insurance</u>	> months
<u>Long Term Disability Insurance</u>	> months
<u>Short Term Disability Insurance</u>	> months
<u>Voluntary Long Term Disability Insurance</u>	> months
<u>Voluntary Short Term Disability Insurance</u>	> months]

Subject to the Rate Guarantee period shown above, United Heritage has the right to change premium rates on any premium due date if:

- written notice is delivered to the Policyholder's last address on record; and
- the change is effective at least [31/60] days after the date of notice.

The rate guarantee described above (the "Rate Guarantee") supersedes only those provisions appearing elsewhere in this policy which give United Heritage the right to change the premium rates, and then, only for the period of time stated for the Rate Guarantee. However, United Heritage may change the premium rates during the Rate Guarantee period if there is a change in the policy, or if there is a 15% increase or decrease in the number of insured employees, or if the Policyholder adds or deletes a subsidiary or affiliated business entity. United Heritage may also change the premium rates during the Guarantee Period if there has been a material misstatement in the reported experience during the pre-sale process. The Rate Guarantee in no way affects, amends or supersedes any other provision in this policy.

4.04 CALCULATION Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.

If any insurance is added, increased or becomes effective after the policy is in force, the premium charges will begin:

- the day the coverage is effective, if it is also the first day of a policy month; or if not
- the first day of the next policy month.

For insurance which is terminated, premium charges will stop:

- On the first day of the month if it is the same as the termination date; or
- On the first day of the next month after the termination date, if not the same.

Premiums may be calculated by any other method which both United Heritage and the Policyholder agree to in writing.

Premium adjustment for any reason will:

- Be made back from the date proof of error is received by United Heritage; and
- Not cover any period prior to 12 months from the date United Heritage received the proof of error.

The above manner of charging Premium is for accounting purposes only and shall not extend insurance coverage beyond a date it would otherwise have terminated.

4.05 PREMIUM PAYMENTS Premium payments are due and payable in full to a place designated by United Heritage or, with respect to the initial premium payment, premium payments may be made to an authorized agent of United Heritage.

Payment of premiums for a period before it is due will not guarantee the insurance for that period.

4.06 EXPERIENCE RATING If the policy is experience rated, any credit amount due the Policyholder will be allowed him on the Policy Anniversary Date and, at the Policyholder's request, will be:

- paid to him in cash; or
- used to reduce his premiums.
- used to provide additional insurance for Covered Persons.

Any credit amount shall be determined by the rating plan or plans used by United Heritage.

4.07 COMBINED EXPERIENCE If the experience of this policy is combined with other policies, it shall be combined only with the experience of the following Policies:

SECTION V POLICY PROVISIONS

5.01 ENTIRE CONTRACT The contract between the parties consists of:

- the policy;
- the application of the Policyholder, a copy of which is attached to and made a part of the policy when issued; and
- the applications, if any, of each insured person.

We have assumed that all statements made by the Policyholder, Employers, and persons insured under the policy are true and complete to the best of the knowledge and belief of the person(s) making them. No statement will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his beneficiary. If any of the answers are not true or complete, we may have the right to contest the policy.

5.02 INCONTESTABILITY Except for non-payment of premium, the insurance provided by the policy cannot be contested after a period of 2 years from the date of issue of such insurance.

5.03 CHANGE IN THE POLICY No change may be made unless approved in writing by the President; or a Vice President; an Assistant Vice President; a Secretary; or an Assistant Secretary of United Heritage. No other person may change or waive any part of the policy. Any approved change shall be added to the policy in writing.

If any change to state or federal law, including but not limited to the Federal Social Security Act, affects United Heritage's liability under the policy, United Heritage may change the policy, the premiums or both. Such change:

- will be effective as of the date of the change to the state or federal law;
- will not be made until United Heritage gives the Policyholder 31 days notice.

5.04 RIGHT TO AMEND Notwithstanding the above, after the policy has been in force for 12 months, United Heritage may change any or all of the provisions of this contract by notifying the Policyholder. United Heritage must give the Policyholder at least 31 days advance written notice of any change.

5.05 GRACE PERIOD United Heritage will allow the Policyholder a [31] day grace period for the payment of all premiums after the first. During this [31] day period, the policy will stay in force. If the owed premium is not paid by the [31] [st, rd, etc.] day, the policy will automatically terminate. If the Policyholder gives United Heritage written advance notice of an earlier cancellation date, the policy will terminate on the earlier date. Premium is due for each day the policy is in force.

5.06 TERMINATION OF POLICY United Heritage may terminate the policy for the following reasons by giving the Policyholder [31/60]days written notice:

- The Policyholder fails to furnish any information which United Heritage may reasonably require; or
- The Policyholder fails to perform any of his other obligations pertaining to this policy; or
- The Participation Requirements outlined in Section III of this Policy are not met; or
- 50% or more of the Insured Person's are related by blood or marriage.

In addition, United Heritage may terminate this policy on any premium due date after the policy has been in force for 12 months.

5.07 CERTIFICATE United Heritage will give the Policyholder an individual Booklet-certificate for each insured employee. The Booklet-certificate is part of the policy, and will explain the important features of the policy.

5.08 MISSTATEMENT OF AGE If a Covered Person's age has been incorrectly stated, the premium rate will be adjusted to correct his age. If the change in age affects his benefits, the benefits and any required premium adjustment will be made accordingly.

