



REQUEST FOR PROPOSAL FOR ANCILLARY GROUP INSURANCE
(DENTAL, VISION, BASIC LIFE, VOLUNTARY LIFE, SHORT-TERM DISABILITY
AND LONG-TERM DISABILITY AND SUPPLEMENTAL
RFP# 23-100

ADDENDUM 4

1. **Question:** Could you please send the plan designs for all ancillary lines:
- BLife/ADD (retirees are being quoted so if there are multiple classes, please send all data that pertains to it)
 - VLife/VADD
 - STD

Answer: Please see attached:

- BLife/ADD (retirees are being quoted so if there are multiple classes, please send all data that pertains to it)
- VLife/VADD
- STD – this will be a new line of coverage for the County as they do not have Disability as part of their benefit program.

RELIANCE STANDARD

LIFE INSURANCE COMPANY

Home Office: Chicago, Illinois • Administrative Office: Philadelphia, Pennsylvania

POLICYHOLDER: Hamilton County -Sheriffs Department

GROUP POLICY NUMBER: VAR 205901

POLICY EFFECTIVE DATE: November 1, 2013


PREMIUM DUE DATES: The first premium is due on the Policy Effective Date. After that premiums are due monthly, in advance, on the first day of each month.

This Policy is delivered in Florida and is governed by its laws.

This insurance Policy is a contract between you, the Policyholder named above, and us, Reliance Standard Life Insurance Company. We agree to provide insurance to you in exchange for the payment of premium and the signed Application. This Policy insures against certain accidental losses as described herein. It will cover the Eligible Persons for whom the proper premium has been paid for the amount of insurance shown on the Schedule of Benefits. Coverage is subject to the terms and conditions of this Policy.

The Policy Effective Date is shown above. Insurance starts and ends at 12:01 A.M. local time, at your address. It stays in force in accordance with the provisions set forth in this Policy. The POLICY TERMINATION section of the GENERAL PROVISIONS explains when this Policy can be ended.

This Policy is signed by our President and Secretary.


Secretary


President

Countersigned by _____

GROUP ACCIDENT POLICY

NON-PARTICIPATING

If you have any questions about your insurance, need to resolve a complaint, or need assistance, please call (800) 613-7600.

For the Period: 1/1/2023 TO 1/31/2023

Company Name: Hamilton County

Policy Number: VAR-205901

Coverage	Payment Month	Posted Date	Sub Policy	Bill Group	# of Lives	Estimated Volume (\$000)	Paid Amount
Voluntary AD&D	01/01/2023	02/13/2023	1	1	60	877500	\$26.32
	01/01/2023	02/13/2023	1	2	107	1582500	\$47.48
Total Paid January 2023 :							\$73.80
Total Paid Amount Figure :							\$73.80

<u>Current Rates</u>			
Policy	Sub Policy	Coverage	Current Rate
VAR-205901	01	Voluntary AD&D	Step Rates

The data provided is for informational purposes. Disclosure of this confidential data beyond persons designated herein is prohibited under applicable Insurance Information and Privacy laws.

APPLICATION FOR GROUP ACCIDENT POLICY

**RELIANCE STANDARD LIFE INSURANCE COMPANY
PHILADELPHIA, PENNSYLVANIA**

GROUP POLICY NUMBER: VAR 205901

POLICY EFFECTIVE DATE: November 1, 2013

POLICY DELIVERED IN: Florida

ANNIVERSARY DATE: November 1st in each year

APPLICATION IS MADE TO US BY: Hamilton County -Sheriffs Department

MONTHLY PREMIUM PER \$1,000 OF PRINCIPAL SUM:

Insured Person: \$0.03

This Application is completed in duplicate, one copy to be attached to your Policy and the other returned to us.

It is agreed that this Application takes the place of any previous application for your Policy.

Signed at: _____ This: _____ Day of: _____

Policyholder: _____ Agent: _____

Federal Employer Identification Number: 59-6000626

By: _____
(Signature)

(Licensed Resident Agent)

(Title)

(Agent's License ID #)

Please sign and return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.





*BC1COAPVAR 20590111/01/2013*RSL
*BC2COAPHamilton County -Sheriffs Department

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Policyholder: _____ Agent: _____

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By: _____
(Signature)

(Licensed Resident Agent)

(Title)

(Agent's License ID #)

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SCHEDULE OF BENEFITS

NAME OF SUBSIDIARIES, DIVISIONS OR AFFILIATES TO BE COVERED: Hamilton County of Board of Commisioners

"Affiliate" means any corporation, partnership, or sole proprietor under the common control of the Policyholder.

ELIGIBILITY: Each active, Full-time Employee, except any person employed on a temporary or seasonal basis.

WAITING PERIOD: 30 days of continuous employment.

INDIVIDUAL EFFECTIVE DATE: The first of the month coinciding with or next following completion of the Waiting Period.

INDIVIDUAL REINSTATEMENT: 6 months

CONTRIBUTIONS: Each Eligible Person: 0%

AMOUNT OF INSURANCE:

PRINCIPAL SUM:

INSURED PERSONS:

\$15,000.

CHANGES IN AMOUNT OF INSURANCE: Increases and decreases in the Amount of Insurance because of changes in age, class or Earnings (if applicable) are effective on the first of the Policy month coinciding with or next following the date of the change.

With respect to increases in the Amount of Insurance, the Insured Person must be Actively at Work on the date of the change. If the Insured Person is not Actively at Work when the change should take effect, the change will take effect on the day after the Insured Person has been Actively at Work for one full day.

DEFINITIONS

"Actively at Work" and "Active Work" means the Insured Person is actually performing on a Full-time basis each and every duty pertaining to his job in the place where and the manner in which the job is normally performed. This includes approved time off for vacation, jury duty and funeral leave, but does not include time off as a result of Injury or illness.

"Eligible Person" means a person who meets the Eligibility requirements of this Policy.

"Full-time" means working for you for a minimum of 30 hours during a person's regularly scheduled work week.

"Insured Person" means a person who meets the Eligibility requirements of this Policy and is enrolled for this insurance, and whose insurance under this Policy is in effect.

"Insured" means an Insured Person unless the context indicates otherwise.

"Injury" means accidental bodily injury to an Insured which is caused directly and independently of all other causes by accidental means and which occurs while the Insured's coverage under this Policy is in force.

"We", "us", and "our" means Reliance Standard Life Insurance Company.

"You", "your", and "yours" means the Policyholder.

GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract between you and us is this Policy, your signed Application for this Policy (a copy of which is attached at issue), and any endorsements or amendments.

CHANGES: No agent has authority to change or waive any part of this Policy. To be valid, any change or waiver must be in writing, signed by a President, Vice President or Secretary and attached to this Policy.

INCONTESTABILITY: Any statement made in your application will be deemed a representation, not a warranty. We cannot contest this Policy after it has been in force for two (2) years from the date of issue, except for non-payment of premium.

Any statements made by you, any Insured Person, or on behalf of any Insured to persuade us to provide coverage, will be deemed a representation, not a warranty. This provision limits our use of these statements in contesting the amount of insurance for which an Insured Person is covered. The following rules apply to each statement:

(1) No statement will be used in a contest unless:

(a) it is in a written form signed by the Insured Person, or on behalf of the Insured Person; and

(b) a copy of such written instrument is or has been furnished to the Insured Person, the Insured Person's beneficiary or legal representative.

(2) If the statement relates to an Insured Person's insurability, it will not be used to contest the validity of insurance which has been in force, before the contest, for at least two years during the lifetime of the Insured Person.

ASSIGNMENT: Ownership of any benefit provided under this Policy may be transferred by assignment. An irrevocable beneficiary must give written consent to assign this insurance. Written request for assignment must be made in duplicate at our Administrative Offices. Once recorded by us, an assignment will take effect on the date it was signed. We are not liable for any action we take before the assignment is recorded.

RECORDS MAINTAINED: You or an authorized Plan Administrator must maintain records of all Insureds. Such records must show the essential data of the insurance, including new persons, terminations, changes, etc. This information must be reported to us regularly. We reserve the right to examine the insurance records maintained at the place where they are kept. This review will only take place during normal business hours.

CLERICAL ERROR: Clerical errors in connection with the Policy or delays in keeping records for the Policy, whether by you, us, or the Plan Administrator:

(a) will not terminate insurance that would otherwise have been effective; and

(b) will not continue insurance that would otherwise have ceased or should not have been in effect.

If appropriate, a fair adjustment of premium will be made to correct a clerical error.

MISSTATEMENT OF AGE: If an Insured's age has been misstated, benefits will be those that apply to his correct age.

NOT IN LIEU OF WORKER'S COMPENSATION: This Policy is not a Worker's Compensation Policy. It does not provide Worker's Compensation benefits.

CONFORMITY WITH STATE LAWS: Any provision in this Policy which, on its Effective Date, is in conflict with the laws in the state where it is issued or in a state that otherwise has jurisdiction over such provision, is amended to conform with the minimum requirements of such laws of that state.

CERTIFICATE OF INSURANCE: We will provide a certificate of insurance for each Insured Person. The certificate will set forth the terms of coverage and to whom benefits are payable.

POLICY TERMINATION: This Policy may be terminated by you or us. We will mail a written notice of termination at least forty-five (45) days prior to the effective date of such termination. We will mail the notice to your last address shown on our records.

PRONOUNS: All pronouns include either gender unless the context indicates otherwise.

INDIVIDUAL ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBLE CLASSES: The eligible classes will be those persons described on the Schedule of Benefits.

WAITING PERIOD: A person who is continuously employed on a Full-time basis with you for the period specified on the Schedule of Benefits has satisfied the Waiting Period.

EFFECTIVE DATE OF INDIVIDUAL INSURANCE: The insurance of an Eligible Person will go into effect on the Individual Effective Date as shown on the Schedule of Benefits.

If an Eligible Person is not Actively At Work on the day his insurance is to go into effect, his insurance will take effect on the day he returns to Active Work for one full day.

Changes in an Insured Person's amount of insurance are effective as shown on the Schedule of Benefits.

TERMINATION OF INDIVIDUAL INSURANCE: An Insured Person's coverage will terminate on the first of the following to occur:

- (1) the date this Policy terminates; or
- (2) the first of the month coinciding with or next following the date the Insured Person ceases to be in a class eligible for this insurance; or
- (3) the end of the period for which premium has been paid for the Insured Person's coverage.

Any loss which occurs prior to the termination of this insurance coverage will not be affected.

CONTINUATION OF INDIVIDUAL INSURANCE: An Insured Person's coverage may be continued, by payment of premium, beyond the date the Insured Person ceases to be eligible for this insurance, but not longer than:

- (1) 12 months, if he ceases to be eligible due to illness or Injury; or
- (2) 1 month, if he ceases to be eligible due to temporary lay-off or approved leave of absence.

INDIVIDUAL REINSTATEMENT: If an Insured Person's coverage is terminated, it may be reinstated if he is:

- (1) on an approved leave of absence; or
- (2) on temporary lay-off.

Such person must return to Active Work with you within the period of time shown on the Schedule of Benefits (INDIVIDUAL REINSTATEMENT). He must also be a member of a class eligible for this insurance.

Unless a person is returning after having resigned or having been discharged, he will not be required to fulfill the eligibility requirements of this Policy again. The insurance will go into effect on the date he returns to Active Work.

CONVERSION PRIVILEGE

An Insured Person can use this privilege when his Accidental Death and Dismemberment insurance coverage is no longer in force for any reason, except termination of this Policy. The Insured must make written application for the converted policy within 31 days after coverage ends. The first premium must also be paid within that time. The issuance of the converted policy is subject to the following conditions:

- (1) the converted policy will take effect on the date of the termination of this insurance, or on the date of the application for the converted policy, whichever is later;
- (2) proof of health will not be required; and
- (3) the premium will be applicable to the class of risk to which the Insured belongs, at his attained age, and to the form and amount of insurance provided.

The converted policy's Principal Sum will be the lower of:

- (1) the Amount of Principal Sum applicable to the Insured under this Policy; or
- (2) \$250,000.

The converted policy may provide that it will be renewable on any anniversary with our consent, subject to a maximum age limit.

The converted policy may exclude any condition or hazard which applied to the Insured at the time this coverage terminated. Benefits will not be paid under the converted policy for a claim originating under this Policy.

The Insured may convert to any individual Accidental Death and Dismemberment policy we offer in the state where he lives.

PREMIUMS

PREMIUM PAYMENT: All premiums are to be paid by you to us, or to an authorized agent, on or before the due date. The premium due dates are stated on the face page of this Policy.

PREMIUM RATE: The initial premium rate is shown on the application for this Policy.

The premium for this insurance is based on the coverage requested. We reserve the right to adjust the premium rate on any premium due date:

- (1) after coverage has been in force for 24 months; or
- (2) if the coverage is changed by amendment.

We will not change the premium rate more than once in any 12 month period unless the coverage is changed. We will notify you in writing at least 45 days before a premium change is made due to (1) above.

GRACE PERIOD: You may pay the premium up to 90 days after the date it is due. This Policy stays in force during this time. If the premium is not paid during the grace period, this Policy will be cancelled at the end of the grace period. You will still owe us the premium up to the date this Policy is cancelled.

BENEFICIARY AND FACILITY OF PAYMENT

BENEFICIARY: If the Insured Person dies, any death benefit payable and any other accrued benefits will be paid to the beneficiary named in records maintained by you, or if none, to the beneficiary named to receive the proceeds of the basic Group Life policy issued to you. Benefits will not be paid to you or an officer of your firm. A beneficiary designation will be effective as of the date the Insured Person signed it. Any payment made by us before receiving the designation shall fully discharge us to the extent of that payment.

The Insured Person can change the beneficiary by telling us in writing on our form. The consent of a revocable beneficiary is not needed. The change will take effect only when it is received and approved by us or an authorized Plan Administrator. We cannot attest to the validity of such a change.

If an Insured's beneficiary dies at the same time as the Insured, or within 15 days after his death but before we receive written proof of the Insured's death, payment will be made as if the Insured survived the beneficiary, unless noted otherwise in another provision of this Policy.

If the Insured Person has not named a beneficiary, or an Insured's named beneficiary is not surviving at the Insured's death, any benefits due shall be paid to the first of the following classes to survive the Insured:

- (1) the Insured's legal spouse;
- (2) the Insured's surviving children (including legally adopted children), in equal shares;
- (3) the Insured's surviving parents, in equal shares;
- (4) the Insured's surviving siblings, in equal shares; or, if none of the above,
- (5) the Insured's estate.

FACILITY OF PAYMENT: If a beneficiary, in our opinion, cannot give a valid release (and no guardian has been appointed), we may pay the benefit to the person who has custody or is the main support of the beneficiary. Payment to a minor shall not exceed \$1,000.

If the Insured has not named a beneficiary or the beneficiary is not surviving at the Insured's death, we may pay up to \$3,000 of the benefit to the person(s) who, in our opinion, has incurred expenses in connection with the Insured's last illness, death or burial. Payment may also be made to the executor or administrator of the Insured's estate, or to any relative of the Insured by blood or marriage.

The balance of the benefit, if any, will be held by us, until an individual or representative:

- (1) is validly named; or
- (2) is appointed to receive the proceeds; and
- (3) can give valid release to us.

We will not be liable for any payment we have made in good faith.

CLAIMS PROVISIONS

NOTICE OF CLAIM: Written notice must be given to us within 31 days after the Loss occurs, or as soon as reasonably possible. The notice should be sent to us at our Administrative Offices or to our authorized agent. The notice should include the Insured's name and the Policy Number.

