

**NOTICE CONCERNING COVERAGE
LIMITATIONS AND EXCLUSIONS UNDER THE NORTH CAROLINA
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

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

The North Carolina Life and Health Insurance Guaranty Association may or may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in North Carolina. You should not rely on coverage by the North Carolina Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is **NOT** provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. *However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.*

The North Carolina Life and Health
Insurance Guaranty Association
P.O. Box 10218
Raleigh, North Carolina 27605-0218

North Carolina Department of Insurance
Consumer Division
P.O. Box 26387
Raleigh, North Carolina 27611

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

COVERAGE

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

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this association if:

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

The Association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed the average rate specified in the law;
- dividends;
- experience or other credits given in connection with the administration of a policy for a group contract holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contract holders, not individuals), unless they fund a government lottery or a benefit plan of an employer, association or union, except the unallocated annuities issued to employee benefit plans protected by the Federal Pension Benefit Guaranty Corporation are not covered.

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the association is obligated to pay out: The association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one individual, the association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. For any one groupholder of an unallocated annuity contract, the association will pay a maximum of \$5,000,000.

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR HEALTH CARE PLAN PREMIUMS, SHALL: (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR HEALTH CARE PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY SUCH PREMIUMS IN ACCORDANCE WITH THE INSURANCE OR PLAN CONTRACT, AND (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS PRIOR TO THE TERMINATION OF SUCH COVERAGE, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF GENERAL STATUTES CHAPTER 58 AND THEIR RIGHTS UNDER THE FEDERAL CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA). VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

LIFE INSURANCE COMPANY OF NORTH AMERICA

Life Insurance Company of North America
1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235
A Stock Insurance Company

GROUP ACCIDENT POLICY

POLICYHOLDER: Trustee of the Group Insurance Trust for
Employers in the Services Industry

POLICY NUMBER: OK 964514

POLICY EFFECTIVE DATE: July 1, 2009

POLICY ANNIVERSARY DATE: July 1

STATE OF ISSUE: Delaware

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 AM on the Policy Effective Date shown above at the Policyholder's address. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all of the terms of this Policy.

**THIS IS A GROUP ACCIDENT ONLY INSURANCE POLICY.
IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.**

**THIS IS A LIMITED POLICY.
PLEASE READ IT CAREFULLY.**



Scott Kern, Corporate Secretary



Matthew G. Manders, Senior Vice-President

Countersigned _____
Where Required By Law

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SCHEDULE OF AFFILIATES

The following affiliates are covered under this Policy on the effective dates listed below.

| <u>AFFILIATE NAME</u> | <u>LOCATION</u> | <u>EFFECTIVE DATE</u> |
|---------------------------------------|------------------------|------------------------------|
| Reynolda House Museum of American Art | Winston-Salem, NC | July 1, 2009 |

GA-00-1000.00

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

The Schedule of Benefits provides a brief outline of the coverage and benefits provided by this Policy. Please read the Description of Coverages and Benefits Section for full details.

Subscriber: Wake Forest University

Effective Date of Subscriber Participation: July 1, 2009

Covered Classes:

Temporary employees and seasonal employees are not eligible for coverage under this Policy.

- | | |
|---------|--|
| Class 1 | All active, full-time Employees of the Employer classified as a faculty member who are scheduled to work between 1096 and 1462 hours per year. |
| Class 2 | All active, full-time Employees of the Employer classified as a faculty member who are participating in the Phased Retirement Program. |
| Class 3 | All active, full-time Employees of the Employer classified as a staff member or administrator and who are scheduled to work between 1400 and 2080 hours per year. |
| Class 4 | All active, full-time Employees of the Employer classified as a staff member or administrator who are participating in the Phased Retirement Program. |
| Class 5 | All active, full-time Employees of the Employer classified as Associate Provost, Controller, Dean of the Business School, Dean of the College, Dean of the Law School, Director of Athletics, General Counsel, Head Coach of Basketball, Head Coach of Football, President, Provost, Provost Emeritus, Senior Executive Assistant to the President, Senior Vice President or Vice President. |
| Class 6 | All active, full-time Employees of the Employer classified as Associate Provost, Controller, Dean of the Business School, Dean of the College, Dean of the Law School, Director of Athletics, General Counsel, Head Coach of Basketball, Head Coach of Football, President, Provost, Provost Emeritus, Senior Executive Assistant to the President, Senior Vice President or Vice President, who are participating in the Phased Retirement Program. |
| Class 7 | All active, part-time Employees of the Employer classified as a faculty member who are scheduled to work between 1000 and 1095 hours per year. |
| Class 8 | All active, part-time Employees of the Employer classified as a staff member or administrator who are scheduled to work between 1000 and 1399 hours per year. |

SCHEDULE OF BENEFITS FOR CLASS 1

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

| | |
|---|--|
| For Employees hired on or before the Policy Effective Date: | The first of the month coinciding with or next following your date of hire |
| For Employees hired after the Policy Effective Date: | The first of the month coinciding with or next following your date of hire |

Time Period for Loss:

Any Covered Loss must occur within: 365 days of the Covered Accident

Maximum Age for Insurance: None

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employees earning \$50,000 or more annually

Employee Principal Sum: 1 times Annual Compensation rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$100,000

Employees earning less than \$50,000 annually

Employee Principal Sum: 1.5 times Annual Compensation rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$50,000

Changes in the Covered Person's amount of insurance resulting from a change in the Employee's amount of Annual Compensation take effect, subject to any Active Service requirement, on the first of the month coinciding with or next following date of change in Annual Compensation.

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |

| Covered Loss | Benefit |
|---|--------------------------|
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE

Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$10,000 |
| Airbag Benefit | \$5,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|--|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

| | |
|--|---|
| Employee Principal Sum: | \$10,000 units |
| Maximum: | \$500,000, not to exceed 10 times Annual Compensation |
| | |
| Spouse or Domestic Partner Principal Sum: | |
| If no Dependent Children are insured: | 60% of the Employee's Principal Sum |
| If one or more Dependent Children are insured: | 50% of the Employee's Principal Sum |
| Maximum: | \$300,000 |
| | |
| Dependent Child Principal Sum: | |
| If Spouse or Domestic Partner is insured: | 15% of the Employee's Principal Sum |
| If no Spouse or Domestic Partner is insured: | 20% of the Employee's Principal Sum |
| Maximum: | \$25,000 |

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

Benefit Amount \$5,000 per year
Maximum Benefit Period the earlier of 5 years or until the child turns 13 for each surviving Dependent Child

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

Benefit \$25,000

SEATBELT AND AIRBAG BENEFIT

Seatbelt Benefit \$25,000
Airbag Benefit \$25,000
Default Benefit \$1,000

SPECIAL EDUCATION BENEFIT

Surviving Dependent Child Benefit \$5,000
Maximum Number of Annual Payments For Each Surviving Dependent Child 4
Default Benefit \$1,000

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

Benefit \$5,000

INITIAL PREMIUM RATES

Premium Rate: Basic Insurance
Employee Rate: \$0.018 per \$1,000
Voluntary Insurance
Employee Rate: \$0.02 per \$1,000
Family Rate: \$0.04 per \$1,000

Mode of Premium Payment: Monthly

Contributions: The cost of the coverage is paid by the Subscriber and the Employee

Premium Due Dates: The Policy Effective Date and the first day of each succeeding modal period

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

GA-00-1100.00

SCHEDULE OF BENEFITS FOR CLASS 2

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

For Employees hired on or before the Policy Effective Date: No Waiting Period
For Employees hired after the Policy Effective Date: No Waiting Period

Time Period for Loss:

Any Covered Loss must occur within: 365 days of the Covered Accident

Maximum Age for Insurance: None

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employee Principal Sum: An amount as on file with the Employer and the Insurance Company