5.09 DATA TO BE FURNISHED The Policyholder will give United Heritage all information United Heritage needs regarding matters pertaining to the insurance. At any reasonable time while the policy is in force and for 1 year after that, United Heritage may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this policy.

If the Policyholder gives United Heritage any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder. Any required adjustment may be made in premiums or benefits.

5.10 NO REPLACEMENT FOR WORKERS' COMPENSATION The policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

5.11 TIME PERIOD All periods begin and end at 12:01 A.M., standard time, at the Policyholder's address.

5.12 JURISDICTION This policy is governed by the laws of the state where it is delivered.

[5.13 DISCLOSURE OF FEES

The Company may reduce or adjust premiums, rates, fees and/or other expenses for programs under The [Policy].]

[5.14 DISCLOSURE OF SERVICES

In addition to the insurance coverage, The Company may offer noninsurance benefits and services to [Active [Employees]].]

[5.15 DISCLOSURE OF PAYMENT TO [THE POLICYHOLDER]

The Company [has agreed to] make payment to [the Policyholder] for reimbursement of cost(s) associated with [:

- 1) audit;
- 2) marketing communication services; and
- 3) [other] administrative expenses.]]

Introduction of new language or change. Variable language is identified in brackets ([]) in the provisions.

Form Series #	Section	Provision	Paragraph #	Description of Variables
RGP(08-2009)	Face Page	Name of policyholder	n/a	Varies by case
		Policy numbers	n/a	Varies by case
		Effective date	n/a	Varies by case
		Place of delivery	n/a	Varies by case
		Anniversary date	n/a	Varies by case
		Premium due dates	n/a	Varies by case
	Participant Employer	Participant Employer	1.01	Varies by case
	Incorporation Provision	Booklet-certificate forms	2.01	Include booklet-certificate identifier assigned to cert. That will link policy of inc. and booklet-certificate to form a "policy"
		Endorsement forms	2.01	Include appropriate endorsement form number and identifier to link booklet-certificate's endorsement to the policy of incorporation to form a "policy"
	Schedule of Insurance	Lines of coverage	3.01	List coverage types included under policy
		Booklet-certificate identifier	3.01	Include booklet-certificate identifier assigned to cert.
	Premiums	Lines of Coverage and initial monthly premium rates	4.01	List coverage type(s) included under policy and initial monthly premium rates
		Initial monthly premium rates	4.01	Varies by case
		For Long Term Disability ... paragraph	4.01	Include paragraph only if LTD sold on "insured payroll" basis
		For Supplemental		Include paragraph for Supplemental if premiums increase once each year on the Policy Anniversary
		Minimum Monthly Premium	4.01	Include appropriate minimum premium requirement
		Participation Requirements	4.02	Edit for coverage type(s) included in policy
				Varies by case; 31 days is standard
		Change in monthly premium rates	4.03	List coverage type(s) included under policy and initial rate guarantee period
			4.03	Varies by case; 31 days is standard
		Experience Rating	4.06	Include only if policy is experience rated
		Combined Experience	4.07	Include only if policy's experience is combined with other policies' experience
	Policy Provisions	Grace period	5.05	Varies by case; 31 days is standard
		Termination of Policy	5.06	Varies by case; 31 days is standard
		Disclosure of Fees	5.13	May be deleted; "Policy" may be referred to as "Plan" or some other term to accommodate the structure of the policyholder
		Disclosure of Services	5.14	May be deleted or "Active Employees" may be revised to include Retirees or "Employees" may be referred to as "Members" or "Associates" or some other term to accommodate the policyholder's structure
		Disclosure of Payment to the Policyholder	5.15	Text may be deleted or "has agreed to" may be changed to "may" or items listed may be deleted or "other" may be deleted



UNITED HERITAGE[®]
Life Insurance Company

CERTIFICATE [AMENDMENT/RIDER]

This [Amendment/Rider] forms a part of the Certificate for Group Policy No. [XXXXXXXXXX] issued to:

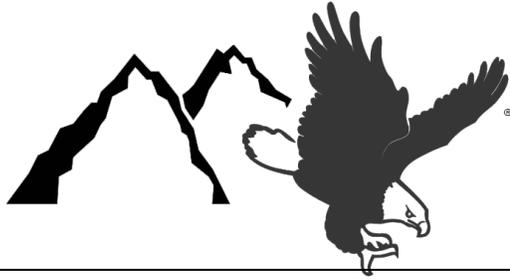
[XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX]
the Policyholder

The Effective Date of this change is [XXXXXXXXXXXXXXXXXX], or the Effective Date of your Certificate, whichever is later. [The change only applies to Disabilities which start on or after the Effective Date.]

The Certificate's terms and provisions will apply other than as stated in this [Amendment/Rider].

**UNITED HERITAGE LIFE
INSURANCE COMPANY**

President



UNITED HERITAGE®
Life Insurance Company

GROUP INSURANCE [AMENDMENT/RIDER] NO. [X]

This [Amendment/Rider] forms a part of Group Policy No. [GL-0000] issued to:

[XXXXXXXXXXXXXXXXXXXXXXX]
the Policyholder

The Effective Date of this change is [XXXXXXXXXXXXXXXXXXXXXXX]. [The change only applies to Disabilities which start on or after the Effective Date.]