CLAIM FORMS: When we receive written notice of a claim, we will send claim forms to the claimant within 15 days. If we do not, the claimant will satisfy the requirements of written proof of loss by sending us written proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

PROOF OF LOSS: For any covered Loss, written proof must be sent to us within 90 days. If it is not reasonably possible to give proof within 90 days, the claim is not affected if the proof is sent as soon as reasonably possible. In any event, proof must be given within 1 year, unless the claimant is legally incapable of doing so.

TIME PAYMENT OF CLAIMS: When we receive written proof of loss, we will pay any benefits due. Benefits that provide for periodic payment will be paid accordingly.

PAYMENT OF CLAIMS: If an Insured Person dies, we will pay any death benefit and any other accrued benefits in accordance with the Beneficiary and Facility of Payment provisions. All other benefits will be paid to the Insured Person.

Reliance Standard Life Insurance Company shall serve as the claims review fiduciary with respect to the insurance policy and the Plan. The claims review fiduciary has the discretionary authority to interpret the Plan and the insurance policy and to determine eligibility for benefits. Decisions by the claims review fiduciary shall be complete, final and binding on all parties.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have a doctor of our choice examine the Insured as often as we think necessary. This section applies while a claim is pending or while we are paying benefits. We also have the right to make an autopsy in case of death, unless the law forbids it. We will pay for the cost of both the examination and the autopsy.

LEGAL ACTION: No lawsuit or action in equity can be brought to recover on this Policy:

- (1) before 60 days following the date written proof of loss was furnished to us; or
- (2) after the expiration of the applicable statute of limitations from the time written proof of loss is required.

SETTLEMENT OPTIONS

The Insured Person may elect a single sum payment or a different way in which the beneficiary will receive payment of the Principal Sum. If other than a single sum payment is desired, he must provide a written request to us, for our approval, at our Administrative Office. If the option covers less than the full amount due, we must be advised of what part is to be under an option. Amounts under \$2,000 or option payments of less than \$20 each are not allowed.

If no instructions for a settlement option are in effect at the death of the Insured, the beneficiary may make the election, with our consent.

If a beneficiary dies while receiving payments under one of these options and there is no contingent beneficiary, the balance will be paid in one sum to the beneficiary's estate, unless otherwise agreed to in the instructions for settlement.

Requests for settlement options other than the 3 set out below may be made. A mutual agreement must be reached between the individual entitled to elect and us.

OPTION A - FIXED TIME PAYMENT OPTION: Equal monthly payments will be made for any period chosen, up to 30 years. The amount of each payment depends on the amount applied, the period selected and the payment rates we are using when the first payment is due. The rate of any monthly payment will not be less than shown in the table below. We reserve the right to change the minimum monthly payment. These changes will apply only to requests for settlement elected after the change.

**Option A Table
Minimum Monthly Payment Rates for each \$1,000 Applied**

<u>Years</u>	<u>Monthly Payment</u>	<u>Years</u>	<u>Monthly Payment</u>	<u>Years</u>	<u>Monthly Payment</u>	<u>Years</u>	<u>Monthly Payment</u>	<u>Years</u>	<u>Monthly Payment</u>
1	\$84.47	7	\$13.16	13	\$7.71	19	\$5.73	25	\$4.71
2	42.86	8	11.68	14	7.26	20	5.51	26	4.59
3	28.99	9	10.53	15	6.87	21	5.32	27	4.47
4	22.06	10	9.61	16	6.53	22	5.15	28	4.37
5	17.91	11	8.86	17	6.23	23	4.99	29	4.27
6	15.14	12	8.24	18	5.96	24	4.84	30	4.18

OPTION B - FIXED AMOUNT PAYMENT OPTION: Each payment will be for an agreed fixed amount. The amount of each payment will not be less than \$20 for each \$2000 applied. Interest will be credited and added each month on the unpaid balance. This interest will be at a rate set by us, but not less than the equivalent of 3% per year. Payments continue until the amount we hold runs out. The last payment will be for the balance only.

OPTION C - INTEREST PAYMENT OPTION: We will hold any amount applied under this section. Interest on the unpaid balance will be paid each month at a rate set by us. This rate will not be less than the equivalent of 3% per year.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

DESCRIPTION OF COVERAGE

LOSS OF LIFE, LIMB, SIGHT, SPEECH OR HEARING: If, due to Injury, an Insured suffers any one of the following specific Losses within 365 days from the date of the accident we will pay the Benefit Amount listed below. However, if more than one listed loss results from any one accident, we will only pay the one largest applicable benefit as listed below.

<u>LOSS</u>	<u>BENEFIT AMOUNT:</u>
Loss of Life	the Insured's Principal Sum
Loss of Two or More Members	the Insured's Principal Sum
Loss of Speech and Hearing	the Insured's Principal Sum
Loss of One Member	1/2 of the Insured's Principal Sum
Loss of Speech or Hearing	1/2 of the Insured's Principal Sum
Loss of Thumb and Index Finger of the Same Hand	1/4 of the Insured's Principal Sum

DEFINITIONS:

"Member(s)" means: hand, foot or eye.

"Loss(es)" must result directly and independently from Injury, with no other contributing cause. As used in this benefit with respect to:

- (1) a hand or foot, Loss means the complete severance through or above the wrist or ankle joints;
- (2) an eye, Loss means the total and irrecoverable loss of sight;
- (3) speech, Loss means the total and irrecoverable loss of the function;
- (4) hearing, Loss means the total and irrecoverable loss of the hearing in both ears;
- (5) a thumb and index finger, Loss means the complete severance through or above the metacarpophalangeal joint.

COVERAGE FOR MEMBERS OF RESERVE-NATIONAL GUARD

DESCRIPTION OF COVERAGE: We will pay plan benefits for a loss due to Injury of any Insured which is sustained while such Insured is a member of an organized Reserve Corps or National Guard Unit and is:

- (1) attending any regularly scheduled or routine training of less than 60 days, or is enroute to or from such training;
- (2) attending a Service School no matter how long it is, or is enroute to or from that school;
- (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.

No benefit is payable for any loss that occurs during active duty.

DEFINITION:

"Service School" means one operated by or on behalf of the United States of America or Canada.

COVERAGE OF EXPOSURE AND DISAPPEARANCE

DESCRIPTION OF COVERAGE

EXPOSURE: Any loss that is due to exposure will be covered as if it were due to Injury, provided such loss results directly and independently of all other causes from accidental exposure to the elements which occurs while the Insured's coverage under this Policy is in force.

DISAPPEARANCE: We will presume an Insured suffered loss of life due to an Injury, if:

- (1) while covered under this Policy, such Insured is riding in a conveyance that is involved in an accident, not excluded from coverage;
- (2) the conveyance is wrecked, sinks or disappears as a result of such accident; and
- (3) the Insured's body is not found within 1 year of the accident.

SEAT BELT BENEFIT

DESCRIPTION OF COVERAGE: We will pay a sum equal to 10% of the Insured Person's Principal Sum to a maximum of \$25,000 if:

- (1) the Insured Person dies as the result of a bodily Injury sustained while riding in or operating a Four-Wheel Vehicle;
- (2) a police report establishes that the Insured Person was properly strapped in a Seat Belt at the time;
- (3) Loss of Life benefits are payable for the Insured Person's death hereunder.

No benefit will be paid for any loss sustained:

- (1) while driving or riding in any Four-Wheel Vehicle used: in a race; in a speed or endurance test; or for acrobatic or stunt driving; or
- (2) if the Insured Person is not wearing a Seat Belt for any reason; or
- (3) while the Insured Person is sharing a Seat Belt.

If the police report does not clearly establish that the Insured Person was or was not wearing a seat belt at the time of the accident causing the Insured Person's death, we will pay a sum equal to \$1,000.00 in lieu of the benefit described above.

DEFINITIONS

"Seat Belt" means an unaltered Seat Belt or lap and shoulder restraint.

An air bag is not considered a Seat Belt.

"Four-Wheel Vehicle" means a vehicle listed below provided it is: duly licensed for passenger use; and designated primarily for use on public streets and highways:

- (1) a private passenger automobile; or
- (2) a station wagon; or
- (3) a van, jeep, or truck-type vehicle which has a manufacturer's rated load capacity of 2,000 pounds or less; or
- (4) a self-propelled motor home.

TOTAL LOSS OF USE BENEFIT

DESCRIPTION OF COVERAGE: We will pay the benefit shown below if, due to Injury, an Insured Person suffers a Total Loss of Use that is listed below, provided:

- (1) the Insured Person suffers such Total Loss of Use within 1 year of the Injury;
- (2) the Total Loss of Use continues for a period of 12 consecutive months after the onset;
- (3) it is shown by proper medical authority at the end of these 12 months that the Total Loss of Use has been continuous and will be permanent; and
- (4) no benefit is payable for such loss under the Accidental Death and Dismemberment Benefit of this Policy.

BENEFITS: Only one benefit (the larger) will be paid for more than one Total Loss of Use resulting from any one accident.

For Total Loss of Use of:	Benefit Amount:
Both Arms and Both Legs	the Insured Person's Principal Sum
Both Arms	2/3 of the Insured Person's Principal Sum
Both Legs	2/3 of the Insured Person's Principal Sum
One Arm and One Leg	2/3 of the Insured Person's Principal Sum
Both Arms and One Leg or Both Legs and One Arm	3/4 of the Insured Person's Principal Sum
One Arm or One Leg	1/2 of the Insured Person's Principal Sum

In no event will the total of all benefits paid for any one Insured Person for any one accident, under this benefit and the Accidental Death and Dismemberment Benefit, exceed that Insured Person's Principal Sum.

DEFINITION:

"Total Loss of Use" means loss of the ability to function because of:

- (1) incurable paralysis; or
- (2) stiffening.

In addition, "Total Loss of Use" must affect the entire arm or leg from the shoulder or hip, including the hand or foot attached to it.

**EXTENSION OF COVERAGE UNDER THE FAMILY AND MEDICAL LEAVE ACT AND UNIFORMED SERVICES
EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)**

Family and Medical Leave of Absence:

We will continue the Insured Person's coverage and that of any Insured Dependent, if applicable, in accordance with your policies regarding leave under the Family and Medical Leave Act of 1993, as amended, or any similar state law, as amended, if:

- (1) the premium for such Insured Person and his/her Insured Dependents, if applicable, continues to be paid during the leave; and
- (2) you have approved the Insured Person's leave in writing and provide a copy of such approval within thirty-one (31) days of our request.

As long as the above requirements are satisfied, we will continue coverage until the later of:

- (1) the end of the leave period required by the Family and Medical Leave Act of 1993, as amended; or
- (2) the end of the leave period required by any similar state law, as amended.

Military Services Leave of Absence:

We will continue the Insured Person's coverage and that of any Insured Dependents, if applicable, in accordance with your policies regarding Military Services Leave of Absence under USERRA if the premium for such Insured Person and his or her Insured Dependents, if applicable, continues to be paid during the leave.

As long as the above requirement is satisfied, we will continue coverage until the end of the period required by USERRA.

This Policy, while coverage is being continued under this Military Services Leave of Absence extension, does not cover any loss which occurs while on active duty in the military if such loss is caused by or arises out of such military service, including but not limited to war or any act of war, whether declared or undeclared.

While the Insured Person is on a Family and Medical Leave of Absence for any reason other than his or her own illness, injury or disability or Military Services Leave of Absence he or she will be considered Actively at Work. Any changes such as revisions to coverage due to age, class or salary changes, as applicable, will apply during the leave except that increases in the amount of insurance, whether automatic or subject to election, will not be effective for an Insured Person who is not considered Actively at Work until the Insured Person has returned to Active Work for one (1) full day.

A leave of absence taken in accordance with the Family and Medical Leave Act of 1993 or USERRA will run concurrently with any other applicable continuation of insurance provision in this Policy.

The Insured Person's coverage and that of any Insured Dependents, if applicable, will cease under this extension on the earliest of:

- (1) the date this Policy terminates; or
- (2) the end of the period for which premium has been paid for the Insured Person; or
- (3) the date such leave should end in accordance with your policies regarding Family and Medical Leave of Absence and Military Services Leave of Absence in compliance with the Family and Medical Leave Act of 1993, as amended and USERRA.

Should you choose not to continue the Insured Person's coverage during a Family and Medical Leave of Absence and/or Military Services Leave of Absence, the Insured Person's coverage as well as any dependent coverage, if applicable, will be reinstated.

EXCLUSIONS

This Policy does not cover any loss:

- (1) to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; or
- (2) caused by suicide, or intentionally self-inflicted injuries; or
- (3) caused by or resulting from war or any act of war, declared or undeclared; or
- (4) caused by an accident that occurs while in the armed forces of any country, except as shown under the Reserve-National Guard Benefit (any premium paid to us for any period not covered by this Policy while the Insured is in such service will be returned pro rata); or
- (5) caused by or resulting from riding in, getting into or out of any aircraft, unless:
 - (a) the Insured Person is a passenger (not a pilot or crew member) in a tested and approved civilian aircraft being operated as passenger transport in compliance with the then current rules of the authority having jurisdiction over its operation; and
 - (b) the aircraft is not owned, leased or operated by or on behalf of you, the Insured Person or any other employer of the Insured Person, unless a specific written agreement has been obtained from us; or
- (6) sustained during the Insured Person's commission or attempted commission of an assault or felony; or
- (7) to which the Insured Person's acute or chronic alcoholic intoxication is a contributing factor; or
- (8) to which the Insured Person's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.

DENTAL · VISION · LIFE · DISABILITY

Hamilton County - Sheriffs Department
 Hamilton County Board of Commissioners
 ATTN: Debbie Cercy
 1553 US Highway 41 NW Ste 4
 Jasper, FL 32052

RE: GROUP COVERAGE RENEWAL RATES EFFECTIVE February 1, 2021

Dear Debbie Cercy,

Renaissance would like to thank you for giving us the opportunity to serve as the benefits carrier for you and your employees. We are committed to providing service that *Stands Out* with our competitively priced insurance products and value-added services that are responsive to your unique needs.

Each year, as is customary, we review your group insurance coverage(s) provided under your policy for premium adequacy. Your rates are recalculated based on industry, age mix of covered employees, gender mix of covered employees, plan design, claims experience and administrative experience.

We've recently completed a review of your benefits and are offering the following premium rates for the renewal period of: February 1, 2021 through January 31, 2022.

LIFE AND DISABILITY RATES		
COVERAGE	CURRENT	RENEWAL
LIFE	\$0.460/\$1,000	\$0.523/\$1,000

A Benefits Experience That *Stands Out*

Renaissance works hard to deliver exceptional ancillary coverage options that are affordable, easy-to-manage and help keep you healthy.



'A' (EXCELLENT) RATING FROM A.M BEST COMPANY: *We're proud of our 'A' (Excellent) A.M. Best Company rating for our exceptional delivery of ancillary coverage across the country.*



UNPARALLELED PROVIDER ACCESS: *Access more than 300,000 dental office locations nationwide.* While you save the most money by visiting a dentist in our network, you are welcome to visit any licensed dentist in the country. Plus, Renaissance Vision is administered through VSP® Vision Care, which boasts the largest nationwide network of qualified, highly rated eye care professionals.***

*Renaissance Internal Data, 2019 | **VSP Internal Data, 2019

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY. Both companies can be reached at P.O Box 1596, Indianapolis, IN 4620. Products and services referred to are not available in all states and jurisdictions.