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$10,000 |
| Airbag Benefit | \$5,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|--|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

| | |
|-------------------------|---|
| Employee Principal Sum: | \$10,000 units |
| Maximum: | \$500,000, not to exceed 10 times Annual Compensation |

| | |
|--|-------------------------------------|
| Spouse or Domestic Partner Principal Sum: | |
| If no Dependent Children are insured: | 60% of the Employee's Principal Sum |
| If one or more Dependent Children are insured: | 50% of the Employee's Principal Sum |
| Maximum: | \$300,000 |

| | |
|--|-------------------------------------|
| Dependent Child Principal Sum: | |
| If Spouse or Domestic Partner is insured: | 15% of the Employee's Principal Sum |
| If no Spouse or Domestic Partner is insured: | 20% of the Employee's Principal Sum |
| Maximum: | \$25,000 |

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

| | |
|---------|----------|
| Benefit | \$25,000 |
|---------|----------|

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$25,000 |
| Airbag Benefit | \$25,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|---|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

INITIAL PREMIUM RATES

| | |
|---------------|--|
| Premium Rate: | <u>Basic Insurance</u> Employee Rate: \$0.018 per \$1,000 |
| | <u>Voluntary Insurance</u> Employee Rate: \$0.02 per \$1,000 Family Rate: \$0.04 per \$1,000 |

Mode of Premium Payment: Monthly

Contributions: The cost of the coverage is paid by the Subscriber and the Employee

Premium Due Dates: The Policy Effective Date and the first day of each succeeding modal period

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

GA-00-1100.00

SCHEDULE OF BENEFITS FOR CLASS 3

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

| | |
|---|--|
| For Employees hired on or before the Policy Effective Date: | The first of the month coinciding with or next following your date of hire |
| For Employees hired after the Policy Effective Date: | The first of the month coinciding with or next following your date of hire |

Time Period for Loss:

Any Covered Loss must occur within: 365 days of the Covered Accident

Maximum Age for Insurance:

None

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employees earning \$50,000 or more annually

Employee Principal Sum: 1 times Annual Compensation rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$100,000

Employees earning less than \$50,000 annually

Employee Principal Sum: 1.5 times Annual Compensation rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$50,000

Changes in the Covered Person's amount of insurance resulting from a change in the Employee's amount of Annual Compensation take effect, subject to any Active Service requirement, on the first of the month coinciding with or next following date of change in Annual Compensation.

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |

| Covered Loss | Benefit |
|---|--------------------------|
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE

Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$10,000 |
| Airbag Benefit | \$5,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|--|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

| | |
|--|---|
| Employee Principal Sum: | \$10,000 units |
| Maximum: | \$500,000, not to exceed 10 times Annual Compensation |
| | |
| Spouse or Domestic Partner Principal Sum: | |
| If no Dependent Children are insured: | 60% of the Employee's Principal Sum |
| If one or more Dependent Children are insured: | 50% of the Employee's Principal Sum |
| Maximum: | \$300,000 |
| | |
| Dependent Child Principal Sum: | |
| If Spouse or Domestic Partner is insured: | 15% of the Employee's Principal Sum |
| If no Spouse or Domestic Partner is insured: | 20% of the Employee's Principal Sum |
| Maximum: | \$25,000 |

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

Benefit Amount \$5,000 per year
Maximum Benefit Period the earlier of 5 years or until the child turns 13 for each surviving Dependent Child

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

Benefit \$25,000

SEATBELT AND AIRBAG BENEFIT

Seatbelt Benefit \$25,000
Airbag Benefit \$25,000
Default Benefit \$1,000

SPECIAL EDUCATION BENEFIT

Surviving Dependent Child Benefit \$5,000
Maximum Number of Annual Payments For Each Surviving Dependent Child 4
Default Benefit \$1,000

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

Benefit \$5,000

INITIAL PREMIUM RATES

Premium Rate: Basic Insurance
Employee Rate: \$0.018 per \$1,000
Voluntary Insurance
Employee Rate: \$0.02 per \$1,000
Family Rate: \$0.04 per \$1,000

Mode of Premium Payment: Monthly

Contributions: The cost of the coverage is paid by the Subscriber and the Employee

Premium Due Dates: The Policy Effective Date and the first day of each succeeding modal period

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

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SCHEDULE OF BENEFITS FOR CLASS 4

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

For Employees hired on or before the Policy Effective Date: No Waiting Period

For Employees hired after the Policy Effective Date: No Waiting Period

Time Period for Loss:

Any Covered Loss must occur within: 365 days of the Covered Accident

Maximum Age for Insurance:

None

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employee Principal Sum: An amount as on file with the Employer and the Insurance Company

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

Benefit Amount \$5,000 per year
Maximum Benefit Period the earlier of 5 years or until the child turns 13 for each surviving Dependent Child

SEATBELT AND AIRBAG BENEFIT

Seatbelt Benefit \$10,000
Airbag Benefit \$5,000
Default Benefit \$1,000

SPECIAL EDUCATION BENEFIT

Surviving Dependent Child Benefit \$5,000
Maximum Number of Annual Payments For Each Surviving Dependent Child 4
Default Benefit \$1,000

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

Benefit \$5,000

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employee Principal Sum: \$10,000 units
Maximum: \$500,000, not to exceed 10 times Annual Compensation

Spouse or Domestic Partner Principal Sum:
If no Dependent Children are insured: 60% of the Employee's Principal Sum
If one or more Dependent Children are insured: 50% of the Employee's Principal Sum
Maximum: \$300,000

Dependent Child Principal Sum:
If Spouse or Domestic Partner is insured: 15% of the Employee's Principal Sum
If no Spouse or Domestic Partner is insured: 20% of the Employee's Principal Sum
Maximum: \$25,000

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE

Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

| | |
|---------|----------|
| Benefit | \$25,000 |
|---------|----------|

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$25,000 |
| Airbag Benefit | \$25,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|---|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

INITIAL PREMIUM RATES

| | |
|---------------|--|
| Premium Rate: | <u>Basic Insurance</u> Employee Rate: \$0.018 per \$1,000 |
| | <u>Voluntary Insurance</u> Employee Rate: \$0.02 per \$1,000 Family Rate: \$0.04 per \$1,000 |

Mode of Premium Payment: Monthly

Contributions: The cost of the coverage is paid by the Subscriber and the Employee

Premium Due Dates: The Policy Effective Date and the first day of each succeeding modal period

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

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SCHEDULE OF BENEFITS FOR CLASS 5

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

| | |
|---|--|
| For Employees hired on or before the Policy Effective Date: | The first of the month coinciding with or next following your date of hire |
| For Employees hired after the Policy Effective Date: | The first of the month coinciding with or next following your date of hire |

Time Period for Loss:

Any Covered Loss must occur within: 365 days of the Covered Accident

Maximum Age for Insurance:

None

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employee Principal Sum: 1 times Annual Compensation rounded up to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$100,000

Changes in the Covered Person's amount of insurance resulting from a change in the Employee's amount of Annual Compensation take effect, subject to any Active Service requirement, on the first of the month coinciding with or next following date of change in Annual Compensation.