The Policy's terms and provisions will apply other than as stated in this [Amendment/Rider].

**UNITED HERITAGE LIFE
INSURANCE COMPANY**

Date _____

President

Registrar



UNITED HERITAGE®
Life Insurance Company

GROUP INSURANCE [AMENDMENT/RIDER] NO. [X]

This [Amendment/Rider] forms a part of Group Policy No. [xxxxxx] issued to:

[xxxxxxxxxxxxxx]
the Policyholder

The Effective Date of this change is [xxxxxxxxxxxxxxxxxxxx]. [The change only applies to Disabilities which start on or after the Effective Date.]

The Policy's terms and provisions will apply other than as stated in this [Amendment/Rider].

ACCEPTED BY POLICYHOLDER

**UNITED HERITAGE LIFE
INSURANCE COMPANY**

Date _____

Date _____

Signature of Officer

President

Title

Registrar

Statement of Variable Language
Group Life Insurance
SOVL Amendment-Rider Forms(08-2009)
GCA(08-2009), GPA1(08-2009), GPA2(08-2009)

Form #			Variable #	Description of Variable	
GPA1(08-2009), GPA2(08-2009), GCA(08-2009)				Rider may be attached to any benefit or provision herein in order to provide additional or optional benefits or provisions after the certificate is issued; may also be used to amend variable language in certificate after issue. GPA forms are attached to the policy and the GCA form is attached to the certificate. GPA1(08-2009) does not require the Policyholder's signature and GPA2(08-2009) requires the Policyholder's signature.	Optional Module
GPA1(08-2009), GPA2(08-2009), GCA(08-2009)			1	Amendment/Rider Number	
GPA1(08-2009), GPA2(08-2009), GCA(08-2009)			2	Policyholder name and Policy number may be stated	
GPA1(08-2009), GPA2(08-2009), GCA(08-2009)			3	actual effective date may be stated here or some other determinate of rider effective date, including but not limited to "effective from X to X"	
GPA1(08-2009), GPA2(08-2009), GCA(08-2009)			4	may be deleted	

GPA1(08-2009), GPA2(08-2009), GCA(08-2009)			5	signatures will change if officers change	
---	--	--	---	---	--

APPLICATION FOR GROUP LIFE INSURANCE



P.O. BOX 7777, MERIDIAN, IDAHO 83680-7777

1. Legal Name of Policyholder _____																	
2. Address of Policyholder _____	Telephone _____																
3. Name of Subsidiaries, Divisions or Affiliates to be Covered _____	4. Person Responsible for Administration of the Plan: _____ email address _____																
5. Nature of Business _____	6. Tax ID # _____																
7. Effective date - 12:01 A.M. Month _____ Day _____ Year _____	8. Deposit of \$ _____ to apply on the First Premium.																
EMPLOYEE ELIGIBILITY:																	
9. Eligible Classes _____	10. Eligible Employees Must Work at Least _____ hrs. Per Week and be reported for Social Security Purposes.																
11. Employees will be Eligible after Working for the Policyholder: Present Employees _____ Months/Days New Employees _____ Months/Days																	
12. Number of Employees: _____ Eligible _____ Enrolled If dependent benefits are included, number of eligible employees with eligible dependents: _____ Eligible _____ Enrolled																	
13. Employees are required to contribute towards cost: Employee Insurance: () Yes () No If yes, the Employee will contribute _____. Dependent Insurance: () Yes () No If yes, the Employee will contribute _____.																	
POLICY FEATURES: (enter information from proposal)																	
14. Employee Classification	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;"></th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Amount of Insurance</th> </tr> <tr> <td></td> <td style="width: 20%; text-align: center;">Life</td> <td style="width: 20%; text-align: center;">AD & D</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>		Amount of Insurance			Life	AD & D										
	Amount of Insurance																
	Life	AD & D															
15. Dependent Group Life Insurance: () Yes () No If yes, complete this section.																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;"><u>Classification</u></th> <th style="width: 25%;"><u>Amount of Insurance</u></th> <th style="width: 25%;"><u>Classification</u></th> <th style="width: 25%;"><u>Amount of Insurance</u></th> </tr> <tr> <td>Spouse</td> <td>_____</td> <td>Children: _____</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Classification</u>	<u>Amount of Insurance</u>	<u>Classification</u>	<u>Amount of Insurance</u>	Spouse	_____	Children: _____	_____			_____	_____			_____	_____	
<u>Classification</u>	<u>Amount of Insurance</u>	<u>Classification</u>	<u>Amount of Insurance</u>														
Spouse	_____	Children: _____	_____														
		_____	_____														
		_____	_____														
16. Accelerated Death Benefit: () Yes () No If yes, () Employee only () Employee & Dependents																	

17. Accidental Death & Dismemberment Benefits (AD&D): () Yes () No

18. Employee Supplemental Life Insurance () Yes () No If yes, complete this section.

<u>Employee Classification</u>	<u>Amount of Supplemental Insurance</u>	
	<u>Life</u>	<u>AD & D</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Dependent Supplemental Life Insurance: () Yes () No If yes, complete this section.