December 7, 2020

DENTAL · VISION · LIFE · DISABILITY



WE KNOW GREAT TECHNOLOGY CAN'T REPLACE A PERSONAL TOUCH: *That's why our dedicated call center representatives in Indianapolis are available to address any questions at **800-963-4596**.*

Renaissance greatly appreciates your business and we look forward to continuing to serve your company's ancillary benefit needs.

Sincerely,

Andrew Berli

Regional Sales Director | Renaissance Group Sales

470-307-4201 | ABerli@renaissancefamily.com

cc: Terri Eversman

Zina Haywood

Stangle & DeNigris

*Renaissance Internal Data, 2019 | **VSP Internal Data, 2019

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY. Both companies can be reached at P.O Box 1596, Indianapolis, IN 4620. Products and services referred to are not available in all states and jurisdictions.



YEARLY RENEWABLE
 GROUP TERM LIFE INSURANCE
 ACCELERATED DEATH BENEFIT
 NON-PARTICIPATING POLICY
 NON-CONTRIBUTORY AND CONTRIBUTORY

POLICYHOLDER: HAMILTON COUNTY
GROUP NUMBER: G000045101-00001
POLICY NUMBER: LIFL45101
POLICY EFFECTIVE DATE: FEBRUARY 1, 2019
POLICY ANNIVERSARY DATE: FEBRUARY 1 OF EACH YEAR
STATE OF POLICY ISSUE: FLORIDA
POLICY INSURED BY: Renaissance Life & Health Insurance Company of America will be referred to as the “the Company,” “We,” “Us,” and “Our.”

Renaissance Life & Health Insurance Company of America has issued a policy of Group Term Life and Accidental Death and Dismemberment insurance (referred to as the “Policy”) to the Policyholder. We will provide the benefits under this Policy in consideration of the application and Premium. We make this promise subject to all of the provisions of this Policy.

The benefits, values and premiums of this policy are on an indeterminate basis and may increase or decrease. They are guaranteed only for a limited period of time.

All provisions on this and the following pages are a part of the Policy. We have used initial capital letters throughout the Policy to denote defined terms and provision titles from the “Plan Highlights” section of the Certificate of Coverage that forms the Employee section of the Policy. We hope this will help You better understand the language and meaning of the Policy’s provisions.

Read this Policy carefully and contact Us promptly if You have questions. This Policy is delivered in and is governed by the laws of the State of Policy Issue shown above and, to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. The Policy has been approved under the authority of the Florida Office of Insurance Regulation and issued under the Office’s standards. Any provision of the Policy that on the provision’s effective date is in conflict with Florida Office of Insurance Regulation standards for Group Term Life and Accidental Death and Dismemberment insurance in effect on the date of the Office’s approval of the Policy is hereby amended to conform to such standards as of the provision’s effective date.

This Policy is issued at the Home Office of Renaissance Life & Health Insurance Company of America in Indianapolis, Indiana, on the 10th day of July 2019 (the “Issue Date”).

Signed by the Company:

Secretary

President

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA
 225 S EAST STREET
 P.O. BOX 1596
 INDIANAPOLIS, INDIANA 46206-1596
 888-358-9484 www.renaissancefamily.com

INTRODUCTION

This Policy includes two sections:

- The Employer section; and
- The Employee section referred to as the “Certificate of Coverage” (the “Certificate”).

We will provide to the Policyholder a Certificate of Coverage that summarizes the essential features of the Employee’s insurance coverage and that indicates to whom benefits under the Policy are payable. Both sections together form the Policy and include all of the benefits available under a Plan. The Policyholder will distribute the Certificate or otherwise make the Certificate available in an easily accessible manner for all persons covered under the Policy.

Whenever We use the terms “You” or “Your” in the Employer section, We mean the Policyholder. Whenever We use the term “Insured Person” in the Employer section, We mean an Employee and/or Dependent covered under a Plan. Whenever We use the term “Plan,” We mean a plan of benefits or a line of coverage under the Policy.

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POLICY DETAILS

These are details concerning Your Policy.

Policy Effective Date: February 1, 2019

Policyholder: Hamilton County

Divisions, Subsidiaries or Affiliated Companies/Participating Employers Include:

Name: Hamilton County Sheriff's Department Location: Jasper, FL

Name: Hamilton County Board of Commissioners Location: Jasper, FL

Eligible Class: Class A: All full time active eligible Employees
Class B: Retirees who retired at age 65 but less than 70
Class C: Retirees who retired at age 70
Class D: Retirees who retired prior to February 1, 2017 and whose name is on file with us,
Except a Retiree included in any other class
Class E: Retirees who retired prior to age 65
Class F: Grandfathered Employee – Evelyn Smith

Full-Time Employment Requirements:

Non-Contributory Insurance: 32 hours/week

Contributory Insurance: 32 hours/week

Employee Contributions Required:

Group Term Life:	No
Voluntary Term Life:	Yes
Voluntary Dependent Term Life:	Yes

SCHEDULE OF PREMIUM RATES – LIFE INSURANCE

INITIAL MONTHLY PREMIUM RATES

RATES FOR ALL CLASSES

EMPLOYEE TERM LIFE INSURANCE

	<u>Rate</u>
Basic Employee Term Life Insurance, per \$1,000 of insurance	.46
Voluntary Employee Term Life Insurance, per \$1,000 of insurance	

<u>Employee's Attained Age*</u>	<u>Rate</u>
Under age 35	.09
35 to 39	.13
40 to 44	.22
45 to 49	.32
50 to 54	.54
55 to 59	.92
60 to 64	1.09
65 to 69	1.27
70 to 74	2.06
75 and above	5.15

*An Employee's attained age is determined as of the Policy Effective Date and subsequent Policy Anniversary Dates. An Employee's age band change will take effect on the Policy Anniversary Date. The Policy Anniversary Date is shown on this Policy's face page.

DEPENDENT TERM LIFE INSURANCE

	<u>Rate</u>
Basic Dependent Term Life Insurance, per Family Unit	1.47
Voluntary Dependent Spouse Term Life Insurance, per \$1,000 of insurance	
<u>Employee's Attained Age*</u>	<u>Rate</u>
Under age 35	.09
35 to 39	.13
40 to 44	.22
45 to 49	.32
50 to 54	.54
55 to 59	.92
60 to 64	1.09
65 to 69	1.27
70 to 74	2.06
75 and above	5.15

**A spouse's attained age is determined as of the Policy Effective Date and subsequent Policy Anniversary Dates. A spouse's age band change will take effect on the Policy Anniversary Date. The Policy Anniversary Date is shown on this Policy's face page.

	<u>Rate</u>
Voluntary Child Term Life Insurance, per \$1,000 of insurance	.10

PREMIUM RATE GUARANTEE AND RATE CHANGES

Subject to the payment of all applicable Premiums:

We will not increase the Premium rates for any coverage provided by this Policy prior to 12 months from the effective date shown below, unless during this 12 month period:

1. This Policy is amended to change the eligibility requirements and/or benefits;
2. The number of insured Employees changes by 20% or more;
3. The number of insured Employees drops below 10;
4. A subsidiary or affiliate of the Policyholder is added to this Policy; or
5. A new law or regulation, a change in any existing law or regulation, a court decision, or a change in the interpretation of a law or regulation which affects this Policy, is enacted or adopted.

If any event listed above does occur, then We reserve the right, at Our sole discretion, to change the Premium rates at any time after such event occurs. We shall give written notice to the Policyholder at least 31 days in advance of any such change in Premium rates and on any other date agreed to by Us and You. After a Premium rate change has been made, any subsequent Premium rate changes shall be made in accordance with the provisions of this Policy and this Premium rate guarantee will be of no further force or effect.

Whether or not any of these events occur, We reserve the right, at Our sole discretion, to change the Premium rate after the end of such 12 month period. We shall give written notice to the Policyholder at least 31 days in advance of any such change in Premium rates and on any other date agreed to by Us and You. The new Premium rate will apply only to Premiums due on or after the rate change takes effect. We may use any reasonable method to compute Premiums due under the Policy.

The effective date of this Premium rate guarantee is February 1, 2019.

PREMIUM DETAILS

WHEN DO YOU MAKE PREMIUM PAYMENTS?

Premium payments are due to Us at Our Home Office located at P.O. Box 1596, Indianapolis, IN 46206, on the Plan Effective Date, and the first day of each subsequent Premium due date after the Plan Effective Date that is indicated on your Premium billing statement. We must receive all Premiums on or before the date the Premium is due, subject to the Grace Period provision. You must pay Premium in United States dollars. The Premium due on any premium due date is determined by the total amount of insurance provided by the Policy on such date, multiplied by the appropriate Premium rate(s) which are in effect subject to any Premium adjustment, if applicable.

Premium charges for new Employees or for increases in insurance amounts will begin on the first day of the policy month following the increase. Premium charges for terminated persons will continue through the end of the policy month in which the termination occurred. Premium decreases for reductions in insurance amounts will begin on the first day of the policy month after the premium decrease occurred. This method of charging premium will neither commence any insurance after the date it would otherwise begin nor extend any insurance coverage beyond the date it would otherwise terminate pursuant to the applicable effective date or termination provisions of this policy.

WHEN ARE YOU REQUIRED TO REPORT CHANGES?

If Employee status changes occur during a month, then you must report the changes by the next Premium due date following the change. Premium changes will be effective as of the increase and decrease and will be pro-rated daily.

If appropriate, We will make adjustments to rectify any Premium overpayment or underpayment made to Us. However, in no event will an adjustment be made after the 2-year period beginning at the Certificate's issue date for a period more than the current Policy year and the immediately prior Policy year.

EMPLOYER PROVISIONS

WHAT INFORMATION DO WE REQUIRE OF YOU?

You must give Us the following whenever there are changes to the information We have in our records:

- Information about your Employees:
 - Who are eligible to become insured;
 - Whose amounts of coverage changed, including salary increase and decrease information; and
 - Whose coverage ends.
- Occupational information and any other information that We may reasonably require.

You may add Employees as they become eligible in accordance with the terms of the Policy.

Your records that We believe have a bearing on coverage under the Policy must be made available for Our review at any reasonable time.

Records: Insurance records will be kept to show, as to each person insured, all the data We need to administer this Policy. Such records will be set up and kept by Us, based on the information provided to Us; or, if the Policyholder and We so agree, by the Policyholder or a third party administrator designated by the Policyholder or by Us. The Policyholder, or its designated third party administrator, will furnish to Us, at Our request, the data We need to administer the insurance and determine the Premiums under this Policy. The data is to be furnished: (a) On Our forms; or (b) On forms approved by Us.

The Policyholder must not enroll any individual before he or she is eligible for coverage. Payment of Premium for an ineligible individual will not cause coverage to be effective under this Policy.

We have the right, at all reasonable times, to inspect the payroll and other records of the Policyholder that relate to coverage under this Policy. Despite Our right to inspect records, Our responsibility is to administer this Policy based solely on the information We receive from the Policyholder, and We are entitled to rely on that information as accurate.

WHAT IF THERE IS A CLERICAL ERROR?

Clerical errors or omissions by You, an Employee, or Us will not:

- Terminate coverage which should otherwise be in effect;
- Continue coverage which should otherwise terminate;
- Create coverage which should not be in effect; or
- Change the amount of coverage that should otherwise be in effect.

WHEN CAN THIS POLICY OR A PLAN UNDER THIS POLICY BE CANCELED OR CHANGED?

Either you or We may cancel this Policy or a Plan under this Policy, subject to the terms and conditions set forth below.

TERMINATION OR CHANGE OF POLICY:

1. We may terminate this Policy for non-payment of Premium as set forth in the “Grace Period” provision.
2. By giving advance written notice to the Policyholder of at least 60 days, We may terminate or change this Policy on any Premium due date for any reason, including but not limited to the following reasons:
 - a. For Non-Contributory Insurance, there is less than 100% eligible Employee participation;
 - b. For Contributory Insurance, there is less than 75% eligible Employee participation;
 - c. For Voluntary Insurance, there is less than 20% eligible Employee participation;
 - d. The Policyholder does not promptly provide Us with information that is reasonably required;
 - e. The Policyholder fails to perform any of its obligations that relate to this Policy; or
 - f. Fewer than 10 Employees are insured under this Policy.
3. Provided We receive at least a 31-day advance written notice, the Policyholder may terminate this Policy. In this case, the Policy will end on the later of:
 - a. The date stated in the written notice; or
 - b. The date that is 31 days after We receive the written notice;

Unless otherwise set forth in this Policy, We have the right on any Premium due date to change the Premium rates for the insurance under this Policy. Policyholder is responsible for notifying Employees of changes in the Premium rates for coverage under this Policy.

The consent of an Employee or other person referred to in this Policy is not required to terminate, amend, modify or change this Policy.

If We accept Premium after Policy termination date, such acceptance shall not act to reinstate the Policy. We shall refund any unearned Premium.

This Policy may be changed in whole or in part. Only an officer of Ours can approve a change. The approval must be in writing and endorsed on or attached to this Policy. No other person, including any agent, may change this Policy or waive any part of it.

You must give Us advance notice of a request to change the Policy or a Plan under the Policy. At any time, We may change any or all of the Policy’s provisions by mutual agreement with You.

TERM OF COVERAGE; RENEWAL OF POLICY: This Policy is issued for an initial term of coverage starting on the Policy Effective Date shown on the first page of this Policy and ending on the next following Policy Anniversary Date. Provided that Premiums have been paid in full to the Policy Anniversary Date, this Policy may be renewed on each Policy Anniversary Date for a successive one-year renewal period, subject to all of the provisions of this Policy, including our right to terminate this Policy as set herein.

DOES A GRACE PERIOD APPLY FOR PREMIUM PAYMENT?

You must pay the Premium on or before the date the Premium is due or during the 31 day Grace Period.

Grace Period: means a 31-day period of time following the Premium due date, except for the first Premium, during which the Policy will be continued in force and Premium payment may be made.

If You do not pay the Premium by the date Premium is due, We will give you written notification that if You do not pay the Premium by the end of the Grace Period, this Policy will terminate automatically on the last day of the Grace Period. If We fail to give You such written notice, the Policy will continue in effect until the date such written notice is provided. You are responsible for paying Premium for coverage in effect during the Grace Period, or for the payment of pro rata Premium if the Policy is in force for less than the full Grace Period. You must pay Us all Premium due for the full period each Plan is in effect. The Policy shall stay in effect during the Grace Period, unless the Policyholder has given Us advance written notice of intent to end insurance under this Policy in accordance with the terms of the Policy, as required. If you replace this Policy with another group policy but do not give Us written notice of intent to end this Policy, the Grace Period provisions of the Policy and Certificate will apply as required.

If We accept Premium for the period after the date the Policy ends, such acceptance does not reinstate the Policy. We will refund any unearned Premium as soon as reasonably possible, but in no event more than 30 days following receipt of the unearned Premium.

WHAT CONSTITUTES THE ENTIRE CONTRACT?

This Policy is a contract between the Policyholder and Us. The contract consists of:

- All Policy provisions and any amendments and/or attachments issued;
- The Policyholder's application;
- Employees' signed applications and Evidence of Insurability forms, if any; and
- The Certificate.

WHAT ARE THE TIME PERIODS USED IN THE POLICY?

All time periods described in the Policy begin at 12:01 A.M. and end at 12:00 midnight, local time, at the Policyholder's place of business in the state where the Policy is issued. When used with regard to effective dates, it means 12:01 A.M. When used with regard to termination dates, it means 12:00 midnight.