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$10,000 |
| Airbag Benefit | \$5,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|--|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

| | |
|-------------------------|---|
| Employee Principal Sum: | \$10,000 units |
| Maximum: | \$500,000, not to exceed 10 times Annual Compensation |

| | |
|--|-------------------------------------|
| Spouse or Domestic Partner Principal Sum: | |
| If no Dependent Children are insured: | 60% of the Employee's Principal Sum |
| If one or more Dependent Children are insured: | 50% of the Employee's Principal Sum |
| Maximum: | \$300,000 |

| | |
|--|-------------------------------------|
| Dependent Child Principal Sum: | |
| If Spouse or Domestic Partner is insured: | 15% of the Employee's Principal Sum |
| If no Spouse or Domestic Partner is insured: | 20% of the Employee's Principal Sum |
| Maximum: | \$25,000 |

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE

Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

| | |
|---------|----------|
| Benefit | \$25,000 |
|---------|----------|

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$25,000 |
| Airbag Benefit | \$25,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|---|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

INITIAL PREMIUM RATES

| | |
|---------------|--|
| Premium Rate: | <u>Basic Insurance</u> Employee Rate: \$0.018 per \$1,000 |
| | <u>Voluntary Insurance</u> Employee Rate: \$0.02 per \$1,000 Family Rate: \$0.04 per \$1,000 |

Mode of Premium Payment: Monthly

Contributions: The cost of the coverage is paid by the Subscriber and the Employee

Premium Due Dates: The Policy Effective Date and the first day of each succeeding modal period

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

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SCHEDULE OF BENEFITS FOR CLASS 6

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

For Employees hired on or before the Policy Effective Date: No Waiting Period

For Employees hired after the Policy Effective Date: No Waiting Period

Time Period for Loss:

Any Covered Loss must occur within: 365 days of the Covered Accident

Maximum Age for Insurance:

None

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employee Principal Sum: 1 times Annual Compensation rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$100,000

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$10,000 |
| Airbag Benefit | \$5,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|--|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

| | |
|-------------------------|---|
| Employee Principal Sum: | \$10,000 units |
| Maximum: | \$500,000, not to exceed 10 times Annual Compensation |

| | |
|--|-------------------------------------|
| Spouse or Domestic Partner Principal Sum: | |
| If no Dependent Children are insured: | 60% of the Employee's Principal Sum |
| If one or more Dependent Children are insured: | 50% of the Employee's Principal Sum |
| Maximum: | \$300,000 |

| | |
|--|-------------------------------------|
| Dependent Child Principal Sum: | |
| If Spouse or Domestic Partner is insured: | 15% of the Employee's Principal Sum |
| If no Spouse or Domestic Partner is insured: | 20% of the Employee's Principal Sum |
| Maximum: | \$25,000 |

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

| | |
|---------|----------|
| Benefit | \$25,000 |
|---------|----------|

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$25,000 |
| Airbag Benefit | \$25,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|---|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

INITIAL PREMIUM RATES

| | |
|---------------|--|
| Premium Rate: | <u>Basic Insurance</u> Employee Rate: \$0.018 per \$1,000 |
| | <u>Voluntary Insurance</u> Employee Rate: \$0.02 per \$1,000 Family Rate: \$0.04 per \$1,000 |

Mode of Premium Payment: Monthly

Contributions: The cost of the coverage is paid by the Subscriber and the Employee

Premium Due Dates: The Policy Effective Date and the first day of each succeeding modal period

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

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SCHEDULE OF BENEFITS FOR CLASS 7

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

| | |
|---|--|
| For Employees hired on or before the Policy Effective Date: | The first of the month coinciding with or next following your date of hire |
| For Employees hired after the Policy Effective Date: | The first of the month coinciding with or next following your date of hire |

Time Period for Loss:

Any Covered Loss must occur within: 365 days of the Covered Accident

Maximum Age for Insurance: None

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employee Principal Sum: \$10,000 units
Maximum: \$500,000, not to exceed 10 times Annual Compensation

Spouse or Domestic Partner Principal Sum:
If no Dependent Children are insured: 60% of the Employee's Principal Sum
If one or more Dependent Children are insured: 50% of the Employee's Principal Sum
Maximum: \$300,000

Dependent Child Principal Sum:
If Spouse or Domestic Partner is insured: 15% of the Employee's Principal Sum
If no Spouse or Domestic Partner is insured: 20% of the Employee's Principal Sum
Maximum: \$25,000

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |

| Covered Loss | Benefit |
|---|--------------------------|
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

| | |
|---------|----------|
| Benefit | \$25,000 |
|---------|----------|

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$25,000 |
| Airbag Benefit | \$25,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|--|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

INITIAL PREMIUM RATES

| | |
|--------------------------|--|
| Premium Rate: | <u>Voluntary Insurance</u> Employee Rate: \$0.02 per \$1,000 Family Rate: \$0.04 per \$1,000 |
| Mode of Premium Payment: | Monthly |
| Contributions: | The cost of the coverage is paid by the Employee |
| Premium Due Dates: | The Policy Effective Date and the first day of each succeeding modal period |

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

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SCHEDULE OF BENEFITS FOR CLASS 8

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

| | |
|---|--|
| For Employees hired on or before the Policy Effective Date: | The first of the month coinciding with or next following your date of hire |
| For Employees hired after the Policy Effective Date: | The first of the month coinciding with or next following your date of hire |

Time Period for Loss:

Any Covered Loss must occur within: 365 days of the Covered Accident

Maximum Age for Insurance: None

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

| | |
|--|---|
| Employee Principal Sum: | \$10,000 units |
| Maximum: | \$500,000, not to exceed 10 times Annual Compensation |
| Spouse or Domestic Partner Principal Sum: | |
| If no Dependent Children are insured: | 60% of the Employee's Principal Sum |
| If one or more Dependent Children are insured: | 50% of the Employee's Principal Sum |
| Maximum: | \$300,000 |
| Dependent Child Principal Sum: | |
| If Spouse or Domestic Partner is insured: | 15% of the Employee's Principal Sum |
| If no Spouse or Domestic Partner is insured: | 20% of the Employee's Principal Sum |
| Maximum: | \$25,000 |

SCHEDULE OF COVERED LOSSES

| Covered Loss | Benefit |
|---|---|
| Loss of Life | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet | 100% of the Principal Sum |
| Loss of Sight of Both Eyes | 100% of the Principal Sum |
| Loss of One Hand or One Foot and Sight in One Eye | 100% of the Principal Sum |
| Loss of Speech and Hearing (in both ears) | 100% of the Principal Sum |
| Quadriplegia | 100% of the Principal Sum |
| Paraplegia | 75% of the Principal Sum |
| Hemiplegia | 50% of the Principal Sum |
| Uniplegia | 25% of the Principal Sum |
| Coma | |
| Monthly Benefit | 1% of the Principal Sum |
| Number of Monthly Benefits | 11 |
| Lump Sum Benefit | 100% of the Principal Sum |
| When Payable | Beginning of the 12 th month |
| Loss of One Hand or Foot | 50% of the Principal Sum |
| Loss of Sight in One Eye | 50% of the Principal Sum |

| Covered Loss | Benefit |
|---|--------------------------|
| Loss of Speech | 50% of the Principal Sum |
| Loss of Hearing (in both ears) | 50% of the Principal Sum |
| Loss of all Four Fingers of the Same Hand | 25% of the Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 25% of the Principal Sum |
| Loss of all the Toes of the Same Foot | 20% of the Principal Sum |

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

| Age | Percentage of Benefit Amount |
|---------------------|-------------------------------------|
| 70 but less than 75 | 65% |
| 75 or over | 50% |

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

CHILD CARE CENTER BENEFIT

| | |
|------------------------|---|
| Benefit Amount | \$5,000 per year |
| Maximum Benefit Period | the earlier of 5 years or until the child turns 13 for each surviving Dependent Child |

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

| | |
|---------|----------|
| Benefit | \$25,000 |
|---------|----------|

SEATBELT AND AIRBAG BENEFIT

| | |
|------------------|----------|
| Seatbelt Benefit | \$25,000 |
| Airbag Benefit | \$25,000 |
| Default Benefit | \$1,000 |

SPECIAL EDUCATION BENEFIT

| | |
|--|---------|
| Surviving Dependent Child Benefit | \$5,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| Default Benefit | \$1,000 |