<u>Classification</u>	<u>Amount of Insurance</u>	<u>Classification</u>	<u>Amount of Insurance</u>
Spouse	_____	Children: _____	_____
		_____	_____
		_____	_____

20. Does coverage continue for retired employees? () Yes () No If yes, complete the Retiree Specification sheet.

21. Is this a Replacement of Similar coverage? () Yes () No If yes, termination date of prior plan _____
Previous Company _____

22. Agent of Record (provided he is duly licensed as required by law):

Agents Name _____ Agency Name _____

Pay commission to: Agent Agency

23. The Applicant agrees that if the entire premium is paid for by the applicant, all eligible employees and dependents will be enrolled and reported to the Company as they become eligible.

24. The Applicant agrees that if eligible employees are required to contribute towards the cost, all eligible employees will be given an opportunity to enroll for insurance and to make the required premium contribution; and at least _____% of the eligible persons will be enrolled, for contributory coverage; and/or at least _____% of the eligible persons will be enrolled for voluntary coverage.

25. The Applicant agrees that no insurance shall take effect unless this application is approved by United Heritage Life Insurance Company, Meridian, Idaho.

26. This Application supercedes any previous application for this insurance coverage.

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

Dated at _____ on _____
(City & State) (Date)

Witness _____ Applicant _____

By _____

Title _____

Supplemental Life Simplified Medical Underwriting Application

Please answer the following questions by checking yes or no in the designated box. Upon completion, please sign and return this Form along with your completed Enrollment Application.

During the past 5 years, have you (or anyone proposed for coverage) been diagnosed or treated by a member of the medical profession for any of the following: heart condition; cancer; chronic/recurrent respiratory disease; diabetes; kidney or liver disease; or Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)?

Employee: Yes No Spouse: Yes No N/A

During the past 5 years, have you (or anyone proposed for coverage) been declined for any life insurance coverage?

Employee: Yes No Spouse: Yes No N/A

NOTICE

I hereby certify that the above answers are complete and true to the best of my knowledge and belief concerning the past and present state of health and medical history of the person(s) to whom the answers relate. I agree that this document and all its contents shall form a part of my enrollment request for group benefits.

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

EMPLOYEE'S SIGNATURE: _____
(Required) or Legal representative to Applicant

DATE SIGNED: _____ Relationship: _____

SPOUSE'S SIGNATURE: _____
(Required only if applying for Life Coverage) or Legal representative to Spouse

DATE SIGNED: _____ Relationship: _____



United Heritage Life Insurance Company (208) 493-6100 or Toll-Free 1-800-657-6351
707 E. United Heritage Ct., Meridian, Idaho 83642-3527 P.O. Box 7777, Meridian, Idaho 83680-7777
<http://www.unitedheritage.com>



United Heritage Life Insurance Company Group Insurance Beneficiary and Enrollment Form

P.O. Box 7777 - Meridian, ID 83680-7777

Please fill out Sections 1-6 for personal information on the employee.

1. Employee's Last Name	First	Middle Initial	Date of Birth (Month/Day/Yr.)	Group Number
2. Name of Employer		Employee Job Title	Full-Time Employment (Month/Day/Yr.)	Hours Worked Per Week
3. Male <input type="checkbox"/> Female <input type="checkbox"/>	4. Social Security Number		5. Gross Monthly Salary	

**Please fill out Section 6 ONLY if your plan has employee Life Insurance.
Your primary beneficiary will receive your death benefit in the event of your death.
The contingent beneficiary will receive your death benefit if the primary beneficiary is no longer living.**

6. Primary Beneficiary's Last Name	First	Middle Initial	Relationship to You
Full Address of Beneficiary			Phone
Contingent Beneficiary's Last Name	First	Middle Initial	Relationship to You
Full Address of Contingent Beneficiary			Phone

**Please fill out Section 7 if you, the "insured" are paying for all or a portion of your premium payment.
Also mark which benefits offered by your employer, you would like to be provided in your Group Policy.
Make sure you fully understand the benefits offered by your employer first.
NOTE: EVIDENCE OF INSURABILITY MAY BE REQUIRED.**

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
7. Employee Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Short Term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____		
Short Term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental/Voluntary Group Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Employee Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Additional Buy-Up LTD Plan	<input type="checkbox"/>	<input type="checkbox"/>	Spouse Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
			Children's Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Please fill out Section 8 ONLY if your plan has Dependent Life (Spouse, and unmarried Children).

8. Marital Status	Date of Birth of Spouse (Month/Day/Yr.)	Number of eligible Dependents (Include Spouse)
Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>		

9. Unless otherwise provided herein, Beneficiaries designated to share proceeds shall share equally and the share of any Beneficiary who does not survive me shall be paid to the Contingent Beneficiary. If no Beneficiary survives me, the payment shall be made according to the terms of the policy, subject to revocation by me by written notice to my employer. I request the insurance provided by my employer's group insurance plan(s), and authorize the required deduction, (if any) from my wages.

United Heritage Life Insurance Company assumes no responsibility for the beneficiary designation complying with any community property laws relating to the designation. Community property states include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

Date Signed _____ **Employee Signature** _____



PERSONAL HEALTH STATEMENT

Employees must complete this form if they have requested insurance coverage for themselves or any of their family members and are required to show evidence of good health.