WHAT IS THE INCONTESTABILITY PERIOD FOR THE POLICY?

Any statement made by the Policyholder to obtain insurance is a representation and not a warranty. The validity of this Policy shall not be disputed after the Policy has been in effect for two years from the Policy Effective Date, except in situations when Premium has not been paid.

Disputing the validity of this Policy shall be prohibited if statements made by the applicant in applying for this Policy are not material to the risk accepted and do not appear in a written application made a part of the Policy and signed by the person making the statement.

WHAT ARE THE ADMINISTRATION RESPONSIBILITIES?

POLICYHOLDER RESPONSIBILITIES

1. Distribute Certificates and other coverage information provided by Us to Employees;
2. Maintain and report to Us accurate and up-to-date records as to each Insured Person, including the person's eligibility and enrollment for insurance and the amount of the person's insurance under this Policy;
3. Provide Us with the information in a timely manner so that We can determine the Premium owed and administer this Policy;
4. Collect and remit accurate Premium to Us for all Insured Persons to be covered on each Premium due date. Verify any changes on the list bill are correct and notify Us of any inaccuracies;
5. Review, authorize acceptance of, and maintain beneficiary designations (initial and updated versions); and

6. Upon Our request, and in any event not less frequently than annually, furnish to Us updated census information showing, as applicable, age, sex, status, earnings, and insurance amounts in each category of coverage provided under this Policy.

ADDITIONAL POLICYHOLDER RESPONSIBILITIES IF THE POLICYHOLDER SELF-ADMINISTERS THE POLICY

If We permit the Policyholder to self-administer this Policy, the Policyholder shall also perform the following administrative services in accordance with Our rules and this Policy:

1. Determine eligibility under this Policy for all coverage(s);
2. Complete enrollment forms;
3. Determine and assign effective dates;
4. Initiate billing and Premium remittance;
5. Assess the need for Evidence of Insurability and submit Evidence of Insurability to Us (if applicable); and
6. Maintain notification of declination of coverage.

WHAT OTHER RESPONSIBILITIES DOES THE POLICYHOLDER HAVE UNDER THE POLICY?

It is the responsibility of the Policyholder to:

- Establish and maintain procedures that comply with the applicable Employer requirements under the Americans with Disabilities Act (ADA) of 1992, as amended;
- Comply with any applicable Employer requirements under the Employee Retirement Income Security Act (ERISA) of 1974, as amended, including but not limited to requirements regarding Summary Plan Descriptions (SPDs);
- Establish and maintain procedures that comply with the applicable Employer requirements under the Age Discrimination in Employment Act (ADEA) of 1967, as amended;
- Provide Us at least 60 days prior to its distribution a copy of any information the Employer will be disseminating to Employees to describe the coverage under the Policy, so that We may review and approve such information prior to use; and
- Provide Us with written notice and obtain our written approval at least 31 days prior to conducting an annual enrollment period that would afford Insured Persons the opportunity to enroll for coverage under the Policy.

CERTIFICATE OF COVERAGE

The Certificate found in the following pages comprises the Employee section of the Policy.

ASSIGNMENTS BY THE POLICYHOLDER: We will not be bound by any assignment of the Certificate by the Policyholder: (a) Unless it is in writing; and (b) Until it is filed at Our Home Office and approved by Us. We are not responsible for the validity of any assignment.



YEARLY RENEWABLE
 GROUP TERM LIFE INSURANCE
 ACCELERATED DEATH BENEFIT
 NON-PARTICIPATING POLICY
 NON-CONTRIBUTORY AND CONTRIBUTORY

**CERTIFICATE OF COVERAGE
 COVER PAGE**

POLICYHOLDER: HAMILTON COUNTY

GROUP NUMBER: G000045101-00001

POLICY NUMBER: LIFL45101 – Classes A - F

POLICY EFFECTIVE DATE: FEBRUARY 1, 2019

POLICY ANNIVERSARY DATE: FEBRUARY 1ST

Renaissance Life & Health Insurance Company of America (referred to as “the Company,” “We,” “Us,” or “Our”) welcomes Your Employer as a Policyholder. “You” and “Your” as used in this Certificate of Coverage (“Certificate”) means an Employee who is eligible for coverage under the Policy.

This is Your Certificate as long as You are eligible for coverage and You become insured. We certify that You are insured for the benefits described in this Certificate, subject to the provisions and requirements detailed in this Certificate. THIS CERTIFICATE MAY CONTAIN EXCLUSIONS, LIMITATIONS, REDUCTIONS IN COVERAGE, AND TERMINATION PROVISIONS. PLEASE READ YOUR CERTIFICATE CAREFULLY AND KEEP IT IN A SAFE PLACE.

The benefits, values and premiums of this policy are on an indeterminate basis and may increase or decrease. They are guaranteed only for a limited period of time.

We have written the Certificate in plain English. There are a few terms and provisions written as required by insurance law. If You have any questions about any of the terms and provisions, please contact Our Home Office. We will assist You in understanding Your benefits.

If the terms and provisions of the Certificate (issued to You) differ from the Policy (issued to the Policyholder), the Policy will govern. Contact the Policyholder if You wish to inspect a copy of the Policy. Your coverage may be canceled or changed in whole or in part under the terms and provisions of the Policy.

The Policy is delivered in and is governed by the laws of the state of Florida and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. The Florida Office of Insurance Regulation may be reached at 1-850-413-3140. The Policy and this Certificate have been approved under the authority of the Florida Office of Insurance Regulation and issued under the Office standards. Any provision of the Policy or Certificate that on the provision’s effective date is in conflict with Florida Office of Insurance Regulation standards for Group Term Life and Accidental Death and Dismemberment insurance in effect on the date of the Commission’s approval of the Policy and Certificate is hereby amended to conform to such standards as of the provision’s effective date.

The Death Benefit will be reduced if an Accelerated Death Benefit is paid. You should seek additional information from a personal tax advisor about the tax status of the Accelerated Death Benefit payment. For purposes of effective dates and ending dates under the Policy, all days begin at 12:01 A.M. and end at 12:00 midnight, local time, at the Policyholder’s place of business in the state where the Policy is issued.

This Certificate of Coverage replaces any prior certificate issued under the Policy.

**Renaissance Life & Health Insurance Company of America
 225 S East Street
 P.O. Box 1596
 Indianapolis, Indiana 46206-1596
 888-358-9484 www.renaissancefamily.com**

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PLAN HIGHLIGHTS

This is a brief overview of Your benefits in the event of Your death or any other covered loss. These benefits are described further in the Certificate, along with other important information about Your coverage.

Defined terms are capitalized when used throughout the Certificate and can be located in the Definitions section of the Certificate or in some cases next to the specific benefit to which the Definition applies.

Policyholder: Hamilton County

Basic Eligible Class:

- Class A: All full time active eligible Employees
- Class B: Retirees who retired at age 65 but less than 70
- Class C: Retirees who retired at age 70
- Class D: Retirees who retired prior to February 1, 2017 and whose name is on file with us, Except a Retiree included in any other class
- Class E: Retirees who retired prior to age 65
- Class F: Grandfathered Employee – Evelyn Smith

Voluntary Eligible Class:

- Class A: All full time active eligible Employees
- Class B: Grandfathered Retirees – Arthur Bryd
Dale Jackson
- Class F: Grandfathered Employee – Evelyn Smith

Employment Minimum Requirements:

Non-Contributory Insurance: 32 hours weekly

Contributory Insurance: 32 hours weekly

Waiting Period:

You are Active on the Policy Effective Date

There is no Waiting Period

You become Active after the Policy Effective Date

You will be eligible for coverage the first of the month following 30 days of employment.

Employee Premium Contributions Required:

Group Term Life: No

Voluntary Group Term Life: Yes

Age Limit for Dependent Child: Under 26 years

If an Insured Person is eligible and applies for any amount of coverage in excess of the Guaranteed Issue Limit shown below, the Employee must furnish Evidence of Insurability, which is subject to Our approval.

Basic Group Term Life Plan			
Class A			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Basic Employee Term Life	\$15,000	Reduces to 50% at age 70	\$15,000

Basic Group Term Life Plan			
Class B			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Basic Employee Term Life	\$9,750	None	\$9,750

Basic Group Term Life Plan			
Class C			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Basic Employee Term Life	\$7,500	None	\$7,500

Basic Group Term Life Plan			
Class D			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Basic Employee Term Life	\$7,500	None	\$7,500

Basic Group Term Life Plan			
Class E			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Basic Employee Term Life	\$15,000	None	\$15,000

Basic Group Term Life Plan			
Class F			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Basic Employee Term Life	\$10,000	None	\$10,000

Basic Dependent Group Term Life Plan			
Class A:			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Dependent Spouse Term Life	\$5,000	Terminates at age 75.	\$5,000

Basic Dependent Group Term Life Plan			
Class A:			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Dependent Child Term Life	\$2,500	None	\$2,500

Voluntary Group Term Life Plan			
Class A			
Benefit	Principal Sum	Benefit Reduction Schedule /Termination	Guaranteed Issue Limit
Voluntary Employee Term Life	The amount elected by You on Your enrollment form and approved by Us. Elected in \$10,000 increments up to a maximum of \$500,000 Not to exceed 5 times Base Annual Compensation Minimum: \$10,000	Reduces to 60% at age 75 35% at age 80 27.5% at age 85 20% at age 90 7.5% at age 95 5% at age 100	Under Age 60 \$100,000 Age 70 and older \$10,000
The Guaranteed Issue Limit for Voluntary Employee Term Life coverage is in addition to the Guaranteed Issue Limit for Basic Term Life coverage.			
<p>You may increase Your Principal Sum by \$10,000 during an Enrollment Period due to a Qualifying Event up to the Guaranteed Issue limit without providing Us Evidence of Insurability.</p> <p>Annual increases to Your Voluntary Term Life Insurance up to the Guaranteed Issue Limit may be requested in increments of \$10,000 effective as of the Policy Anniversary.</p> <p>To be eligible for increases, the Employee must meet the Active Employment requirements set forth in the ELIGIBILITY FOR COVERAGE section before any increase in the amount of Your Voluntary Term Life Insurance will become effective.</p>			

Voluntary Group Term Life Plan			
Class A			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Voluntary Spouse Term Life	The amount elected by You on Your enrollment form and approved by Us. Elected in \$5,000 increments up to a maximum of \$150,000 not to exceed 50% of Your Voluntary Term Life amount. Minimum: \$5,000	Terminates at age 75	Under Age 60 \$20,000 Age 60 and above None
Your Spouse's amount of life insurance will not be more than 50% of Your total amount of Group Term Life Insurance under this Certificate. Your Child's amount of life insurance will not be more than the lesser of the amount of insurance for which You are covered or \$10,000.			

Voluntary Group Term Life Plan		
Class A		
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination
Voluntary Child Term Life	6 months and over: \$10,000 15 days to 6 months: \$1,000	Child coverage does not reduce

Voluntary Group Term Life Plan			
Class B			
Benefit	Principal Sum	Benefit Reduction Schedule /Termination	Guaranteed Issue Limit
Voluntary Employee Term Life	Arthur Byrd - \$25,000 Dale Jackson - \$50,000	None	Arthur Byrd - \$25,000 Dale Jackson - \$50,000

Voluntary Group Term Life Plan			
Class B			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Voluntary Spouse Term Life	Arthur Byrd - \$12,500 Dale Jackson - \$25,000	Terminates at age 75	Arthur Byrd - \$12,500 Dale Jackson - \$25,000

Voluntary Group Term Life Plan			
Class F			
Benefit	Principal Sum	Benefit Reduction Schedule/ Termination	Guaranteed Issue Limit
Voluntary Spouse Term Life	\$5,000	None	\$5,000

Group Term Life Features	
Feature	Benefit Feature Amount
Basic Employee Term Life Accelerated Death Benefit For You	Minimum Benefit Amount: The lesser of 25% of the Death Benefit or \$10,000 Maximum Benefit Amount: 50% or \$262,500 Processing Fee: \$250
Waiver of Premium For You	Basic Term Life Voluntary Term Life
Continuation of Term Life Insurance For You and Your Dependents	Basic Term Life Voluntary Term Life
Right to Convert For You and Your Dependents	Basic Term Life Voluntary Term Life

GENERAL INFORMATION

WHAT IS THE CERTIFICATE OF COVERAGE?

This Certificate is a Written statement prepared by Us and may include attachments. It tells You:

The coverage to which You may be entitled;

To whom We make payments; and

The limitations, exclusions, and requirements applying to This Plan.

It is the responsibility of the Policyholder to distribute the appropriate Certificate and any updates or other notices from Us to each Insured Person.

TO WHAT INFORMATION DO WE HAVE ACCESS?

The Policyholder will give us information about You including:

- If You are eligible for coverage;
- If Your amount of coverage changes, including salary change information;
- If Your coverage terminates; and
- Other information We may reasonably require.

The Policyholder's records that We believe have a bearing on coverage under This Plan are available for Our inspection at any reasonable time.

Clerical errors or omissions by the Policyholder, You, or Us will not:

- Terminate coverage which should otherwise be in effect;
- Continue coverage which should otherwise terminate;
- Create coverage which should not be in effect; or
- Change the amount of coverage that should otherwise be in effect.

WHAT IS THE INCONTESTABILITY PERIOD FOR YOUR COVERAGE?

Any statement You or the Policyholder makes to obtain coverage or an increase in coverage is a representation and not a warranty. No misrepresentation by You or the Policyholder will be used to reduce or deny a claim or to deny the validity of Your coverage or an increase in coverage unless:

- The misrepresentation is material to the risk accepted;
- Our coverage or increase in coverage would not have been approved if the truth had been known;
- Your misrepresentation is contained in a Written instrument signed by You; and

- You or Your Beneficiary, if applicable, have been given a copy of the Written instrument containing Your misrepresentation.

After Your coverage or increase in coverage under the Policy has been in effect for 2 continuous years during Your lifetime, We will not use a misrepresentation by You or by the Policyholder to:

- Reduce or deny a claim; or
- Deny the validity of Your coverage or increase in coverage.

WHAT CONSTITUTES THE ENTIRE CONTRACT?

Coverage is provided for eligible Employees under the Policy of group insurance between the Policyholder and Us. The Policy consists of:

- All Policy provisions and any amendments and/or attachments issued;
- The Policyholder's application;
- Employees' signed Evidence of Insurability forms, if any; and
- The Certificate of Coverage.

HOW WILL WE HANDLE INSURANCE FRAUD?

We promise to focus on all means necessary to support fraud detection, investigation, and prosecution. It is a crime if You or the Policyholder knowingly, and with intent to injure, defraud or deceive Us, file a claim containing any false, incomplete or misleading information. These actions, as well as submission of false information, will result in denial of Your claim, subject to the 2-year period of contestability, and are subject to prosecution and punishment to the full extent under state and/or federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

WHAT IF YOUR AGE OR OTHER DATA IS MISSTATED?

If Your age or other data on You is misstated, We have the right to make an equitable adjustment in the Premium or coverage due for You. The true facts will be used to determine what amount coverage should have been provided for You.

DOES THE POLICYHOLDER ACT AS YOUR AGENT?

For all purposes of the Policy, the Policyholder acts on its own behalf or as Your agent. The Policyholder is not Our agent.

WHAT ARE THE TIME LIMITS FOR LEGAL PROCEEDINGS?

You can start legal action regarding Your claim 60 days after the date You sent us proof of claim. You have up to five years after the date of Your loss to start legal action, unless otherwise provided by law.