SPOUSE OR DOMESTIC PARTNER RETRAINING BENEFIT

| | |
|---------|---------|
| Benefit | \$5,000 |
|---------|---------|

INITIAL PREMIUM RATES

| | |
|--------------------------|--|
| Premium Rate: | <u>Voluntary Insurance</u> Employee Rate: \$0.02 per \$1,000 Family Rate: \$0.04 per \$1,000 |
| Mode of Premium Payment: | Monthly |
| Contributions: | The cost of the coverage is paid by the Employee |
| Premium Due Dates: | The Policy Effective Date and the first day of each succeeding modal period |

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

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GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

- Active Service** An Employee will be considered in Active Service with his employer on any day that is either of the following:
1. one of the Employer's scheduled work days on which the Employee is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires the Employee to travel;
 2. a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, other than sick leave, only if the Employee was in Active Service on the preceding scheduled workday.
- A person other than an Employee is considered in Active Service if he is none of the following:
1. an Inpatient in a Hospital or receiving Outpatient care for chemotherapy or radiation therapy;
 2. confined at home under the care of Physician for Sickness or injury;
 3. Totally Disabled.
- Age** A Covered Person's Age, for purposes of initial premium calculations, is his Age attained on the date coverage becomes effective for him under this Policy. Thereafter, it is his Age on the policy anniversary date coinciding with or following his last birthday.
- Aircraft** A vehicle which:
1. has a valid certificate of airworthiness; and
 2. is being flown by a pilot with a valid license to operate the Aircraft.
- Annual Compensation (Applicable to Classes 1, 2, 5 and 6)** An Employee's annual earnings for normal work established by the Subscriber for his job classification, excluding commissions, bonuses or overtime.
- Annual Compensation (Applicable to Classes 3, 4, 7 and 8)** An Employee's annual earnings for normal work established by the Subscriber for his job classification. It includes amounts received as gratuities, but excludes commissions, bonuses or overtime. Gratuities will be averaged for the 12 months just prior to the date the covered loss occurs, or the months employed, if less than 12 months.
- Covered Accident** A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:
1. occurs while the Covered Person is insured under this Policy;
 2. is not contributed to by disease, Sickness, mental or bodily infirmity;
 3. is not otherwise excluded under the terms of this Policy.
- Covered Injury** Any bodily harm that results directly and independently of all other causes from a Covered Accident.

| | |
|-----------------------------|--|
| Covered Loss | <p>A loss that is all of the following:</p> <ol style="list-style-type: none"> 1. the result, directly and independently of all other causes, of a Covered Accident; 2. one of the Covered Losses specified in the <i>Schedule of Covered Losses</i>; 3. suffered by the Covered Person within the applicable time period specified in the <i>Schedule of Benefits</i>. |
| Covered Person | <p>An eligible person, as defined in the <i>Schedule of Benefits</i>, for whom an enrollment form has been accepted by Us and required premium has been paid when due and for whom coverage under this Policy remains in force. The term Covered Person shall include, where this Policy provides coverage, an eligible Spouse and eligible Dependent Children.</p> |
| Dependent Child(ren) | <p>An Employee's unmarried child who meets the following requirements:</p> <ol style="list-style-type: none"> 1. A child from live birth to 19 years old; 2. A child who is 19 or more years old but less than 26 years old, enrolled in a school as a full-time student and primarily supported by the Employee; 3. A child who is 19 or more years old, primarily supported by the Employee and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent Child for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A child, for purposes of this provision, includes an Employee's:</p> <ol style="list-style-type: none"> 1. Natural child; 2. Adopted child, beginning with any waiting period pending finalization of the child's adoption; 3. Stepchild who resides with the Employee; 4. Child for whom the Employee is legal guardian, as long as the child resides with the Employee and depends on the Employee for financial support. Financial support means that the Employee is eligible to claim the dependent for purposes of Federal and State income tax returns. |
| Employee | <p>For eligibility purposes, an Employee of the Employer who is in one of the Covered Classes.</p> |
| Employer | <p>The Subscriber and any affiliates, subsidiaries or divisions shown in the <i>Schedule of Covered Affiliates</i> and which are covered under this Policy on the date of issue or subsequently agreed to by Us.</p> |
| He, His, Him | <p>Refers to any individual, male or female.</p> |
| Hospital | <p>An institution that meets all of the following:</p> <ol style="list-style-type: none"> 1. it is licensed as a Hospital pursuant to applicable law; 2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3. it is managed under the supervision of a staff of medical doctors; 4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; 6. it charges for its services. |

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person incurs an expense.

Inpatient

A Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term 'Inpatient' shall mean a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.

Nurse

A licensed graduate Registered Nurse (R.N.), a licensed practical Nurse (L.P.N.) or a licensed vocational Nurse (L.V.N.) and who is not:

1. employed or retained by the Subscriber;
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

Outpatient

A Covered Person who receives treatment, services and supplies while not an Inpatient in a Hospital.

Prior Plan

The plan of insurance providing similar benefits, sponsored by the Employer in effect immediately prior to this Policy's Effective Date.

Physician

A licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Subscriber;
2. living in the Covered Person's household;
3. a parent, sibling, spouse or child of the Covered Person.

Sickness

A physical or mental illness.

Spouse

The Employee's lawful spouse.

Subscriber

Any participating organization that subscribes to the trust to which this Policy is issued.

Terrorist Act

Any hostile or violent act carried out by a group of persons having political or military goals but not operating on behalf of a foreign state and whose purpose is to compel an act or omission by any other person or governmental entity.

Totally Disabled or Total Disability

Totally Disabled or Total Disability means either:

1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or
2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

We, Us, Our

Life Insurance Company of North America.

GA-00-1200.00

ELIGIBILITY AND EFFECTIVE DATE PROVISIONS

Subscriber Effective Date

Accident Insurance Benefits become effective for each Subscriber in consideration of the Subscriber's application, Subscription Agreement and payment of the initial premium when due. Insurance coverage for the Subscriber becomes effective on the Effective Date of Subscriber Participation.

Eligibility

An Employee becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. A Spouse and Dependent Children of an eligible Employee become eligible for any dependent insurance provided by this Policy on the later of the date the Employee becomes eligible and the date the Spouse or Dependent Child meets the applicable definition shown in the *Definitions* section of this Policy. No person may be eligible for insurance under this Policy as both an Employee and a Spouse or Dependent Child at the same time, except an Employee who was covered under the Prior Plan as both an Employee and a Spouse or Dependent Child.

Effective Date for Individuals

Basic Accidental Death and Dismemberment Benefits

Insurance becomes effective for an eligible Employee, subject to the *Deferred Effective Date* provision below, on the latest of the following dates:

1. the effective date of this Policy;
2. the date the Employee becomes eligible.

Voluntary Accidental Death and Dismemberment Benefits

Insurance becomes effective for an eligible Employee who applies and agrees to make required contributions within 31 days of eligibility, and subject to the *Deferred Effective Date* provision below, on the latest of the following dates:

1. the effective date of this Policy;
2. the date the Employee becomes eligible;
3. the date We receive the Employee's completed enrollment form and the required first premium, during his lifetime.

Insurance becomes effective for an Employee's eligible dependents if the Employee applies and agrees to make required contributions within 31 days of the date his dependents become eligible and, subject to the *Deferred Effective Date* provision below, on the latest of the following dates:

1. the effective date of this Policy;
2. the date the Employee becomes eligible;
3. the date the Employee's insurance becomes effective;
4. the date the dependent meets the definition of Spouse or Dependent Child, as applicable;
5. the date We receive a completed enrollment form for Spouse and Dependent Child coverage and the required first premium, during each dependent's lifetime.

Insurance becomes effective for a newborn Dependent Child automatically from the moment of the child's live birth.

Insurance for that Dependent Child automatically ends 31 days later unless the Employee has a Spouse or other Dependent Children insured under this Policy or makes a request to cover the child and pays the required initial premium, during the child's lifetime.