For questions about how to complete this form, call United Heritage Life Insurance Company at

1-800-657-6351

Upon Completion:

Send both the Employer and Employee sections of this form to:

United Heritage Life Insurance Company

Group Department

P.O. Box 7777

Meridian, Idaho 83680-7777

**Please remember your form can not be processed without your signature and current date.
Please keep a copy of the completed forms for your records**

Instructions

Employer's Responsibility

1. Fill out the Employer Section completely. Please note an incomplete form will result in further correspondence that will delay the final time to decision. (Refer to your Policy Contract and employee records.)
2. In Section #1 "Who Requires a Personal Health Statement?" indicate with a check mark all who are required to provide evidence of good health – employee, spouse or child– and for each, check the reason(s) why. Refer to your Policy Contract for coverage amounts, eligibility periods (for late entrant determination) and guarantee issue limits.
3. In Section #2 "Coverage Summary," complete all coverage amounts for each Enrollee. **Basic Life Coverage amounts are important and must be included for all Enrollees requesting additional Life coverage.** Refer to your policy contract and employee records to determine current coverage amounts, if any.
4. After completing the Employer section, forward the entire form, including both the Employer and Employee Sections, to the employee to complete.
5. No premiums should be deducted on additional amounts applied for until a final decision regarding coverage is received from United Heritage Life Insurance Company's Group Underwriting Department.

Employee's Responsibility

1. Make sure your Employer has already completed the Employer Section of this form in full.
2. The Employer Section clarifies which Enrollees need to show evidence of good health and be listed on this Personal Health Statement. Refer to EMPLOYER SECTION 1 of the form where a box has been marked for each person who is required to fill out a Personal Health Statement – you (the employee), your spouse or child. Enter the names of these individuals on the Personal Health Statement under EMPLOYEE SECTION 1 "Enrollees Requiring Health Evaluation," and fill in the information requested.
3. Answer all questions completely and accurately. Even minor details like height and weight are very important and must be accurate.
4. An enrollee will be responsible to pay for the cost of physical exams, medical tests or medical records retrieval if they are required now or are requested during the underwriting process.
5. **YOU, THE EMPLOYEE MUST SIGN THIS FORM IN BOTH AREAS INDICATED** (even if you yourself are not applying for coverage). Use your full legal signature, and enter the date signed. Your spouse must sign this form **ONLY** if using this form to apply for coverage. He or she must use a full legal signature, and enter the date signed.
6. **BOTH THE EMPLOYER AND EMPLOYEE SECTIONS OF THIS FORM MUST BE COMPLETED AND RECEIVED BY UNITED HERITAGE WITHIN 30 DAYS OF THE SIGNATURE DATE.**
7. The medical and personal information you complete on this form will be considered "current" up to 90 days from the date this form is signed. Leaving information blank can result in delays or may result in your file being closed.

EMPLOYER SECTION

Personal Health Statement

Please print in dark ink. Initial any changes.

Employer Name:

Division/Subsidiary Name (If Applicable):

Mailing Address:

City:

State:

Zip:

Policy Number:

Benefits Contact Person:

Telephone Number: ()

E-Mail:

Employee Name:

Employee Social Security Number:

Date of Hire:

Family Status Change Date:

Employee Base Annual Earnings (BAE): \$

EMPLOYER SECTION 1: Who requires a Personal Health Statement?

Check box for each Enrollee who requires evidence of good health with a Personal Health Statement (PHS), and specify the reason(s) why:

Check all reasons that apply. Identify any Enrollees requiring a Personal Health Statement

EE	<input type="checkbox"/> New Hire Newly eligible employee electing coverage for the first time during eligibility period.	<input type="checkbox"/> Over Guaranteed Issue Limit (GI) Election being made which requires medical underwriting, as it is above the GI benefit amount.	<input type="checkbox"/> Opting up to Higher Level of Coverage e.g. from 1 to 2 times salary or increasing in specified incremental dollar amounts as allowed by the plan.	<input type="checkbox"/> Late Entrant Employee who did not enroll during his/her eligibility periods.	<input type="checkbox"/> Add Benefit Adding a benefit that requires a Personal Health Statement.
Employee					
SP	<input type="checkbox"/> New Hire Spouse electing coverage for the first time with a newly eligible employee during eligibility period.	<input type="checkbox"/> Over Guaranteed Issue Limit (GI) Election being made which requires medical underwriting, as it is above the GI benefit amount.	<input type="checkbox"/> Opting up to Higher Level of Coverage e.g. from \$10,000 to \$20,000 in coverage.	<input type="checkbox"/> Late Entrant Spouse did not enroll during his/her eligibility period.	<input type="checkbox"/> Add Benefit Adding a benefit that requires a Personal Health Statement.
Spouse					
CH	<input type="checkbox"/> New Hire Child electing coverage for the first time with a newly eligible employee during eligibility period.	<input type="checkbox"/> Over Guaranteed Issue Limit (GI) Election being made which requires medical underwriting, as it is above the GI benefit amount.	<input type="checkbox"/> Opting up to Higher Level of Coverage e.g. from \$10,000 to \$20,000 in coverage.	<input type="checkbox"/> Late Entrant Child did not enroll during his/her eligibility period.	<input type="checkbox"/> Add Benefit Adding a benefit that requires a Personal Health Statement.
Child					

EMPLOYER SECTION 2: Complete for each Enrollee.