DOES THIS PLAN REPLACE OR AFFECT ANY REQUIREMENT FOR WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE?

This Plan does not replace or affect requirements for coverage by Workers' Compensation insurance.

ELIGIBILITY FOR COVERAGE

WHEN ARE YOU ELIGIBLE FOR COVERAGE?

The Eligibility Date is the earliest date You are eligible for coverage under the Policy, when You have satisfied all requirements for coverage to begin, as required by the Policy:

- For an Employee in Active Employment who has completed any Waiting Period required by the Policyholder as of the Effective Date of the Policy; the Eligibility Date means the Effective Date of the Policy;
- For an Employee in Active Employment as of the Effective Date of the Policy who has not completed any Waiting Period required by the Policyholder, the Eligibility Date will be the date following the completion of the required Waiting Period; or

- For an Employee hired on or after the Effective Date of the Policy, the Eligibility Date will be the first date after the end of the Waiting Period, if any, required by the Policyholder.

If This Plan requires Employees to elect coverage under the Policy, the Eligibility Date will be the later of:

- The Employee's date of hire;
- The first date after any Waiting Period required by the Policyholder; or
- The approval by Us in Writing of any coverage for which You were required to provide Evidence of Insurability.

For Dependent coverage, this term means the date on which:

- You have newly acquired Dependents; or
- You are in a Class that includes Dependent coverage

APPLICABLE TO EMPLOYEES

The term "Employee" is defined under the General Definitions section of this Certificate. Subject to the WHAT IF YOU ARE NOT IN ACTIVE EMPLOYMENT ON THE DATE YOUR COVERAGE WOULD BE EFFECTIVE? section, each Employee in a class of Employees who may become insured under the Policy will become eligible on the latest of the following dates: (i) The Policy Effective Date; (ii) The date the Employee becomes a member of the class of Employees who may become insured; or (iii) the date the Employee satisfies the applicable Waiting Period specified in this Certificate.

If, after insurance of an Employee has ended, the Employee resumes Active Employment, the Waiting Period specified in this Certificate must again be satisfied before the Employee will again become eligible for insurance. However, if the Employee resumes Active Employment within three months after the Employee's insurance ended, previous Active Employment while in an Eligible Class of insurance under the Policy will apply toward the applicable Waiting Period.

For the purposes of the Policy, Employees of the company(ies) named on the Policyholder's application which are subsidiaries or affiliates of the Policyholder will be considered Employees of the Policyholder. If a company ceases to be a subsidiary or affiliate of the Policyholder, insurance under the Policy for the Employees of such company shall terminate on the date such company is no longer a subsidiary or affiliate of the Policyholder. Additional subsidiaries or affiliates of the Policyholder may be added after the Policy Effective Date via a Policy amendment. The effective dates for additional Employees of additional subsidiaries or affiliates must be approved by Us.

APPLICABLE TO DEPENDENTS (IF COVERED UNDER THIS CERTIFICATE)

If the Employee does not pay any part of the cost of Dependent coverage, a newly acquired Dependent is covered from the date he or she first becomes eligible.

If the Employee must pay part of the cost of Dependent coverage, and is already enrolled for Dependent coverage for Your initial Dependent, any newly acquired Dependent will be covered as of the date they are first eligible.

However, if the Employee was previously eligible to enroll for Dependent coverage and waived coverage or failed to enroll, We will not cover any Dependents until You submit Evidence of Insurability on Your Dependent, We approve that proof in Writing and the Employee makes any additional required payments.

Exception: We will postpone the Eligibility Date of a Dependent's, other than a newborn Child's, coverage if, on that date, he or she is confined to a Hospital or other health care facility or home confined, or unable to perform two or more Activities of Daily Living. In that case, We will postpone the Eligibility Date of his or her coverage until the day after the date of his or her discharge from such facility or his or her home confinement ends, or he or she no longer requires assistance with two or more Activities of Daily Living.

If a Dependent was covered under a prior plan at transfer and elected coverage under This Plan, this language will not apply to the amount of coverage that was in force with the prior plan.

PROOF OF FAMILY MEMBER ELIGIBILITY: We have the right to require proof of any fact relating to a person's qualifications to be a covered Dependent. All such proof must be satisfactory to Us.

EFFECTIVE DATES OF INSURANCE

WHEN DOES YOUR COVERAGE BECOME EFFECTIVE?

Your coverage will be effective on the date determined as follows:

NON-CONTRIBUTORY INSURANCE (THE POLICYHOLDER PAYS ALL PREMIUM.)

You will be insured under the Policy on the day You become eligible according to the records on file with Us.

Any change in the amounts of insurance as shown in the Plan Highlights shall become effective on the first day of the Policy Month coincident with or next following the date of change of Your classification, provided You are then in Active Employment; if You are not then in Active Employment, such change shall become effective on the day You return to Active Employment.

If You are not in Active Employment on the day Your insurance would otherwise begin, You will be insured on the day You return to Active Employment, except as otherwise provided in the ELIGIBILITY FOR COVERAGE section of the Policy.

CONTRIBUTORY INSURANCE (YOU PAY SOME OR ALL OF THE PREMIUM.)

To enroll, You must submit to Us a group enrollment form, and if We require it, a health information form. The Policyholder will provide instructions to You about this process.

If You enroll for insurance on or before the day You become eligible, You will be insured up to the Guaranteed Issue Limit on the day of your Eligibility Date.

If You enroll for insurance within 31 after the day You become eligible, You will be insured up to the Guaranteed Issue Limit on the day You enroll.

If You enroll more than 31 days after the day You become eligible, You are a late applicant. You will not be insured until the first day of the calendar month after We approve Your Evidence of Insurability provided to Us on a health information form. We may require You to have a medical exam at Our own expense. We will either approve or decline insurance for You based on the medical information We obtain in the health information form and in the medical exam, if any was performed.

Any change in the amounts of insurance as shown in the Plan Highlights will become effective on the first day of the Policy Month coincident with or next following the date of the change, provided You are then in Active Employment. If You are not then in Active Employment, such change will become effective on the day You return to Active Employment.

To enroll for Dependent insurance, You must submit to Us an enrollment form listing each of the Dependents to be insured, and if We require it, complete the health information section of the enrollment form for each of the Dependents to be insured.

A Dependent will be insured on the latest of the following dates:

1. On the day the Dependent becomes eligible, if You enroll for Dependents' insurance on or before the day You first have a Dependent who is eligible; or
2. On the day You enroll the Dependent, if You enroll for Dependents' insurance within 31 days after the day You first have a Dependent who is eligible; or
3. The day Your insurance begins; or
4. For newborn Children the first day of the Age Limit for newborn Children as shown in the Plan Highlights.

If You enroll for Dependent insurance more than 31 days after the day the Dependent becomes eligible, Your Dependent will not be insured until the first day of the calendar month after We approve the Dependent's Evidence of Insurability provided to Us on a health information form. We may require the Dependent to have a

medical exam at Our expense. We will either approve or decline insurance for the Dependent based on the medical information We obtain in the health information form and in the medical exam, if any was performed.

Basic Guaranteed Issue Limit – Other than Base Annual Compensation (BAC)

If You apply for an amount of insurance above the Guaranteed Issue Limit, or for any subsequent increase in the amount of insurance which exceeds the Guaranteed Issue Limit, You will not be insured until the first day of the calendar month after We approve the Evidence of Insurability provided to Us on a health information form. We may require You to have a medical exam at Our own expense. We will either approve or decline the increase in insurance based on the medical information We obtain in the health information form and in the medical exam, if any was performed.

Voluntary Guaranteed Issue Limit – Base Annual Compensation (BAC)

If You apply for an amount of insurance above the Guaranteed Issue Limit, or for any subsequent increase in the amount of insurance due to an increase in the Base Annual Compensation (BAC) which is greater than 10%, You will not be insured until the first day of the calendar month after We approve Your Evidence of Insurability provided to Us on a health information form. We may require You to have a medical exam at Our own expense. We will either approve or decline the increase in insurance based on the medical information We obtain in the health information form and in the medical exam, if any was performed.

WHEN IS EVIDENCE OF INSURABILITY REQUIRED?

You will need to provide Evidence of Insurability to us with Your application if You:

- Apply for coverage more than 31 days after the date You or Your Dependents are first eligible to apply or if required during an Enrollment Period; or
- Voluntarily terminate Your coverage and want to reapply for coverage; or
- Apply for an amount of coverage for which We require Evidence of Insurability, as noted in the PLAN HIGHLIGHTS section.

You must apply for coverage in Writing through the Policyholder and use an enrollment form that is satisfactory to Us. Coverage for amounts of insurance subject to such Evidence of Insurability will become effective on the 1st day of the month coinciding with or next following the date We approve Your Evidence of Insurability. Your insurance will not go into effect on a date You are not in Active Employment because of a Sickness or Injury. Your insurance will go into effect after You have been in Active Employment for one full day in an Eligible Class, as shown on the PLAN HIGHLIGHTS section.

WHEN CAN YOUR COVERAGE UNDER THIS PLAN CHANGE?

For changes in This Plan, Your earnings, or Your class - Coverage changes become effective on the later of:

- The date of the change; or
- The first of the month coinciding with or next following the date We approve Your Evidence of Insurability, if You are required to provide it.
- For Voluntary Life and AD&D Insurance coverage, This Plan's next Anniversary Date.

Increases in coverage due to changes in This Plan, Your earnings, or Your class are also subject to the terms of Active Employment.

Enrollment Period means a period of 31 days during which You may apply, in Writing, to change Your insurance under the Policy due to the occurrence of a Qualifying Event during the term of the Policy.

Increases in coverage due to a change in Your coverage elections are also subject to the terms of the provision titled "WHAT IF YOU ARE NOT IN ACTIVE EMPLOYMENT ON THE DATE YOUR COVERAGE WOULD BE EFFECTIVE?" provision.

Re-enrollment Period means a period of time set by the Policyholder and Us during which You may apply, in Writing, for insurance under the Policy, or change Your insurance under the Policy if You are currently enrolled.

Qualifying Event means:

1. Marriage;
2. The birth, adoption or placement for adoption of a Child;
3. Divorce, legal separation or annulment;
4. The death of a Dependent; or
5. A change in Your or Your Dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your Dependent to gain or lose eligibility for insurance.

You may increase Your life insurance coverage at the time of a Qualifying Event without providing Evidence of Insurability in the amount indicated on the Plan Highlights.

If You are currently enrolled for coverage and do not re-enroll for coverage during a Re-enrollment Period, You will continue to be insured for the same coverage as previously enrolled. If You are not currently enrolled for coverage and do not enroll for coverage during the Re-enrollment Period, then You will not be eligible to enroll for coverage under the Policy until the next Re-enrollment Period.

If You apply to change Your coverage at any time other than during a Re-enrollment Period, We will need to approve Your Evidence of Insurability before any increase in coverage can become effective. In this instance, Your increase in coverage will become effective on the date We approve Your Evidence of Insurability.

If You are currently enrolled for coverage and do not re-enroll for coverage during a Re-enrollment Period, You will continued to be insured for the same coverage as previously enrolled.

Increases in coverage due to a change in Your coverage elections are also subject to the terms of the provision titled "WHAT IF YOU ARE NOT IN ACTIVE EMPLOYMENT ON THE DATE YOUR COVERAGE WOULD BE EFFECTIVE?" provision.

WHAT IF YOU ARE NOT IN ACTIVE EMPLOYMENT ON THE DATE YOUR COVERAGE WOULD BE EFFECTIVE?

If the date You are first eligible is not a regularly scheduled work day because it falls on:

1. A holiday;
2. A vacation day;
3. A non-scheduled work day;
4. During a layoff of less than 30 days in duration;
5. A day during an approved leave of absence not due to sickness or injury, lasting 90 days or less; or
6. A day during a period of absence that is less than 7 days in duration;

And if:

1. You are fully capable of performing the major duties of Your Regular Occupation for the Policyholder for the minimum number of hours of an Employee in Your Eligible Class in the Plan Highlights section on the Eligibility Date; and
2. You were performing the major duties of Your Regular Occupation and working the minimum number of hours of an Employee in Your Eligible Class on Your last regularly scheduled work day;

Then Your coverage will start on the Eligibility Date. However, any coverage or part of coverage for which You must elect and pay all or part of the cost, will not start if You are on an approved leave, layoff or absence and such coverage or part of coverage was not previously in force for You under a prior plan which the Policy replaced.

Delayed Eligibility: If You are not in Active Employment as a result of sickness or injury, We will postpone coverage for an otherwise covered loss for any condition that prevents You from being in Active Employment. The coverage will be postponed until You return to Active Employment working the minimum number of hours of an Employee in Your Eligible Class and performing the duties of Your Regular Occupation.

The Delayed Eligibility provision will not apply if You are covered under the Policy Replacement Exception.

This applies to Your initial coverage, as well as any increases or additions to coverage occurring after Your initial coverage is effective.

Policy Replacement Exception: If due to sickness or injury, You are not in Active Employment You will be insured for Group Term Life insurance provided by the Policy if all of the following are true:

1. You were insured under the Policyholder's prior insurer's group term life plan at the time the prior insurer's group term life plan ended and This Plan became effective with Us, with no break in group coverage;
2. You were a member of an Eligible Class under the Policyholder's prior insurer's group term life plan and are eligible under This Plan;
3. Premiums for You were paid up to date for the Policyholder's prior insurer's group term life plan and This Plan;
4. Premiums are not currently being waived under the Waiver of Premium Benefit, or You were not eligible under the terms of the Policyholder's prior insurer's group term life plan to have premiums waived;
5. You are not receiving or eligible to receive benefits under the Policyholder's prior insurer's group term life plan; and
6. Your name is disclosed on the Group Application as a currently covered employee not in Active Employment.

Any group term life benefit payable will be the lesser of:

1. The group term life benefit payable under This Plan; or
2. The group term life payable under the Policyholder's prior insurer's group term life plan had it remained in force; reduced by any amount paid by the prior insurer's group term life plan.

If You are covered under the Policy Replacement Exception, You will not be eligible for the Waiver of Premium Benefit provision under This Plan until such a time as You are in Active Employment as defined by This Plan.

If You meet the conditions stated previously, You will remain insured under this provision until the first of the following occurs:

1. The date You are fully capable of performing the major duties of Your Regular Occupation for the Policyholder, and capable of doing so for the minimum number of hours of an employee in Your Eligible Class;
2. The date Your insurance terminates under This Plan;
3. The last day of a period of 12 consecutive months which begins on February 1, 2019;
4. The date You become eligible for the Waiver of Premium Benefit provision under the Policyholder's prior insurer's group term life plan; or
5. The last day You would have been covered under the Policyholder's prior insurer's group term life plan, had the prior plan not terminated.

WHEN DOES YOUR COVERAGE UNDER THIS PLAN END?

Your coverage under This Plan will end on the earliest of the following:

1. Your coverage under the Policy ends when the first of the following events occurs:
 - a. The Policy ceases;
 - b. Premium payments for Your coverage cease;
 - c. The date insurance for the class under which You are eligible ends;
 - d. Upon the Your Written request;
 - e. The date You attain the termination age shown in the PLAN HIGHLIGHTS section;
 - f. The date Your employment in the classes of Employees eligible under the Policy ends; or
 - g. The date on which Your maximum number of months or weeks of continued insurance as provided below ends.
2. A Dependent's insurance ends when the first of the following events occurs:
 - a. The Policy ceases;
 - b. Premium payments for the coverage of the Dependent ceases;
 - c. Your coverage under the Policy ends; or
 - d. The Dependent is no longer a Dependent eligible for coverage.