DEFERRED EFFECTIVE DATE

Active Service

The effective date of insurance will be deferred for any Employee or any eligible Spouse or Dependent Child who is not in Active Service on the date coverage would otherwise become effective. Coverage will become effective on the later of the date he returns to Active Service and the date coverage would otherwise have become effective.

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from:

1. a change in benefits provided by this Policy; or
2. a change in the Employee's Covered Class will take effect on the first of the month coinciding with or next following date of such change.

Increases will take effect subject to any Active Service requirement.

TERMINATION OF INSURANCE

The insurance on a Covered Person will end on the earliest date below:

1. the date this Policy or insurance for a Covered Class is terminated;
2. the next premium due date after the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
3. the last day of the last period for which premium is paid;
4. the next premium due date after the Covered Person attains the maximum Age for insurance under this Policy;
5. with respect to a Spouse or Dependent Child, the date of the death of the covered Employee or the date of divorce from the covered Employee.

Termination will not affect a claim for a Covered Loss or Covered Injury that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.

Continuation for Leave of Absence, Leave of Absence for Sabbatical, Leave of Absence for Pregnancy or Family Medical Leave

Insurance for an Employee and Covered Dependents may be continued until the earliest of the following dates if: (a) an Employee is on an Employer-approved leave of absence or an Employer-approved family medical leave; and (b) required premium contributions are paid when due.

1. for an Employer-approved leave of absence: 24 month(s) after the end of the month in which the leave begins;
2. for an Employer-approved leave of absence for sabbatical: 24 month(s) after the end of the month in which the leave begins;
3. for an Employer-approved leave of absence for pregnancy: 4 month(s) after the end of the month in which the leave begins;
4. for an Employer-approved family medical leave: 6 months in a consecutive 12-month period.

GA-00-1300.00

COMMON EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot, insurrection or Terrorist Act;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
 - a. except as a passenger on a regularly scheduled commercial airline;
 - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
 - c. being used for:
 - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
 - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
 - d. designed for flight above or beyond the earth's atmosphere;
 - e. an ultra-light or glider;
 - f. being used for the purpose of parachuting or skydiving;
 - g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
7. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
8. travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
9. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days;
10. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
11. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
12. in addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is:
 - a. employed or retained by the Subscriber;
 - b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
 - c. living in the Covered Person's household;
 - d. a parent, sibling, spouse or child of the Covered Person.

GA-00-1403.00

CONVERSION PRIVILEGE

1. If the Covered Person's insurance or any portion of it ends for any of the following reasons:
 - a. employment or membership ends;
 - b. eligibility ends (except for age for the Employee or Covered Spouse);the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may apply for an amount of coverage that is:
 - a. in \$1,000 increments;
 - b. not less than \$25,000, regardless of the amount of insurance under the group policy; and
 - c. not more than the amount of insurance he had under the group policy, except as provided above, up to a maximum amount of \$250,000.

The Covered Person must be under age 70 to get a converted policy.

If the Covered Person's insurance or any portion of it ends for non-payment of premium, he may not convert. If the Covered Person's insurance ends for a reason described in 2. below, conversion is subject to that section.

The converted policy or certificate will cover accidental death and dismemberment. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show Us that he is insurable.

If the Covered Person has converted his group coverage and later becomes insured under the same group plan as before, he may not convert a second time unless he provides, at his own expense, proof of insurability or proof the prior converted policy is no longer in force.

The Covered Person must apply for the individual policy within 31 days after his coverage under this Group Policy ends and pay the required premium, based on Our table of rates for such policies, his Age and class of risk. If the Covered Person has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

If the Covered Person suffers a Covered Loss or dies during this 31-day period as the result of an accident that would have been covered under this Group Policy, We will pay as a claim under this Group Policy the amount of insurance that the Covered Person was entitled to convert. It does not matter whether the Covered Person applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.

The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended; or, if later, the date application is made.

Exclusions

The converted policy may exclude the hazards or conditions that apply to the Covered Person's group coverage at the time it ends. We will reduce payment under the converted policy by the amount of any benefits paid under the group policy if both cover the same loss.

2. If the Covered Person's insurance ends because this Group Policy is terminated or is amended to terminate insurance for the Covered Person's class, and he has been covered under this Group Policy or, any group accident insurance issued to the Employer which the Group Policy replaced, for at least five years, the Covered Person may have Us issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:
 - a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within 31 days of such termination, or
 - b. \$10,000.

Extension of Conversion Period

If the Covered Person is eligible to convert and is not notified of this right at least 15 days prior to the end of the 31 day conversion period, the conversion period will be extended. The Covered Person will have 15 days from the date notice is given to apply for a converted policy or certificate. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to the Covered Person by the Subscriber or mailed to the Covered Person's last known address as reported by the Subscriber.

If the Covered Person sustains a Covered Loss or dies during the extended conversion period, but more than 31 days after his coverage under the Group Policy terminates, benefits will not be paid under the Group Policy. If the Covered Person's application for a converted policy or certificate is received by Us and the required premium is paid, benefits may be payable under the converted policy or certificate.

GA-01-1505.00

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to Us within 31 days after a Covered Loss occurs or begins or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to Us at Our Home Office in Philadelphia, Pennsylvania, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Subscriber's name and policy number and the Covered Person's name, address, policy and certificate number.

Claim Forms

We will send claim forms for filing proof of loss when We receive notice of a claim. If such forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision

Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

Time of Payment of Claims

We will pay benefits due under this Policy for any loss other than a loss for which this Policy provides any periodic payment immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us.

Payment of Claims

All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the covered Employee or to his estate.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

Payment of Claims to Foreign Employees

The Subscriber may, in a fiduciary capacity, receive and hold any benefits payable to covered Employees whose place of employment is other than the United States of America.

We will not be responsible for the application or disposition by the Subscriber of any such benefits paid. Our payments to the Subscriber will constitute a full discharge of Our liability for those payments under this Policy.

Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Beneficiary

The beneficiary is the person or persons the Employee names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Subscriber. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy. Any Accidental Death Benefit payable at the death of the Employee's Spouse or Dependent Child will be paid to the Employee or to his estate.

A beneficiary designation or change will become effective on the date the Employee executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Employee has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary, or if the Employee dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:

1. spouse;
2. child or children;
3. mother or father;
4. sisters or brothers;
5. estate of the Covered Person.

Recovery of Overpayment

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

GA-00-1600.00

ADMINISTRATIVE PROVISIONS

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Schedule of Benefits*, the plan and amounts of insurance in effect. If a Covered Person's insurance amounts are reduced due to age, premium will be based on the amounts of insurance in force on the day after the reduction took place.

Changes in Premium Rates

We may change the premium rates from time to time with at least 45 days advance written notice to the Subscriber. No change in rates will be made until 36 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the terms of the Subscriber's participation change;
3. a division, subsidiary, affiliated company or eligible class is added or deleted from this Policy;
4. there is a change in the factors bearing on the risk assumed;
5. any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

Payment of Premium

The first premium is due on the Subscriber's effective date of participation under this Policy. Thereafter, premiums are due on the Premium Due Dates agreed upon between Us and the Subscriber. If any premium is not paid when due, the Subscriber's participation under this Policy will be terminated as of the Premium Due Date on which premium was not paid.

Grace Period

A Grace Period of 90 days will be granted to each Subscriber for payment of required premiums under this Policy. A Subscriber's participation under this Policy will remain in effect during the Grace Period. The Subscriber is liable to Us for any unpaid premium for the time its participation under this Policy was in force.

A Grace Period of 31 days will be granted for payment of required premiums under this Policy. A Covered Person's insurance under this Policy will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the grace period by the amount of premium due. If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

GA-00-1701.00

GENERAL PROVISIONS

Entire Contract; Changes

This Policy, including the endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of Our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Subscriber Participation Under This Policy

An organization may elect to participate under this Policy by submitting a signed Subscriber participation agreement to the Policyholder. No participation by an organization is in effect until approved by Us.