Is EMPLOYEE applying for:

Short Term Disability

Long Term Disability

Basic Life Insurance

If Voluntary, Amt \$ _____

If Voluntary, Amt \$ _____

Basic Dependent Life

(Only if Applicable)

LIFE - Additional, Supplemental or Voluntary (Complete Table Below)

Be sure to include any Basic Life Coverage as a dollar amount for all Enrollees requesting supplemental life coverage.

Enrollees for Life Coverage	Current Guarantee Issue (GI) Amount In Force <i>(This includes any GI coverage if eligible. This would apply to new hires electing for the first time) If no GI coverage, enter -0-</i>	Initial or Additional Amount Applied For <i>(This amount reflects only the amount to be medically underwritten)</i>	Total Coverage <i>(Combined total of the amount currently in force, if any, and the amount being underwritten)</i>
Employee:			
Basic Life	\$, _____	\$, _____	\$, _____
Suppl. Life or Voluntary Life	\$, _____	\$, _____	\$, _____
Salary multiples for BAE plans (BAE-Base Annual Earnings)	1x 2x 3x 4 x 5x ___ x Other multiple	1x 2x 3x 4 x 5x ___ x Other multiple	1x 2x 3x 4 x 5x ___ x Other multiple
Spouse:			
Basic Life	\$, _____	\$, _____	\$, _____
Suppl. Life or Voluntary Life	\$, _____	\$, _____	\$, _____
Child:			
Basic Life	\$, _____	\$, _____	\$, _____
Suppl. Life or Voluntary Life	\$, _____	\$, _____	\$, _____

EMPLOYEE SECTION

Personal Health Statement

BEFORE MAILING

Please print in dark ink. Initial any changes

Employee First Name:	MI:	Last Name:
Mailing Address:		
City:	ST:	ZIP:
Social Security Number:	Occupation:	
Can we call you for any additional or missing information?: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Work Phone: ()	
E-Mail:	Home Phone: ()	

• Answer all the questions and **DATE and SIGN** this form in both areas indicated.
 • Keep a copy for your records.
Mail the completed Employer and Employee section to:
 United Heritage Life Ins. Co.
 Group Department
 P.O. Box 7777
 Meridian, Idaho 83680-7777

EMPLOYEE SECTION 1: Enrollees Requiring Health Evaluation (This is critical information and if left blank further correspondence will be generated)

List below the names of Enrollees identified in Employer Section I.

First Name, MI, Last Name	ENROLLEES	HEIGHT (ft/in) Required	WEIGHT (lbs) Required	DATE OF BIRTH Required	GENDER
_____	Employee	_____	_____	___ - ___ - ___	M F
_____	Spouse	_____	_____	___ - ___ - ___	M F
_____	Child	_____	_____	___ - ___ - ___	M F
_____	(all eligible children must be listed)	_____	_____	___ - ___ - ___	M F
_____		_____	_____	___ - ___ - ___	M F

EMPLOYEE SECTION 2: Health Questions

Questions 1-11 are to be answered by all Enrollees listed above. **For all "Yes" answers; provide additional details in the sections provided.**

During the past 10 years have you or any of your dependents: YES NO

1. Had or been told to have surgery, been hospitalized, filed for Worker's Compensation, been declined for life, health or disability insurance, or consulted or been examined by any healthcare provider for anything other than normal physical exams or acute illnesses such as cold, flu or sore throat?

During the past 10 years have you or any of your dependents been diagnosed as having or been treated for: (Applies to questions 2-7 only)

2. Heart disease, stroke, circulatory problems, diabetes, cancer, tumor, or any congenital, digestive, liver, thyroid, kidney, bladder or urinary tract disease or disorder?
3. Asthma, bronchitis, emphysema, allergies, pneumonia or other respiratory condition or disorder?
4. Brain or nervous system problems, epilepsy, depression or any other psychiatric, mental or nervous disorder?
5. Arthritis, rheumatism, back, spine or any other skeletal or muscular disease or disorder?
6. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for antibodies to the AIDS virus?
7. Alcohol or substance abuse or been advised to limit or cease consumption of or seek treatment for the use of alcohol and drugs?

Currently are you or any of your dependents: (Applies to questions 8-11 only)

8. Pregnant?
9. Taking medication for any condition or disease?
10. Have you or your dependents experienced enlarged lymph nodes or unexplained weight loss?
11. Have you or your dependents had any injury, birth defect, congenital defect, disease or other disorder not mentioned above?

Furnish details here for any "Yes" answers on question 1 through 11: *(Use a separate sheet if more room is required.)*

Question Number			
Name of Enrollee			
Medical Condition			
Date Treatment Started			
Duration			
Current Status			
Treatment/Medication			
Names and Addresses of Physicians Consulted			

Furnish details here for any "Yes" answers on question 1 through 11: *(Use a separate sheet if more room is required.)*

Question Number			
Name of Enrollee			
Medical Condition			
Date Treatment Started			
Duration			
Current Status			
Treatment/Medication			
Names and Addresses of Physicians Consulted			

Notice: Enrollee is required to notify United Heritage Life Insurance Company in writing of any changes in any enrollee's medical condition between the date that enrollee signs this form and the date coverage is approved.

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

For your protection please be aware 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 civil fines and criminal penalties. This information may be used by the United Heritage Life Insurance Company to decide if the person(s) is/are eligible for coverage.