The amount of Your coverage and Your Dependent's coverage will be that in force on the day before You stopped Active Employment. However, this provision is subject to any reduction in the amount of coverage due to You or Your Dependent's attainment of a specific age, as specified in the Plan Highlights.

WHAT HAPPENS TO YOUR COVERAGE IF YOU ARE ON A FAMILY OR MEDICAL LEAVE OF ABSENCE?

If you are on a Family or Medical Leave of Absence, your coverage will be governed by the Employer's Human Resource policy on Family or Medical Leaves of Absence.

We will continue your coverage if the following conditions are met:

- Premiums for the cost of your continued coverage are paid; and
- Your leave is approved in advance and in writing by the Employer.

Your coverage will continue for up to the greater of:

- The leave period required by the federal Family and Medical Leave Act of 1993, and any amendments; or
- The leave period required by applicable state law.

While you are on an approved Family or Medical Leave of Absence, Your coverage amount will be based on the amount of coverage in force for You just prior to the date your Leave of Absence started to determine any Benefit payments to You.

If you return to Active Employment at the end of the approved Family or Medical Leave of Absence, your coverage will continue under the Policy. If you do not return to Active Employment at the end of the Family or Medical Leave of Absence, your coverage will end in accordance with WHEN DOES YOUR COVERAGE UNDER THIS PLAN END? provision.

If your coverage does not continue during a Family or Medical Leave of Absence, then when you return to Active Employment:

- You will not have to meet a new Waiting Period, including a Waiting Period for coverage of a Pre-existing Condition; and
- You will not have to give us Evidence of Insurability to reinstate the coverage you had in effect before your leave began.

WHAT HAPPENS TO YOUR COVERAGE IF YOU ARE ON A MILITARY SERVICES LEAVE OF ABSENCE?

We will allow your coverage to continue, for up to 4 weeks in a 12 month period, if you enter the military service of the United States. While you are on a Military Services Leave of Absence, the premium must be paid according to the terms specified in the Policy to keep the insurance in force. Changes such as revisions to coverage because of age, class, or salary changes will apply during the leave except that increases in amount of insurance, whether automatic or subject to election, are not effective for you until you have returned to work from Military Services Leave of Absence for one full day.

All other terms and conditions of the Policy will remain in force during this continuation period. Your continued coverage will cease on the earliest of the following dates:

- The date the Policy terminates; or
- The date ending the last period for which any required premium was paid; or
- 4 weeks from the date your continued coverage began.

If you return to Active Employment at the end of the Military Services Leave of Absence, your coverage will continue under the Policy. If you do not return to Active Employment at the end of the Military Services Leave of Absence, your coverage will end in accordance with WHEN DOES YOUR COVERAGE UNDER THIS PLAN END? provision.

WHAT HAPPENS TO YOUR COVERAGE IF YOU ARE ON A SABBATICAL AND OR IF YOUR LEAVE IS DUE TO A LAY-OFF?

We will allow your coverage to continue, for up to 12 months for a sabbatical leave and for up to 4 weeks in a 12 month period while you are on lay-off. The premium must be paid according to the terms specified in the Policy to keep the insurance in force. Changes such as revisions to coverage because of age, class, or salary changes will apply during the leave except that increases in amount of insurance, whether automatic or subject to election, are not effective for you until you have returned to work from lay-off or sabbatical for one full day.

While you are on lay-off or sabbatical, Your coverage amount will be based on the amount of coverage in force for You just prior to the date your lay-off or sabbatical started to determine any Benefit payments to You.

If you return to Active Employment at the end of the lay-off or sabbatical, your coverage will continue under the Policy. If you do not return to Active Employment at the end of lay-off or sabbatical, your coverage will end in accordance with WHEN DOES YOUR COVERAGE UNDER THIS PLAN END? provision.

If your coverage does not continue during a lay-off or sabbatical, then when you return to Active Employment:

- You will not have to meet a new Waiting Period, including a Waiting Period for coverage of a Pre-existing Condition; and
- You will not have to give us Evidence of Insurability to reinstate the coverage you had in effect before your leave began.

FILING A CLAIM

WHEN DO YOU NOTIFY US OF A CLAIM?

Subject to the terms of this Certificate, We will pay the benefit Proceeds for a covered loss as shown in the Plan Highlights.

NOTICE OF CLAIM: Written notice of intent to file a claim under the Policy must be sent to Us within 20 days of the date of the loss. This Notice should include the name of the insured and the Policy number. For details and to request a claim form kit, You can contact Us at 888-358-9484 or www.renaissancefamily.com.

WHEN DO YOU NEED TO GIVE US PROOF OF YOUR CLAIM?

PROOF OF LOSS: Early proof of a claim will allow us to make a timely claim decision. You should send Written Proof of Loss to Our Home Office within 90 days of the loss. We will not void or reduce Your claim if We do not receive Notice and Proof of Loss within the required time. In that case, Notice and Proof of Loss must be sent as soon as reasonably possible.

Proof of Loss for a death claim will consist of a certified copy of the death certificate of the insured, or other lawful evidence providing equivalent information, and proof of the claimant's interest in the Proceeds. When We receive the claim form and Proof of Loss, We will review the Proof of Loss and if We approve the claim, We will pay the Proceeds to the Beneficiary subject to the terms of the Policy. If the Employee is not alive at the death of the Dependent, payment will be made to the Appropriate Payee.

For all other claims, Proof of Loss may include itemized bills as part of claim processing.

HOW DO YOU FILE A CLAIM?

CLAIM FORMS: We will furnish a claims form kit within 15 days of receipt of Notice of Claim. The process for completing and submitting the claim form will be explained in the claim form kit. If We do not furnish the forms on time, We will accept a Written notice and adequate proof of death that is the basis of the claim as Proof of Loss.

Interest shall accrue on the death Benefit and be payable from the date of death. Interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve.

Additional interest shall accrue at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of items to the date the claim is paid,

- the date that due Proof of Loss following death is received by Us;
- the date We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- the date that legal impediments to payment of proceeds that depend on the action of parties other than Us are resolved and sufficient evidence of the same is provided to Us.

We will send You a benefit payment for any period for which We are liable under This Plan. If the Policy or Plan is canceled, the cancellation will not affect a payable claim.

TO WHOM DO WE MAKE BENEFIT PAYMENTS?

Unless otherwise specified in the Policy or Certificate, We will make all benefit payments to You, if living. Benefit payments that become due after Your death will be made to Your Beneficiaries.

APPLICABLE TO INSURANCE ON EMPLOYEES

The Loss of Life Proceeds are payable to Your Beneficiary, except as otherwise provided. No Proceeds will be paid until We have received Proof of Loss as set forth in the FILING A CLAIM section of this Certificate. You may name one or more Beneficiaries and You may designate the proportion of the Proceeds each named Beneficiary should receive. If there is a part of the insurance for which there is no named beneficiary living after Your death, payment will be made in a lump sum or sums to any of the following survivors in the following order of priority: Your (a) Spouse; (b) any children; (c) father or mother; or (d) any brother or sister. If none survives, that part will be paid in a lump sum payment to Your estate.

APPLICABLE TO INSURANCE ON DEPENDENTS

The Beneficiary of the Dependent's life insurance will be You. No benefits will be paid until We have received Proof of Loss as set forth in the Dependent Term Life Insurance provision of this Certificate. If You are not living at the time such Dependent dies, or die within one week of the Dependent, payment will be made: (a) In the case of a Spouse's death, to such Spouse's estate; and (b) In the case of a Child's death, to any of the following survivors, as We determine to be appropriate: the Child's (i) father or mother, or (ii) any brother or sister. If none survives, payment will be made to the Child's estate.

OPTIONAL MODES OF SETTLEMENT: As an alternative to having the life benefit paid in a single lump sum check, You may elect to have all or any part of the insurance for loss of life paid out to the Beneficiary in installments or in any other way that may be agreed to by Us. To make such an election, You must give Us Written notice in a form satisfactory to Us. You have the right to change such election. The terms of payment will be in accord with those offered by Us for the insurance at the time election is made.

After Your death , the Beneficiary:

1. May make such election if You had not done so;
2. May name person(s) to receive any amount which, if no person(s) were so named, would go to the Beneficiary's estate; and
3. Will have the right to change the person(s) name in accordance with the BENEFICIARY INFORMATION section of this Certificate.

WHAT HAPPENS IF WE OVERPAY YOUR CLAIM?

We have the right to recover overpayments that occur due to:

- An error We make in processing Your claim; or
- If We determine that We should have paid You a different benefit amount from the amount actually paid on Your claim, We will adjust the benefit accordingly. If We determine that We overpaid Your claim, then We require that You repay us in full. We will determine the method by which You will repay us. We reserve the right to apply our future payments to You toward any outstanding overpayment balances. We have the right to recover overpayments from Your eligible survivors or estate. We reserve the right to deduct from Your claim payment any unpaid Premium due for Your coverage. We will not recover more money from You than the benefit amounts We paid to You.

- If We determine that We were overpaid Premium for Your coverage, We will refund the Premium to You.

WHAT HAPPENS IN THE EVENT OF SUICIDE?

The following applies to Voluntary Life only.

Until You or Your Dependent have been insured under the Policy and any predecessor Policy for a continuous period of two years, no Proceeds will be paid for death which is caused or contributed to by suicide or any other intentionally self-inflicted injury, while sane or insane. Our liability will be limited to the return to the Appropriate Payee the amount of Premiums paid by You and the return to the Policyholder of all Premiums, if any, paid by the Policyholder for Your or Your Dependent's insurance.

Until any increase in the amount of Your or Your Dependent's insurance for which Evidence of Insurability is required has been in effect for a continuous period of two years, no Proceeds will be paid for death which is caused or contributed to by suicide or any other intentionally self-inflicted injury. Our liability will be limited to the amount of insurance that was in effect before the increase. We will return to the Appropriate Payee any Premiums paid by You for the increase and to the Policyholder any Premiums paid by the Policyholder for the increase in Your or Your Dependent's insurance.

APPEAL PROCEDURE

If Your claim has been denied in whole or in part, You or Your Beneficiary may request a review of the decision. You or Your Beneficiary must file a written request for appeal within 90 days from the date of the notice of denial of Your claim. The right to appeal the denial may be forfeited if this deadline is not met.

Along with a written request for a review, You or Your Beneficiary should submit any additional information You believe should be considered during the review.

Upon request, We will provide You or Your Beneficiary with copies of documents, records and other information relevant to your claim, free of charge.

We will review the claim and respond with a final determination within 60 days. If We need additional time to decide the appeal, We may extend the review by 45 days. If we need such an extension, We will inform You or Your Beneficiary in writing: (1) that We need an extension, (2) why We need the extension, (3) what additional information We may need to complete the review, and (4) when You or Your Beneficiary can expect a decision. We will notify You or Your Beneficiary of the extension before the expiration of the initial 60-day period. In no event will the total period for review of the appeal exceed 90 days.

NOTIFICATION OF APPEAL DECISION

We will notify You or Your beneficiary, in writing, of Our final decision. If the claim is denied on appeal, the notice will include the following:

1. The specific reasons for the denial;
2. A reference to the specific provision(s) on which the decision for denial was based;
3. A statement regarding Your right, upon request and without charge, to a copy of documents, records and other information relevant to the claim; and, if applicable,
4. A statement regarding Your right to bring a civil action under Section 502(a) of ERISA following a denial on appeal.

BENEFICIARY INFORMATION

If You name two or more Beneficiaries:

1. Two or more surviving beneficiaries will share equally, unless You provide for unequal shares;

2. If You provide for unequal shares, and two or more Beneficiaries survive, We will pay each surviving Beneficiary his or her designated share, unless You provide otherwise. We will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries; and
3. If only one Beneficiary survives, We will pay the total Death Benefit to that Beneficiary, unless You provide otherwise.

You may name or change the Beneficiary at any time without the consent of a Beneficiary, if the right to do so has not been assigned. However, if an irrevocable beneficiary has been designated, such a Beneficiary cannot be changed without the consent of the irrevocable beneficiary. Once received by Us, the designation will take effect as of the date You signed the designation unless You have indicated a different date. Until the designation is received, We will not be liable for any action taken in good faith contrary to directions contained in the designation.

You may name or change Beneficiaries by providing Written notice to Us, or by submitting the change request electronically using the system provided by the Policyholder. We have the right to refuse to record any designation that does not comply with Our rules and regulations. All designations are subject to the terms and conditions of this Certificate.

Subject to the limitations stated in this Certificate, the designation of a Beneficiary in the application for a conversion policy will be treated as a request to name or change the Beneficiaries to the extent of the amount of insurance being converted.

If there is a part of the insurance for the loss of Your life for which there is no named beneficiary living at Your death, that part will be paid in a lump sum to the Appropriate Payee.

Any payment We make in good faith shall discharge Our liability to the extent of such payment.

TERM LIFE FEATURES – ACCELERATED DEATH BENEFIT

Only Employees are eligible for this Accelerated Death Benefit.

THIS COVERAGE PROVIDES AN ACCELERATED BENEFIT PROVISION. RECEIPT OF THIS ACCELERATED BENEFIT WILL REDUCE THE DEATH BENEFIT, MAY BE TAXABLE AND MAY AFFECT ELIGIBILITY FOR TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) OR OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS. INSURED EMPLOYEES SHOULD SEEK ASSISTANCE FROM THEIR PERSONAL TAX ADVISOR.

BENEFIT AMOUNT FOR THE ACCELERATED DEATH BENEFIT: The amount of the Accelerated Death Benefit for which You may apply is based on the amount of Group Term Life insurance for which You are insured on the day before You apply for the benefit subject to the minimum and maximum amounts as shown in the Plan Highlights, less any reductions under the terms of the Policy or Certificate scheduled to apply within the next 12 months.

ACCELERATED DEATH BENEFIT DEFINITIONS:

ACCELERATED DEATH BENEFIT means the benefit payable if You are certified as Terminally Ill.

CERTIFIED or **CERTIFICATION** refers to a Written statement, made by a Physician on a form provided by Us, as to Your Terminal Illness.

DISCOUNT AMOUNT means the amount of the Accelerated Death Benefit which is available to You and is discounted to the present value in 6 months from the date this benefit is paid, using the Discount Rate. A detailed statement of the method of computing the amount of the Accelerated Death Benefit is available from Us on request.

DISCOUNT RATE means the greater of:

1. The then current yield on the 90-day Treasury Bills available at the date of application for an Accelerated Death Benefit; or
2. The Moody's Corporate Bond Yield Averages-Monthly Average Corporate published by Moody's Investors Service, Inc., or successor thereto, for the calendar month ending two months before the date of application for an Accelerated Death Benefit.

TERMINALLY ILL or **TERMINAL ILLNESS** refers to an illness or physical condition that is certified by a Physician to reasonably be expected to result in death in 12 months or less.

PAYMENT CONDITIONS: This benefit is payable if You are Certified as Terminally Ill. In order for this benefit to be paid: (a) We must receive a Written request; and (b) We must receive from any assignee or irrevocable beneficiary his or her signed acknowledgement and agreement to payment of this benefit.

We may, at Our option, confirm the terminal diagnosis with a second medical exam performed at Our expense. In the event that the second medical exam conflicts with the initial certification, we would refer the two findings to a third medical provider mutually agreed upon by the Insured and Us for a final determination within 14 days.