Misstatement of Fact

If the Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates

Where required by law, We will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

30 Day Right To Examine Certificate

If a Covered Person does not like the Certificate for any reason, it may be returned to Us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Multiple Certificates

The Covered Person may have in force only one certificate at a time under this Policy. If at any time the Covered Person has been issued more than one certificate, then only the largest shall be in effect. We will refund premiums paid for the others for any period of time that more than one certificate was issued. This provision is not applicable to an Employee who was covered under the Prior Plan as both an Employee and a Spouse or Dependent Child.

Assignment

We will be bound by an assignment of a Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy and the Covered Person's certificate remains in force.

Incontestability

1. Of This Policy or Participation Under This Policy

All statements made by the Subscriber to obtain this Policy or to participate under this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy or of participation under this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Subscriber.

After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

2. Of A Covered Person's Insurance

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.

After two years from the Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.

In the event of death or incapacity, the beneficiary or representative shall be given a copy.

Policy Termination

We may terminate coverage on or after the first anniversary of the policy effective date. The Subscriber may terminate coverage on any premium due date. Written or authorized electronic notice must be given at least 31 days prior to such premium due date.

Termination will not affect a claim for a Covered Loss that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.

Reinstatement

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Subscriber satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Policy Changes

We may agree with the Subscriber to modify a plan of benefits without the Covered Person's consent.

Workers' Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.

Examination of the Policy

This Group Policy will be available for inspection at the Subscriber's office during regular business hours.

Examination of Records

We will be permitted to examine all of the Subscriber's records relating to this Group Policy. Examination may occur at any reasonable time while the Group Policy is in force; or it may occur:

1. at any time for two years after the expiration of this Group Policy; or, if later,
2. upon the final adjustment and settlement of all Group Policy claims.

The Subscriber is acting as an agent of the Covered Person for transactions relating to this insurance. The actions of the Subscriber will not be considered Our actions.

GA-00-1800.00

DESCRIPTION OF COVERAGES AND BENEFITS

This Description of Coverages and Benefits Section describes the Accident Coverages and Benefits provided by this Policy. Benefit amounts, benefit periods and any applicable aggregate and benefit maximums are shown in the Schedule of Benefits. Certain words capitalized in the text of these descriptions have special meanings within this Policy and are defined in the General Definitions section. Please read these and the Common Exclusions sections in order to understand all of the terms, conditions and limitations applicable to these coverages and benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Covered Loss We will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits*, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable. If the loss results in death, benefits will only be paid under the Loss of Life benefit provision. Any Loss of Life benefit will be reduced by any paid or payable Accidental Dismemberment benefit. However, if such Accidental Dismemberment benefit equals or exceeds the Loss of Life benefit, no additional benefit will be paid.

Definitions

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Loss of Toes means complete Severance through the metatarsalphalangeal joint.

Paralysis or Paralyzed means total loss of use of a limb. A Physician must determine the loss of use to be complete and irreversible.

Quadriplegia means total Paralysis of both upper and both lower limbs.

Hemiplegia means total Paralysis of the upper and lower limbs on one side of the body.

Paraplegia means total Paralysis of both lower limbs or both upper limbs.

Uniplegia means total Paralysis of one upper or one lower limb.

Coma means a profound state of unconsciousness which resulted directly and independently from all other causes from a Covered Accident, and from which the Covered Person is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that Covered Accident.

Severance means the complete and permanent separation and dismemberment of the part from the body.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* section.
GA-00-2100.00

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are shown in the *Schedule of Covered Losses* and will not be paid in addition to any other Accidental Death and Dismemberment benefits payable.

EXPOSURE AND DISAPPEARANCE COVERAGE

Benefits for Accidental Death and Dismemberment, as shown in the *Schedule of Covered Losses*, will be payable if a Covered Person suffers a Covered Loss which results directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident.

If the Covered Person disappears and is not found within one year from the date of the wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Covered Person's death resulted directly and independently of all other causes from a Covered Accident.

Exclusions The exclusions that apply to this coverage are in the *Common Exclusions* Section.
GA-00-2202.00

ADDITIONAL ACCIDENT BENEFITS

Accidental Death and Dismemberment benefits are provided under the following Additional Benefits. Any benefits payable under them will be paid in addition to any other Accidental Death and Dismemberment benefit payable.

CHILD CARE CENTER BENEFIT (BASIC BENEFIT)

We will pay benefits shown in the *Schedule of Benefits* for the care of each surviving Dependent Child in a Child Care Center if death of the covered Employee results directly and independently of all other causes from a Covered Accident and all of the following conditions are met:

1. one or more surviving Dependent Children is under Age 13 and:
 - a. was enrolled in a Child Care Center on the date of the Covered Accident; or
 - b. enrolls in a Child Care Center within 90 days from the date of the Covered Accident.

This benefit will be payable to the Surviving Spouse if the Spouse has custody of the child. If the Surviving Spouse does not have custody of the child, benefits will be paid to the child's legally appointed guardian. Payments will be made at the end of each 12 month period that begins after the date of the covered Employee's death. A claim must be submitted to Us at the end of each 12 month period. A 12 month period begins:

1. when the Dependent Child enters a Child Care Center for the first time, within the period specified in (1b) above, after the covered Employee's death; or
2. on the first of the month following the covered Employee's death, if the Dependent Child was enrolled in a Child Care Center before the covered Employee's death.

Each succeeding 12 month period begins on the day immediately following the last day of the preceding period. Pro rata payments will be made for periods of enrollment in a Child Care Center of less than 12 months.

Definitions

For purposes of this benefit:

Child Care Center is a facility which:

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

A Child Care Center does not include any of the following:

1. a Hospital;
2. the child's home;
3. care provided during normal school hours while a child is attending grades one through twelve.

Dependent Child(ren) will include:

A covered Employee's child who is unmarried and a:

1. natural child;
2. adopted child, beginning with any waiting period pending finalization of the child's adoption;
3. stepchild who resides with the covered Employee;
4. child for whom the covered Employee is legal guardian, as long as the child resides with the covered Employee and depends on the covered Employee for financial support. Financial support means that the covered Employee is eligible to claim the dependent for purposes of Federal and State income tax returns.

Exclusions

The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2222a.00

CHILD CARE CENTER BENEFIT (VOLUNTARY BENEFIT)

We will pay benefits shown in the *Schedule of Benefits* for the care of each surviving Dependent Child in a Child Care Center if death of the covered Employee results directly and independently of all other causes from a Covered Accident and all of the following conditions are met:

1. coverage for his Dependent Children was in force on the date of the Covered Accident causing his death; and
2. one or more surviving Dependent Children is under Age 13 and:
 - a. was enrolled in a Child Care Center on the date of the Covered Accident; or
 - b. enrolls in a Child Care Center within 90 days from the date of the Covered Accident.

This benefit will be payable to the Surviving Spouse if the Spouse has custody of the child. If the Surviving Spouse does not have custody of the child, benefits will be paid to the child's legally appointed guardian. Payments will be made at the end of each 12 month period that begins after the date of the covered Employee's death. A claim must be submitted to Us at the end of each 12 month period. A 12 month period begins:

1. when the Dependent Child enters a Child Care Center for the first time, within the period specified in (2b) above, after the covered Employee's death; or
2. on the first of the month following the covered Employee's death, if the Dependent Child was enrolled in a Child Care Center before the covered Employee's death.

Each succeeding 12 month period begins on the day immediately following the last day of the preceding period. Pro rata payments will be made for periods of enrollment in a Child Care Center of less than 12 months.

Definitions

For purposes of this benefit:

Child Care Center is a facility which:

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

A Child Care Center does not include any of the following:

1. a Hospital;
2. the child's home;
3. care provided during normal school hours while a child is attending grades one through twelve.