EMPLOYEE'S SIGNATURE (required)

____ - ____ - ____
DATE SIGNED

SPOUSE'S SIGNATURE
(required only if applying for coverage)

____ - ____ - ____
DATE SIGNED

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 FINES AND CRIMINAL PENALTIES.

EMPLOYEE SECTION 3: Enrollee Authorization

Employee Name – First Name

MI

Last Name

SSN

**Authorization to Disclose Protected Health Information
To Be Used To Determine Eligibility for Group Life and/or Disability Income Coverage**

I have requested insurance coverage under a Group Life and/or Disability Income Policy issued by United Heritage Life Insurance Company (UHLIC). To properly assess my eligibility for this coverage, UHLIC may require that I authorize disclosure of a copy of my entire medical file to them. This authorization is consistent with the requirements under §164.508(c) of the Standards for the Privacy of Individually Identifiable Health Information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), effective April 14, 2003.

I **authorize** any physician, medical or health practitioner, counselor, therapist, hospital, clinic, or other medical or medically-related facility, insurance or reinsurance company, the Medical Information Bureau, Inc., consumer reporting agency or employer that has records or knowledge of me, or my health, or my children, or their health, to disclose to the UHLIC or its representatives, any non-medical information or medical information, including but not limited to x-rays, photocopies of medical records, medical histories, physical, mental or diagnostic examinations and treatment notes, that relates to: 1) Pre-existing or current illnesses, sicknesses, disease, disabilities, disorders, accidents, injuries or any other health conditions; 2) Confinements in hospitals, medical facilities or medical clinics; 3) Outpatient treatment in hospitals, hospital emergency rooms, medical facilities or clinics, or by medical doctors or other health practitioners; 4) Drug abuse, alcohol abuse, or mental health information protected by Federal Law; 5) Counseling or therapy. (All of the foregoing information is called “health information” in the following sections.) **UHLIC will use this information to assess my eligibility and/or claim for insurance or benefits coverage under an existing Group Life and/or Disability Income policy.**

By signing this form I acknowledge that I **understand** the following:

- That any health information used or disclosed in accordance with this authorization may be subject to re-disclosure by the recipient and no longer subject to the privacy protections of HIPAA.
- That my request for coverage may be delayed and/or denied if UHLIC is unable to obtain health information necessary to properly assess its underwriting risk because I do not properly sign, date, and deliver this authorization or any person subject to HIPAA that receives it does not comply with it.
- That if UHLIC denies my request for coverage and this denial is based, in whole or in part, on health information obtained in connection with this authorization, UHLIC will not release this information to me unless otherwise authorized by the person or entity, including my physician or other medical professionals, that disclosed such information to UHLIC unless required by law.
- That, if necessary, UHLIC will send this authorization to persons or entities listed on my Personal Health Statement to receive health information about me. UHLIC will also provide me with written notice of the persons or entities to which UHLIC sends my authorization. I have a right, at any time, to revoke this authorization by submitting a written request directly to such persons or entities. My revocation will not be effective to the extent that action has been taken in reliance upon this authorization or the authorization was granted as a condition for obtaining insurance coverage and UHLIC otherwise has the right to contest the policy or claim under the policy.
- That this authorization will expire two (2) years from the effective date of my coverage or if no coverage has been issued, one (1) year from the date of this application.
- That a photographic copy of this authorization shall be as valid as the original.
- That I am entitled to a signed copy of this authorization.

EMPLOYEE’ S SIGNATURE
(required)

SPOUSE’ S SIGNATURE
(required only if applying for coverage)

____ - ____ - ____
DATE SIGNED

____ - ____ - ____
DATE SIGNED

This section is very important. Your form cannot be processed without it.

Questions? Call 1-800-657-6351

Group Administration Card

EMPLOYEE'S NAME (PLEASE PRINT) _____

EMPLOYER _____ POLICY NUMBER _____

A. WAIVER/TERMINATION OF GROUP INSURANCE COVERAGE: I certify that I have been given an opportunity to apply for the Group Insurance benefits checked below, I understand fully the benefits of the plan, and decline/request termination of the coverage. I understand that any current insurance will terminate at the end of the period of the last premium payment.

- | | | |
|--|---|---|
| <input type="checkbox"/> Basic Group Life | <input type="checkbox"/> Additional/Voluntary Group Life | <input type="checkbox"/> Group Short Term Disability |
| <input type="checkbox"/> Myself Only | <input type="checkbox"/> Myself Only | <input type="checkbox"/> Group Long Term Disability |
| <input type="checkbox"/> My Dependents Only | <input type="checkbox"/> My Spouse Only | <input type="checkbox"/> Group Vision |
| <input type="checkbox"/> Myself & My Dependents | <input type="checkbox"/> My Children Only | <input type="checkbox"/> My Dependents Only |
| | <input type="checkbox"/> Myself, Spouse & Dependents | |

B. REQUEST FOR REDUCTION IN GROUP INSURANCE COVERAGE: I request that my benefit be reduced as listed below. I understand that the reduced benefit will be effective on the first day of the month following the date this request form is signed.

Benefit	From	To
<input type="checkbox"/> Additional/Voluntary Group Life		
<input type="checkbox"/> Myself	\$ _____	\$ _____
<input type="checkbox"/> My Spouse	\$ _____	\$ _____
<input type="checkbox"/> My Children	\$ _____	\$ _____
<input type="checkbox"/> Short Term Disability	\$ _____	_____

Sign here for item A & B I understand that if I wish to apply for this insurance at a later date, satisfactory Evidence of Insurability will be required at my own expense.