If You die after You elect to receive an Accelerated Death Benefit but before any such benefits are received, the election shall be cancelled and the Proceeds will be paid pursuant to the terms of this Certificate.

PAYMENT OF THE ACCELERATED DEATH BENEFIT: If We approve Your application for this benefit, We pay the amount You have elected, less the: (1) present value discount; and (2) processing fee. We pay this benefit to You immediately upon due Written proof of benefit eligibility in one lump sum. This payment is subject to all of the other terms of the Certificate. The Accelerated Death Benefit is payable and can be utilized only one time and cannot exceed the Maximum Benefit as shown in the Plan Highlights. If any index used in determining interest or expense charges for the Accelerated Death Benefit, We will use an appropriate substitute index subject to the approval of the Interstate Insurance Product Regulation Commission.

PROCESSING FEE: A fee in the amount shown in the PLAN HIGHLIGHTS will be required for the administrative cost of evaluating and processing Your application for this benefit. This fee is deducted from the amount of the Accelerated Death Benefit paid to You.

EFFECT OF ACCELERATED DEATH BENEFIT: If You become eligible for, and elect to receive this benefit, the following will result:

1. The Death Benefit used to determine Proceeds will be reduced by the amount of Death Benefit accelerated. The reduced amount of insurance will be subject to all Policy provisions dealing with changes in the amount of insurance and reductions or termination for age or retirement. The amount of the Death Benefit accelerated plus the remaining Death Benefit will not exceed the amount that would have been paid as a Death Benefit in the absence of this coverage;
2. Any amount of insurance that would otherwise be continued under a waiver of Premium provision will be reduced by the amount of the Death Benefit accelerated. Conversion privileges will still be available for the reduced amount of insurance that remains in force after acceleration;
3. **THE PREMIUM AMOUNT DUE FOR THE EMPLOYEE LIFE INSURANCE BENEFIT WILL REMAIN THE SAME AFTER THE DEATH BENEFIT IS ACCELERATED.**

Any Accidental Death and Dismemberment benefit provision will not be affected by payment of the Accelerated Death Benefit.

Upon a request for an Accelerated Death Benefit and upon payment of an Accelerated Death Benefit, We will provide a statement to You and any assignee of record and any irrevocable beneficiary of record demonstrating the effect of the acceleration on the Death Benefit and the Premium.

The acceleration of part of a Death Benefit shall not impact other Dependent coverage under this Certificate whether or not the Dependent coverage is based on a percentage of the Death Benefit.

TERMINATION OF AN ACCELERATED DEATH BENEFIT: This Accelerated Death Benefit coverage will terminate on the first of the following:

1. The date of termination of the Policy;
2. The date You are no longer an insured Employee;
3. The date Your coverage under this Certificate terminates;
4. The date of payment of the Accelerated Death Benefit; or
5. Upon Your Written request.

Such termination shall not prejudice the payment of benefits for any Qualifying Event that occurred while the Accelerated Death Benefit was in force.

EXCEPTIONS: The Accelerated Death Benefit will not be available if the Terminal Illness is due to any intentionally self-inflicted injury or suicide attempt. The Accelerated Death Benefit will not be available if:

1. You are required by a health care facility to use the Accelerated Death Benefit as a condition of admission to such facility or for providing any care in such facility or to continue a government benefit or entitlement; or
2. You have previously received an Accelerated Death Benefit under this Certificate.

TERM LIFE FEATURES – WAIVER OF PREMIUM

If, while insured and prior to age 60, You become Totally Disabled for a continuous period of at least nine months, Your Group Term Life insurance will be extended under this Certificate. When Your insurance is extended, no Premium will be due for such insurance. Premium will continue to be due for Dependent insurance, if any. No additional benefits, such as Accidental Death and Dismemberment (AD&D) Benefits, will be extended under this benefit.

For purposes of this WAIVER OF PREMIUM section, “Total Disability” or “Totally Disabled” means that due to injury or disease, You are unable to perform the material duties of Your regular job and You are not able to perform for remuneration or profit any work for which You are reasonably fitted by training, education and experience. Total disability will be deemed to have ended if You do any work for which You are reasonably fitted by training, education and experience.

If Your coverage terminates, You are Totally Disabled and until You have been approved by Us for this Waiver of Premium benefit, You must exercise Your right to continue insurance under the Employee Continuation of Basic, Voluntary and Dependent Term Life Insurance During Disability provision of this Certificate, or the Employee Right to Convert to an individual Policy. You must remain insured under such continuation provision, or individual Policy until We approve this Waiver of Premium benefit.

If You die while eligible for this Waiver of Premium benefit and after Your insurance has been converted, but before You have been approved by Us for this Waiver of Premium benefit, any amount paid under the individual Policy will be deducted from the Proceeds due under this Certificate, and Premiums paid under the individual Policy will be paid to the beneficiary of that Policy Certificate on return of that Policy to Us; and any Premiums paid under a continuation provision will be refunded to the Policyholder, if paid by the Policyholder, and to the beneficiary designated by You under this Certificate, if paid by You.

Your claim including written notice and proof by way of Your Statement and attending Physician’s statement stating that Disability began prior to age 60 and while You were insured and the Disability has existed continuously for nine months must be given to Us at Our Home Office within 12 months from the date You become Totally Disabled. We may, at Our option, confirm this Waiver of Premium benefit eligibility with a second or third medical opinion performed at Our expense. The second medical opinion may include a physical examination by a Physician designated by Us. In the case of conflicting opinions, eligibility for this Waiver of Premium benefit will be determined by a third medical opinion, which may include a physical examination that is provided by a Physician that is mutually acceptable to You and Us.

The claim with written notice and proof must be given to Us during Your lifetime and during the period of Total Disability. Failure to give such notice will not invalidate or reduce any claim if such notice and proof was given as soon as reasonably possible, and, in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. We will send You written notice advising whether You have been

approved for the Waiver of Premium benefit and, if approved, the amount of the Premium being waived. Premium payments need to be paid by You and upon submission of satisfactory proof, any Premium paid for Your coverage after the date Disability began will be refunded. However, no Premium due more than one year before satisfactory proof is received will be waived. We may require satisfactory proof of continued Total Disability at reasonable intervals, but not more often than once per year.

If You die while Premiums are being waived, the Premiums waived under this provision will not be deducted from the Proceeds, but the amount of insurance will be reduced by any conversion benefit payable under the “Employee Right to Convert” and Dependent Term Life Insurance” or any continuation provisions of this Certificate.

No Premium due more than one year before proof is received will be waived. An otherwise valid claim will not be reduced or denied if it was not reasonably possible to furnish such notice and proof within such time, provided such notice and proof were provided as soon as was reasonably possible.

While Your insurance is extended under this provision, You will be covered for the amount of life insurance for which You were insured just before ceasing Active Employment due to Total Disability. This amount is subject to reduction, if any, as shown in the Plan Highlights.

Your insurance will end when You: (a) Cease to be Disabled; (b) Fail to give required proof as set forth above; or (c) Fail to submit to a health exam required by Us; or (d) Attain age 65; or (e) attain Your Retirement Date. When this insurance ends, You will have the same conversion rights as those described under the “Employee Right to Convert” and continuation of insurance rights as those described under “Employee Continuation of Basic Term Life Insurance During Disability” sections of this Certificate, unless You become insured again under the Policy.

Termination of this Certificate will not affect an otherwise valid claim arising from Total Disability which began before such termination.

TERM LIFE FEATURES – CONTINUATION

EMPLOYEE CONTINUATION OF TERM LIFE INSURANCE DURING TOTAL DISABILITY OR TERMINATION OF EMPLOYMENT

REQUESTING CONTINUATION

If Your employment and Group Term Life insurance is terminated while You are Totally Disabled, or because You are no longer employed by the Policyholder, then You will have the option to continue such insurance without having to provide Evidence of Insurability, for up to 12 months from the date of termination, by applying for continuation of insurance, and paying the Premiums directly to Us for the continuation on the same basis as Premiums were paid on the day before Total Disability, provided that You meet the applicable requirements below.

For purposes of this CONTINUATION section, “Total Disability” or “Totally Disabled” means that due to injury or disease, You are unable to perform the material duties of Your regular job and You are not able to perform for remuneration or profit any work for which You are reasonably fitted by training, education and experience. Total disability will be deemed to have ended if You do any work for which You are reasonably fitted by training, education and experience.

For Continuation of Basic, Voluntary and Dependent Term Life Insurance During Total Disability, You must:

1. Pay the first Premium for the continuation of insurance: (a) within 31 days after the date Your insurance is terminated under the Policy, or (b) within any extended period of time to exercise continuation provided below;

2. Provide Written notice and proof to Us at Our Home Office that You were Totally Disabled on the date insurance terminated. Proof that covered Total Disability lasted until death must be given to Us within one year after death occurs. We have the right to have Our medical representative examine You when necessary.

For Continuation of Basic, Voluntary and Dependent Term Life Insurance During Termination of Employment, You must:

1. Pay the first Premium for the continuation of insurance: (a) within 31 days after the date Your insurance is terminated under the Policy if notice is given to You by the Policyholder at least 15 days before termination; or (b) within any extended period of time to exercise continuation provided below;
2. Be insured under this Certificate for at least 6 consecutive months prior to the date Your insurance terminated under this Certificate;
3. Keep this Certificate in force;
4. Be under age 70; and
5. Be a citizen or resident of the United States; and
6. Not be receiving a waiver of Premium benefit under this Certificate.

CONTINUATION OF INSURANCE

Continuation of insurance will be for the amount and types of life insurance, including Dependent life insurance, if any, for which You were insured on the day before Your insurance would otherwise terminate under the Policy; subject to all applicable provisions under this Certificate, including reductions due to age. The Dependent Term Life Insurance, if any, can only be continued when Your term life insurance is continued. No additional benefits, such as Accidental Death and Dismemberment (AD&D) Benefits, may be continued under this provision.

We will bill You for the insurance Premiums. If the Premium is not paid on or before its due date, the insurance will enter a 31 day grace period. If the Premium due is not paid by the end of the grace period, the insurance will terminate as of the Premium due date. Nothing in this section will impair or be deemed to impair Our right to change Premium rates in accordance with the provisions of the Policy.

If You or Your covered Dependent(s) die(s) during the 31 day grace period, Proceeds will be payable under the terms of the Policy, provided that insurance would not have terminated for other reasons prior to the date of death.

RIGHT TO CONVERT DURING CONTINUATION OF INSURANCE

You and Your covered Dependents will have the right to exercise the Right to Convert at any time while insured under these continuation of insurance provisions. We will give You a notice of Your and Your covered Dependents' right to exercise the Right to Convert within 15 days before termination of Your and Your covered Dependents' continuation insurance. If notice is so given, then the Conversion Period will be 31 days after the date the continuation insurance terminates.

If You are not given notice of the right to exercise the Right to Convert at least 15 days before the termination of the continuation insurance, then the Conversion Period will expire on the later of 16 days after You are given such notice or 31 days after the insurance ended, but in no event shall the Right to Convert extend beyond 91 days after the insurance ends.

If You die during the period to elect continuation of life insurance, We will pay Your beneficiary Proceeds calculated using the amount of life insurance for which You were insured on the day before insurance terminated, subject to all applicable provisions under this Certificate, upon receipt of Proof of Loss establishing that You died during the continuation period. If Your covered Dependent dies during the continuation period, We will pay Your Proceeds in accordance with the terms of this Certificate. If You are not alive at the death of the covered Dependent, payment will be made in accordance with the terms of this Certificate. The Dependent Right to Convert provision describes the conversion rights available to all other covered Dependents.

This option to continue Employee and Dependent term life insurance, if any, is in addition to Your Right to Convert to an individual Policy. However, any amount of insurance converted will no longer be eligible for continuation under this continuation of insurance provision. In no event will We be liable to pay a Death Benefit under more than one of the conversion and continuation provisions of this Certificate.

TERM LIFE FEATURE – CONVERSION

EMPLOYEE RIGHT TO CONVERT

Right to Convert means the right to buy an individual policy of life insurance during the Conversion Period set forth below without submitting Evidence of Insurability. The individual conversion policy may be on any one of the life insurance forms that We customarily make available for purposes of conversion, except for term insurance.

You have a Right to Convert the life insurance in force on Your life and on the lives of Your Dependents then covered under this Certificate (if any) on the date (“Employee Conversion Date”) Your life insurance under this Certificate ends or is reduced for any reason other than failure to make the required Premium payment.

If You have a Right to Convert, the maximum amount that can be converted is the amount of the basic term life insurance, including any voluntary term life insurance that ended or was reduced. Any additional insurance such as Accidental Death and Dismemberment (AD&D) insurance is not available for conversion. The amount which can be converted is reduced by the amount of life insurance for which You may be or may become eligible under any group policy issued or reinstated by Us or another insurer within 31 days after the date Your insurance ended or was reduced. If the amount of life insurance that terminated is below the standard minimum that We offer or make available for purposes of conversion, the entire amount must be converted.

Conversion Period and Notice of Right to Convert When the Employee’s Insurance Ends or is Reduced:

In order to exercise the Right to Convert, You must apply to Us in Writing for an individual policy of insurance and pay Us the first Premium for the individual policy of insurance within the Conversion Period set forth below.

The Policyholder must give You notice of the Right to Convert at least 15 days before a termination or reduction in the amount of insurance. If notice is so given, then the Conversion Period will be 31 days after the Employee Conversion Date.

If You are not given notice of the Right to Convert at least 15 days before a termination or reduction in the amount of insurance, then the Conversion Period will expire at the later of 16 days after the notice of the Right to Convert is given or 31 days after the Employee Conversion Date.

But in no event will the right to convert extend beyond 91 days after the Employee Conversion Date.

Full compliance with the notice requirements will be satisfied by Written notice that is:

1. Given to You by the Policyholder; or
2. Mailed to You by the Policyholder to Your last known address.

If the Right to Convert is exercised, the individual policy of life insurance will become effective on the day after the Conversion Period ends.

The Premium payable will be based on the rates in use by Us on the date the individual conversion policy takes effect. The rates will be those applicable to the form and amount of the policy chosen, the attained age used at issue, and the class of risk under this Certificate.

During the Conversion Period, Your life insurance will continue under the terms of this Certificate. If an Employee with the Right to Convert dies during the Conversion Period provided above, We will pay Proceeds

calculated using the maximum amount of life insurance You had a Right to Convert. Such amount will be paid to the beneficiary named under this Certificate. If You had applied for and paid Premium for a conversion policy, the Premiums paid for the conversion policy shall be refunded.

The right to elect to continue insurance under this Certificate under the Employee Continuation of Basic and Voluntary and Dependent Term Life Insurance due to Termination of Employment or During Disability provisions of this Certificate is in addition to Your Right to Convert, not in lieu of the Right to Convert. However, any amount converted will no longer be continued under this Certificate.

In no event will We be liable to pay Proceeds under more than one of the conversion or continuation provisions of this Certificate.

DEPENDENT RIGHT TO CONVERT

Right to Convert means the right to buy an individual policy of life insurance during the Conversion Period set forth below without submitting Evidence of Insurability. The individual conversion policy may be on any one of the life insurance forms that We customarily make available, except for term insurance.

A Spouse insured under this Certificate has the Right to Convert the life insurance in force on his or her life on the date (the "Spouse Conversion Date") insurance terminates because:

1. The insured Employee dies. In such case, the Spouse also has the Right to Convert any life insurance then in force on the lives of any Children then covered under this Certificate; or
2. The insured Employee and Spouse divorce or annul their marriage, or terminate their domestic partnership.