Exclusions

The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2222.00

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

We will pay the Home Alteration and Vehicle Modification Benefit shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, when the Covered Person suffers a Covered Loss, other than a Loss of Life, resulting directly and independently of all other causes from a Covered Accident.

This benefit will be payable if all of the following conditions are met:

1. prior to the date of the Covered Accident causing such Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. as a direct result of such Covered Loss, the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. the Covered Person requires home alteration or vehicle modification within one year of the date of the Covered Accident.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.
GA-00-2236.00

SEATBELT AND AIRBAG BENEFIT

We will pay the benefit shown in the *Schedule of Benefits*, subject to the conditions and exclusions described below, when the Covered Person dies directly and independently of all other causes from a Covered Accident while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional benefit is provided if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit shown in the *Schedule of Benefits* to the Covered Person's beneficiary.

In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like Age and weight at the time of the Covered Accident.

Definitions For purposes of this benefit:
Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.

Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is a type both designed and required to be licensed for use on the highway of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.
GA-00-2251.00

SPECIAL EDUCATION BENEFIT (BASIC BENEFIT)

We will pay the benefit, up to the Maximum Benefit shown in the *Schedule of Benefits*, for each qualifying Dependent Child. The Covered Person's death must result, directly and independently of all other causes from a Covered Accident for which an Accidental Death Benefit is payable under this Policy. This benefit is subject to the conditions and exclusions described below.

A qualifying Dependent Child must:

1. a. be enrolled as a full-time student in an accredited school of higher learning beyond the 12th grade level on the date of the covered Employee's Covered Accident; *or*
 - b. be at the 12th grade level on the date of the covered Employee's Covered Accident and then enroll as a full-time student at an accredited school of higher learning within 365 days from the date of the Covered Accident and continue his education as a full-time student.
2. continue his education as a full-time student in such accredited school of higher learning; and
3. incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.

Payments will be made to each qualifying Dependent Child or to the child's legal guardian, if the child is a minor at the end of each year for the number of years shown in the *Schedule of Benefits*. We must receive proof satisfactory to Us of the Dependent Child's enrollment and attendance within 31 days of the end of each year. The first year for which a Special Education Benefit is payable will begin on the first of the month following the date the covered Employee died, if the surviving Dependent Child was enrolled on that date in an accredited school of higher learning beyond the 12th grade; otherwise on the date he enrolls in such school. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding year.

If no Dependent Child qualifies for Special Education Benefits within 365 days of the covered Employee's death, We will pay the default benefit shown in the *Schedule of Benefits* to the covered Employee's beneficiary.

Definitions

For the purposes of this benefit:

Dependent Child(ren) will include:

A covered Employee's child who is unmarried and a:

1. natural child;
2. adopted child, beginning with any waiting period pending finalization of the child's adoption;
3. stepchild who resides with the covered Employee;
4. child for whom the covered Employee is legal guardian, as long as the child resides with the covered Employee and depends on the covered Employee for financial support. Financial support means that the covered Employee is eligible to claim the dependent for purposes of Federal and State income tax returns.

Exclusions

The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2252a.00

SPECIAL EDUCATION BENEFIT (VOLUNTARY BENEFIT)

We will pay the benefit, up to the Maximum Benefit shown in the *Schedule of Benefits*, for each qualifying Dependent Child who is insured under the covered Employee's certificate on the date he dies. The Covered Person's death must result, directly and independently of all other causes from a Covered Accident for which an Accidental Death Benefit is payable under this Policy. This benefit is subject to the conditions and exclusions described below.

A qualifying Dependent Child must:

1. a. be enrolled as a full-time student in an accredited school of higher learning beyond the 12th grade level on the date of the covered Employee's Covered Accident; or
- b. be at the 12th grade level on the date of the covered Employee's Covered Accident and then enroll as a full-time student at an accredited school of higher learning within 365 days from the date of the Covered Accident and continue as a full-time student.
2. continue his education as a full-time student in such accredited school of higher learning; and
3. incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.

Payments will be made to each qualifying Dependent Child or to the child's legal guardian, if the child is a minor at the end of each year for the number of years shown in the *Schedule of Benefits*. We must receive proof satisfactory to Us of the Dependent Child's enrollment and attendance within 31 days of the end of each year. The first year for which a Special Education Benefit is payable will begin on the first of the month following the date the covered Employee died, if the surviving Dependent Child was enrolled on that date in an accredited school of higher learning beyond the 12th grade; otherwise on the date he enrolls in such school. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding year.

If no Dependent Child qualifies for Special Education Benefits within 365 days of the covered Employee's death, We will pay the default benefit shown in the *Schedule of Benefits* to the covered Employee's beneficiary.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.
GA-00-2252.00

SPOUSE RETRAINING BENEFIT (BASIC BENEFIT)

We will pay expenses incurred, as described below, up to the Maximum Benefit shown in the *Schedule of Benefits*, to enable the covered Employee's Spouse to obtain occupational or educational training needed for employment if the covered Employee dies directly and independently of all other causes from a Covered Accident. This benefit is subject to the conditions and exclusions described below.

This benefit will be payable if the covered Employee dies within one year of a Covered Accident and is survived by his Spouse who:

1. enrolls, within three years after the covered Employee's death in any accredited school for the purpose of retraining or refreshing skills needed for employment; and
2. incurs expenses payable directly to, or approved and certified by, such school.

Definitions For the purposes of this benefit:

Spouse will include the Employee's lawful spouse under age 70.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2254a.00

SPOUSE RETRAINING BENEFIT (VOLUNTARY BENEFIT)

We will pay expenses incurred, as described below, up to the Maximum Benefit shown in the *Schedule of Benefits*, to enable the covered Employee's Spouse to obtain occupational or educational training needed for employment if the covered Employee dies directly and independently of all other causes from a Covered Accident. A covered Spouse must have been insured under this Policy on the date of the covered Employee's death to be eligible for this benefit. This benefit is subject to the conditions and exclusions described below.

This benefit will be payable if the covered Employee dies within one year of a Covered Accident and is survived by his Spouse who:

1. enrolls, within three years after the covered Employee's death in any accredited school for the purpose of retraining or refreshing skills needed for employment; and
2. incurs expenses payable directly to, or approved and certified by, such school.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2254.00

Life Insurance Company of North America
a stock insurance company

Rider to Group Policy No. OK 964514
Effective Date of Rider: July 1, 2009

Eligible Classes to which this Rider applies: All Classes

**MODIFICATION OF GROUP ACCIDENT POLICY
TO ADD DOMESTIC PARTNER AS AN ELIGIBLE DEPENDENT
FOR ACCIDENT INSURANCE**

The provisions of the Policy are modified as follows:

1. A. All references to the term "Spouse" are replaced with "Spouse or Domestic Partner", except for the following references:
 - a. The definition of "Spouse" remains unchanged.
 - b. Any reference to "lawful spouse", "legal spouse", "husband" or "wife" remains unchanged.
 - c. The reference to "spouse" in the last paragraph of the section titled, "Beneficiary" under the Claim Provisions, remains unchanged.
 - d. The item regarding when a Spouse's coverage will end in the paragraph titled, "Termination of Insurance" under the Eligibility and Effective Date Provisions, remains unchanged.
- B. In the paragraph titled, "Termination of Insurance" under the Eligibility and Effective Date Provisions, the following item regarding when a Domestic Partner's coverage will end is added:

"6. with respect to a Domestic Partner, the date of the death of the covered Employee or the date such person no longer qualifies as a Domestic Partner, unless such person elects to continue insurance. See *Continuance of Insurance* section."
- C. Under the General Definitions, item number 3 in the last paragraph of the "Dependent Child(ren)" definition, is changed to:
 3. Stepchild who resides with the Employee, including a Domestic Partner's child who resides with and is financially dependent upon the Employee.
2. The following Domestic Partner definition is added to the General Definitions section of the Group Policy.