_____ Date _____ Signature of Employee

C. REQUEST FOR CHANGE OF BENEFICIARY: I hereby designate the person or persons named below as beneficiary, revoking any other beneficiary designation, such change to be effective according to the terms and conditions of the group policy. Unless otherwise provided herein, beneficiaries designated to share proceeds shall share equally and the share of a beneficiary who does not survive me shall be paid to the surviving beneficiary. If no beneficiary survives me, payment shall be made according to the terms of the Policy, subject to revocation by me by written notice to my employer.

PRIMARY BENEFICIARY'S LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO YOU
FULL ADDRESS OF BENEFICIARY			PHONE
CONTINGENT BENEFICIARY'S LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO YOU
FULL ADDRESS OF BENEFICIARY			PHONE

D. REPORT OF CHANGE OF NAME: I hereby request that the records kept in connection with the Group Policy reflect the following change of name: Insured Person Beneficiary

_____ Date of Change _____ From _____ To _____

E. REQUEST FOR ADDITION OF DEPENDENTS: I hereby apply for Dependent Life insurance on all of my dependents who are now eligible as defined in the Group Policy and any dependents who may hereafter become eligible, subject to revocation by me by written notice to my employer. I authorize the required deduction (if any) from my wages.

_____ Date of Marriage _____ Spouse's Name _____ Number of Eligible Children _____

Sign here for item C, D, & E:		Recorded on behalf of the Company subject to the terms and conditions of the Group Policy.	
_____ Date _____	_____ Signature of Employee _____	_____ Date _____	_____ By _____
_____ Date _____	_____ Witness _____		

SERFF Tracking Number: HERT-127152732 State: Arkansas
 Filing Company: United Heritage Life Insurance Company State Tracking Number: 48973
 Company Tracking Number: RGCLIFE(08-2009)AR
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: RGCLIFE(Rev06-2011)AR
 Project Name/Number: RGCLIFE(08-2009)AR/RGCLIFE(08-2009)AR

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: The Arkansas complaint notice ARCN01 (07-2008) will be attached to the back of each certificate. It was filed with filing HERT-125850121 along with the Guaranty notice GUAR.11 (08-2008).</p> <p>Attachments: CERTIFICATION OF READABILITY.pdf GUAR.11 AR.pdf COMPLA AR.pdf</p>		
<p>Bypassed - Item: Application</p> <p>Bypass Reason: application in on the forms page for approval.</p> <p>Comments:</p>		

May 11, 2011

Arkansas Department of Insurance
Forms & Rates Filing Division

CERTIFICATION OF READABILITY

I, Shane Nelson, V.P. Group Marketing, hereby certify that the forms listed below have a combined Flesch Readability Score of 40 or above. This filing is in compliance with Arkansas Code ACA 23-80-206 for minimum policy language simplification standards.

GCLIFE(08-2009)AR
GP(08-2009)
60-206(Rev.08-2009)
GCA(08-2009)
GPA1(08-2009)
GPA2(08-2009)
60-269L
60-206(Rev.08-2009)
60-194(Rev. 8-2006)
Form 60-256 (2-2004)
Form60-06 (Rev.10-2003)



Shane Nelson

V.P. Group Marketing

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

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

DISCLAIMER

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

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

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

**The Arkansas Life and Health Insurance Guaranty Association
C/O The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904
800-282-9134 or 501-371-2600**

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

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

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

The Guaranty Association also does NOT provide coverage for:

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

LIMITS ON AMOUNT OF COVERAGE

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



**IN CASE OF CONSUMER COMPLAINTS CONCERNING OR CONNECTED TO THIS
POLICY, PLEASE CONTACT YOUR AGENT OR BROKER FOR ASSISTANCE, OR
CONTACT:**

UNITED HERITAGE LIFE INSURANCE COMPANY

P.O. BOX 7777

MERIDIAN, IDAHO 83680-7777

(208)-493-6100

(800) 657-6351

**IF DISCUSSIONS WITH THE INSURER, OR ITS AGENT OR OTHER REPRESENTATIVE, OR
BOTH, HAVE FAILED TO PRODUCE A SATISFACTORY RESOLUTION TO THE PROBLEM,
YOU MAY CONTACT:**

ARKANSAS INSURANCE DEPARTMENT

CONSUMER SERVICES DIVISION

1200 WEST THIRD STREET

LITTLE ROCK, AR 72201-1904

TELEPHONE NUMBER: 1-800-852-5494 OR 1-501-371-2540

SERFF Tracking Number: *HERT-127152732* State: *Arkansas*
 Filing Company: *United Heritage Life Insurance Company* State Tracking Number: *48973*
 Company Tracking Number: *RGCLIFE(08-2009)AR*
 TOI: *L04G Group Life - Term* Sub-TOI: *L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium*
 Product Name: *RGCLIFE(Rev06-2011)AR*
 Project Name/Number: *RGCLIFE(08-2009)AR/RGCLIFE(08-2009)AR*

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/11/2011	Form	Group Life Certificate	06/03/2011	RGCLIFE(08-2009)AR.pdf
05/11/2011	Form	Group Policy	06/03/2011	RGP(08-2009).pdf