A Child insured under this Certificate has the Right to Convert the life insurance in force on his or her life on the date such Child's insurance terminates because he or she has reached the Age Limit under this Certificate (the "Child Conversion Date").

You may have the Right to Convert Dependent life insurance under other circumstances as set forth in the "Employee Right to Convert" provision of this Certificate.

If a Dependent has a Right to Convert, the maximum amount that can be converted is the amount of the life insurance, including voluntary insurance, if any, but excluding any other additional insurance such as Accidental Death and Dismemberment (AD&D) insurance, that ended or was reduced. If the amount of life insurance that terminated is below the standard minimum that We offer or make available for purposes of conversion, the entire amount must be converted.

Conversion Period When Dependent Insurance Ends or is Reduced:

In order to exercise the Right to Convert, the Dependent with the Right to Convert must apply to Us in Writing for an individual policy of insurance and pay Us the first Premium for the individual Policy of insurance within the Conversion Period set forth below.

If the Right to Convert is exercised, the individual policy of life insurance will become effective on the day after the Conversion Period ends.

The Premium payable will be based on the rates in use by Us on the date the individual conversion policy takes effect. The rates will be those applicable to the form and amount of the policy chosen, the Insured Person's then attained age, and the class of risk under the Policy.

During the Conversion Period provided above, the Dependent's life insurance will continue under the terms of this Certificate. If a Dependent with the Right to Convert dies during the Conversion Period provided above, We will pay Proceeds calculated using the maximum amount of life insurance the Dependent had a Right to Convert. If the Dependent had applied for and paid Premium for a conversion policy, the Premiums paid for the conversion policy shall be refunded. In no event will We be liable to pay a Death Benefit under both this Certificate and the conversion policy.

POLICYHOLDER NOTICE

The Policyholder must give You notice of the right to:

1. Continue term life insurance; and/or
2. Convert term life insurance.

Notice must be provided to You at least 15 days before the termination of Your insurance. If notice is so given, the rights will remain in effect for 31 days after the date Your insurance terminated.

If You are not given notice of Your rights at least 15 days before the termination of Your insurance, then the rights will expire on the later of 16 days after You are given such notice or 31 days after the insurance ended, but in no event shall the rights extend beyond 91 days after the insurance ends.

Full compliance with this provision will be satisfied by Written notice that is:

1. Given to You by the Policyholder; or
2. Mailed to You by the Policyholder at Your last known address.

GENERAL PROVISIONS

ASSIGNMENTS BY THE POLICYHOLDER: We will not be bound by any assignment of this Certificate by the Policyholder: (a) unless it is in Writing; and (b) until it is filed at Our Home Office. We are not responsible for the validity of any assignment.

ASSIGNMENTS BY YOU: You have the right to assign all of Your rights concerning this life insurance coverage, including the right to designate the Beneficiary and the privilege of converting to a policy of individual life insurance upon termination of coverage under this Certificate, by filing an appropriate Written assignment with Us. No assignment shall be binding on Us until a signed copy is received by Our Home Office. We are not responsible for the validity of any assignment. Unless otherwise specified, the assignment shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by Us prior to receipt of this notice. The right of any Beneficiary to receive the Death Benefit under the Policy shall be subject and subordinate to the rights of any assignee.

TERMINATION OR CHANGE OF POLICY:

1. We may terminate this Policy for non-payment of Premium as set forth in the "Grace Period" provision.
2. By giving advance written notice to the Policyholder of at least 60 days, We may terminate or change this Policy on any Premium due date for any reason, including but not limited to the following reasons:
 - a. For Non-Contributory Insurance, there is less than 100% eligible Employee participation;
 - b. For Contributory Insurance, there is less than 75% eligible Employee participation;
 - c. For Voluntary Insurance, there is less than 20% eligible Employee participation;
 - d. The Policyholder does not promptly provide Us with information that is reasonably required;
 - e. The Policyholder fails to perform any of its obligations that relate to this Policy; or
 - f. Fewer than 10 Employees are insured under this Policy.
3. Provided We receive at least a 31-day advance written notice, the Policyholder may terminate this Policy. In this case, the Policy will end on the later of:
 - a. The date stated in the written notice; or
 - b. The date that is 31 days after We receive the written notice;

Unless otherwise set forth in this Policy, We have the right on any Premium due date to change the Premium rates for the insurance under this Policy. Policyholder is responsible for notifying Employees of changes in the Premium rates for coverage under this Policy.

The consent of an Employee or other person referred to in this Policy is not required to terminate, amend, modify or change this Policy.

If We accept Premium after Policy termination date, such acceptance shall not act to reinstate the Policy. We shall refund any unearned Premium.

This Policy may be changed in whole or in part. Only an officer of Ours can approve a change. The approval must be in writing and endorsed on or attached to this Policy. Any rider, endorsement or amendment added to the Policy after the date of issue that diminishes rights, benefits or coverage in the Policy shall require signed acceptance by the Policyholder. A copy of the rider, endorsement or amendment will be provided to the Certificate holder for attachment to the Certificate if the change affects the Certificate. A rider, endorsement or amendment shall not affect the insurance provided under the Certificate until the effective date of the change, unless retroactivity is required by the Interstate Insurance Product Regulation Commission. No other person, including any agent, may change this Policy or waive any part of it. We shall only make changes that are consistent with Interstate Insurance Product Regulation Commission standards.

You must give Us advance notice of a request to change the Policy or a Plan under the Policy. At any time, We may change any or all of the Policy's provisions by mutual agreement with You.

TERM OF COVERAGE; RENEWAL OF POLICY: This Policy is issued for an initial term of coverage starting on the Policy Effective Date shown on the first page of this Policy and ending on the next following Policy Anniversary Date. Provided that Premiums have been paid in full to the Policy Anniversary Date, this Policy may be renewed on each Policy Anniversary Date for a successive one-year renewal period, subject to all of the provisions of this Policy, including our right to terminate this Policy as set herein.

PROOF OF AGE: We have the right to require satisfactory proof of age.

GENERAL DEFINITIONS

The following defined terms appear with their initial letters capitalized.

ACTIVE EMPLOYMENT: This term means You are:

- Working for the Policyholder at their work site for earnings the Policyholder pays on a regular basis; and
- Performing the material and substantial duties of Your Regular Occupation.

Active Employment includes normal non-work days such as vacation, weekends and holidays if You were working for the Policyholder at their work site for earnings the Policyholder pays on a regular basis on the last normal work day prior to a period of normal non-work days, provided the Employee was in Active Employment on the Employee's immediately preceding scheduled work day and the Employee:

1. Is not Hospital Confined on such day; or
2. Is not Disabled due to an injury or sickness.; or
3. Is not a Retiree (Life Insurance only).

Your work site must be:

- The Policyholder's usual place of business;
- An alternative location if directed by the Policyholder; or
- A location to which Your occupation requires You to travel.

ACTIVITIES OF DAILY LIVING: This term means the ability to independently perform the following, with or without equipment or adaptive devices:

- **BATHING:** wash in a tub or shower; or take a sponge bath; and towel dry.
- **DRESSING:** put on and take off all clothes; and those medically necessary braces or prosthetic limbs usually worn; and fasten or unfasten them.
- **TOILETING:** get to and from and on and off the toilet; to maintain personal hygiene; and care for clothes.
- **TRANSFERRING:** move in and out of a chair or bed.

- **CONTINENCE:** control bowel and bladder function; or, in the event of incontinence, maintain personal hygiene.
- **EATING:** get food into the body by any means once it has been prepared and made available.

APPROPRIATE PAYEE: This term refers to the person or entity identified as the party eligible to receive funds returned or paid by Us.

BASE ANNUAL COMPENSATION (“BAC”): This term means Your base gross annual income from the Policyholder. BAC includes Your total income before taxes and any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include income received from commissions, bonuses, overtime pay, or any other compensation or income received from sources other than the Policyholder. The insurance benefits payable to a beneficiary, or as an Accelerated Death Benefit to You, will be calculated using the lesser of Your actual BAC and the BAC last reported to Us by the Policyholder. It is the responsibility of the Policyholder to report to Us on a timely basis any increase or decrease in Your BAC.

BENEFICIARY means the person or entity You choose to receive Your life insurance benefits at Your death in accordance with the “Who Do We Make Benefit Payments To?” section of the Certificate. You may not designate Your Employer as Your Beneficiary.

CONTRIBUTORY OR CONTRIBUTORY INSURANCE: This term means insurance for which the Policyholder requires You to make full or partial Premium contribution. The Plan Highlights show whether Your specific coverage is Contributory Insurance. With regard to Contributory Insurance, the maximum amount that You may be required to contribute to the cost of such insurance shall not exceed the Premium charged for the amounts of such insurance.

DEATH BENEFIT: This term means the insurance amount payable under this Certificate at the death of the Insured Person. It does not include any amount payable under the Accidental Death and Dismemberment insurance, if any, under this Certificate.

DEPENDENT: This term means any of those described below who are not eligible for insurance under this Certificate as an Employee (defined below):

1. Your lawful Spouse and any other person required to be covered as Your Spouse by the Policyholder or under the civil union, domestic partnership, marriage or other family or domestic relations laws, including the case law, of any applicable State law (“Spouse”).
2. Your unmarried child or children within the Age Limit shown in the Plan Highlights and dependent upon You for support and maintenance. This includes a stepchild, a foster child, a legally adopted child, a child in the process of adoption by You and any other children required to be covered as provided in the civil union, domestic partnership, marriage or other family or domestic relations laws of applicable State law (“Child” or “Children”).

Incapacitated Child: The Age Limit provision shown in the Plan Highlights will not apply to an unmarried Dependent Child who:

- a. Is incapable of self-sustaining employment because of a mental or physical Disability;
- b. Became so incapable prior to attainment of the age at which Dependent Child coverage would otherwise terminate; and
- c. Is chiefly dependent upon the You for support and maintenance, while Your coverage under this Certificate remains in force and the Dependent Child remains in such condition.

The Age Limit provision shown in the Plan Highlights will be waived only if You have within 31 days after such Dependent Child’s attainment of the termination age submitted proof to Us of such Dependent Child’s Disability.

Insurance will continue while such Dependent Child remains incapable of self-sustaining employment because of the Disability and continues to meet the definition of Dependent except for the Age Limit shown

in the Plan Highlights. If at the end of the continuation period the Dependent Child is no longer eligible for insurance under this Certificate, the Dependent has the right to exercise the Dependent Right to Convert.

Leave of Absence from School: We will continue the insurance coverage for a Dependent Child within the above Age Limit shown in the Plan Highlights who takes a leave of absence from school due to illness for period of up to 12 months from the last day of attendance in school. The medical necessity of a leave of absence from school must be certified to by the Child's duly licensed attending Physician.

A Dependent is not a person who is:

- Also insured as an Employee of the Policyholder; or;
- Also insured as a Dependent of another Employee of the Policyholder; or;
- On active military duty of any country or international authority.

Active military duty does not include weekend or summer training for the National Guard or Reserves of the United States.

DISABILITY OR DISABLED: This term means that due to an injury or sickness You are unable to perform the material duties of Your regular job and are unable to perform any other job for which You are fit by education, training or experience. Material duties mean the sets of tasks or skills generally required by employers from those engaged in an occupation. We will consider one material duty of Your regular job to be the ability to work for the Policyholder on a full-time basis as required in the Policy.

ELIGIBLE CLASS: This term means a group of Employees who have met the criteria selected by the Policyholder for eligibility for coverage under the Policy.

Elimination Period means a period of continuous days of Disability before benefits become payable. The Elimination Period begins on the first day of your Disability

EMPLOYEE: This term means an individual in Active Employment whose principal employment is with the Policyholder for a minimum of 32 hours per week, and who is reported as an Employee on the Policyholder's records for Social Security and withholding tax purposes. Persons employed by subsidiaries or affiliates of the Policyholder will be considered Employees of the Policyholder.

EVIDENCE OF INSURABILITY: This term means a statement of medical history, which is provided at Our expense and which We will use to assess if a person will be approved for coverage.

GUARANTEED ISSUE LIMIT: This term means the insurance amount for which an Employee or Dependent may be insured without submitting Evidence of Insurability.

HOME OFFICE: This term means Our Home Office at P.O. Box 1596 Indianapolis, Indiana 46206-1596.

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

HOSPITAL CONFINEMENT OR HOSPITAL CONFINED: This term means staying in a Hospital as a registered inpatient for 24 hours a day.

INSURED PERSON: This term means each person insured under this Certificate and includes You and/or Your Dependent(s) as defined in this Certificate.

MILITARY LEAVE OF ABSENCE: This term means a leave of absence that:

1. is subject to the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), and any amendments to it; and
2. is taken in accord with Your Policyholder's leave policy and the federal USERRA law; and
3. does not exceed the period required by that law.

NON-CONTRIBUTORY INSURANCE: This term means insurance for which the Policyholder does not require Premium contributions from the insured Employee. The Plan Highlights shows whether the specific insurance is non-contributory insurance. The Policyholder shall not require You to contribute to the cost of noncontributory insurance, except where necessary for the Policyholder to comply with applicable tax law.

PHYSICIAN: This term means a duly licensed practitioner, acting within the scope of his or her license, who is recognized by the law of the state in which diagnosis is received. The Physician may not be You or a member of Your immediate family.

POLICY ANNIVERSARY DATE: This term means the date specified on the face page of the Policy.

POLICY MONTH: The first Policy Month begins on the Policy Effective Date shown on the first page of the Policy. Subsequent Policy Months will begin on the same day of each subsequent calendar month.

PREMIUM(S): This term means the amount the Policyholder or You shall pay to Us for the insurance provided under the Policy.

PRINCIPAL SUM: This term means the life insurance amount payable under this Certificate at the death of the Insured Person. It is the base amount used to determine additional amounts payable under the Accidental Death and Dismemberment insurance, if any, under the Policy.

PROCEEDS: Subject to the terms of the Policy, Proceeds become payable when a loss occurs while this Certificate is in force. The Proceeds are equal to:

1. The benefit amount shown on the Plan Highlights; less
2. Any Premium owed to Us by the Policyholder or You.

PROOF OF LOSS: This term means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this Certificate. The Proof of Loss shall establish:

1. The nature and the extent of the loss or condition;
2. Our obligation to pay the claim; and
3. The claimant's right to receive payment.

RETIREMENT DATE: This term means the first of the following to occur:

1. The date You are eligible for retirement benefits under:
 - a. Any plan of a federal, state, county, municipal, or other retirement system for which You are eligible as a result of employment with the Policyholder;
 - b. Any plan the Policyholder sponsors; or
 - c. Any plan for which the Policyholder:
 - i. Makes contribution; or
 - ii. Has made contributions; or
2. The date You are eligible for disability benefits under the United States Social Security Act or any similar plan or act.

However, if You are in Active Employment and receiving retirement benefits under the United States Social Security Act or any similar plan or act, You will not be considered retired.

THIS PLAN: This term means the specific coverage and benefits as provided for You and/or Your covered Dependents pursuant to this Certificate.

VOLUNTARY INSURANCE: This term refers to Contributory Insurance where You pay all of the Premium.

WAITING PERIOD: This term means the number of days You must be in Active Employment in an Eligible Class before You may become covered under THIS Plan. Your Waiting Period appears in the PLAN HIGHLIGHTS.

WRITTEN OR WRITING: This term means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law.