Domestic Partner means a person of the same or opposite sex who meets all of the following criteria:

- a. Shares the covered Employee's permanent residence.
- b. Has resided with the covered Employee continuously for at least six months and is expected to reside with the covered Employee indefinitely.
- c. Is financially interdependent with the covered Employee in each of the following ways:
 - i. by holding one or more credit or bank accounts, including a checking account, as joint owners.
 - ii. by owning or leasing their permanent residence as joint tenants.
- d. Has signed a domestic partner declaration with the covered Employee, if the covered Employee resides in a jurisdiction that provides for domestic partner declarations.
- e. Has not signed a domestic partner declaration with any other person within the last 12 months.
- f. Is no less than 18 years of age.
- g. Is not currently legally married to any other person.
- h. Is not a blood relative any closer than would prohibit legal marriage.

In addition to the above requirements, consent of either party to the Domestic Partner relationship must not have been obtained by force, duress, or fraud.

A covered Employee's Domestic Partner is eligible for Accident Insurance Benefits under the Policy on the later of the Employee's eligibility date or the date the person becomes the covered Employee's Domestic Partner and if all the following conditions are met.

- a. The covered Employee has not been married to any person within the last 12 months.
- b. The Domestic Partner is the only person meeting the Policy's definition of "Domestic Partner" with respect to the covered Employee.
- c. The covered Employee and Domestic Partner furnish a notarized affidavit or signed statement reflecting these requirements, and an agreement to notify the Insurance Company if the requirements cease to be met, on a form acceptable to the Insurance Company.

3. To obtain insurance for a Domestic Partner, a covered Employee must request coverage in writing and agree to make any required premium contributions. Insurance will be effective for a Domestic Partner on the same date specified for a Spouse in the section titled "Effective Date for Individuals" under the Eligibility and Effective Date Provisions of the Policy.

The Principal Sum applicable to a Domestic Partner is the same Principal Sum applicable to a Spouse as shown in the Schedule of Benefits.

Benefits for a covered Domestic Partner will be paid in accordance with the Claim Provisions of the Policy.

Except for the above, this Rider does not change the Group Policy to which it is attached.

Life Insurance Company of North America



Matthew G. Manders, Senior Vice-President

TL-007152

LIFE INSURANCE COMPANY OF NORTH AMERICA
(herein called the Insurance Company)

AMENDATORY RIDER

**CLAIM PROCEDURES APPLICABLE TO PLANS SUBJECT TO THE
EMPLOYEE RETIREMENT INCOME SECURITY ACT (“ERISA”)**

The provisions below amend the Policy to which they are attached. They apply to all claims for benefits under the Policy. They supplement other provisions of the Policy relating to claims for benefits.

This Policy has been issued in conjunction with an employee welfare benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”). This Policy is a Plan document within the meaning of ERISA. As respects the Insurance Company, it is the sole contract under which benefits are payable by the Insurance Company. Except for this, it shall not be deemed to affect or supersede other Plan documents.

The Plan Administrator has appointed the Insurance Company as the named fiduciary for deciding claims for benefits under the Plan, and for deciding any appeals of denied claims.

Review of Claims for Benefits

The Insurance Company has 45 days from the date it receives a claim for disability benefits, or 90 days from the date it receives a claim for any other benefit, to determine whether or not benefits are payable in accordance with the terms of the Policy. The Insurance Company may require more time to review the claim if necessary due to matters beyond its control. If this should happen, the Insurance Company must provide notice in writing that its review period has been extended for:

- (i) up to two more 30 day periods (in the case of a claim for disability benefits); or
- (ii) 90 days more (in the case of any other benefit).

If this extension is made because additional information must be furnished, these extension periods will begin when the additional information is received. The requested information must be furnished within 45 days.

During the review period, the Insurance Company may require:

- (i) a medical examination of the Insured, at its own expense; or
- (ii) additional information regarding the claim.

If a medical examination is required, the Insurance Company will notify the Insured of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company must notify the claimant, in writing, stating what information is needed and why it is needed.

If the claim is approved, the Insurance Company will pay the appropriate benefit.

If the claim is denied, in whole or in part, the Insurance Company will provide written notice within the review period. The Insurance Company's written notice will include the following information:

1. The specific reason(s) the claim was denied.
2. Specific reference to the Policy provision(s) on which the denial was based.
3. Any additional information required for the claim to be reconsidered, and the reason this information is necessary.
4. In the case of any claim for a disability benefit: identification of any internal rule, guideline or protocol relied on in making the claim decision, and an explanation of any medically-related exclusion or limitation involved in the decision.
5. A statement regarding the right to appeal the decision, and an explanation of the appeal procedure, including a statement of the right to bring a civil action under Section 502(a) of ERISA if the appeal is denied.

Appeal Procedure for Denied Claims

Whenever a claim is denied, there is the right to appeal the decision. A written request for appeal must be made to the Insurance Company within 60 days (180 days in the case of any claim for disability benefits) from the date the denial was received. If a request is not made within that time, the right to appeal will have been waived.

Once a request has been received by the Insurance Company, a prompt and complete review of the claim will take place. This review will give no deference to the original claim decision. It will not be made by the person who made the initial claim decision, or a subordinate of that person. During the review, the claimant (or the claimant's duly authorized representative) has the right to review any documents that have a bearing on the claim, including the documents which establish and control the Plan. Any medical or vocational experts consulted by the Insurance Company will be identified. Issues and comments that might affect the outcome of the review may also be submitted.

The Insurance Company has 60 days (45 days, in the case of any disability benefit) from the date it receives a request to review the claim and provide its decision. Under special circumstances, the Insurance Company may require more time to review the claim. If this should happen, the Insurance Company must provide notice, in writing, that its review period has been extended for an additional 60 days (45 days in the case of any disability benefit). Once its review is complete, the Insurance Company must state, in writing, the results of the review and indicate the Plan provisions upon which it based its decision.

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive, flowing style.

Matthew G. Manders, Senior Vice-President

TL-009000

MODIFYING PROVISIONS AMENDMENT

Subscriber: Wake Forest University

Policy No.: OK 964514

Amendment Effective Date: July 1, 2009

This amendment is attached to and made part of the Policy specified above and the Certificates issued under it. Its provisions are intended to conform this Policy to the laws of the state in which the insured resides.

The Policy and any Certificates delivered under the Group Policy are amended as follows:

Arkansas residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an external event.
2. Under the definition of *Dependent Child(ren)*, a "child" for purposes of this definition, includes an Employee's adopted child, or a child under the charge, care and control of the Employee for whom the Employee has filed a petition to adopt.
3. Under the *Eligibility and Effective Date Provisions* Section, the provision titled *Effective Date for Individuals* is amended to include the following with respect to the eligibility of dependent children.

In the case where an Employee has filed a petition to adopt a child, coverage for such child will begin on the date of the filing of the petition for adoption if the Employee applies for coverage within 60 days after filing such petition. Coverage will begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the child. Coverage will terminate upon the dismissal or denial of the petition for adoption.

4. Terrorist Act exclusion is not permitted.

GA-00-3000.04

Louisiana residents:

1. Under the definition of *Dependent Child(ren)*, a "child" for purposes of this definition includes an Employee's unmarried child up to 21 years old, or a child who is 21 or more years old but less than 24 years old, enrolled in a school, including vocational, technical, vocation-technical, trade schools and colleges, as a full-time student and primarily supported by the Employee.

A "child", for purposes of this definition also includes an unmarried grandchild who is under 21 years of age and who is in the legal custody of and residing with the Employee.

2. Under *Common Exclusions*, the following changes are made.
If applicable, "Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage" is replaced by the following:
"Voluntary ingestion of any narcotic drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage"

GA-00-3000.19

Missouri residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an external event.
2. Under the *General Definitions* section, the definition of *Totally Disabled or Total Disability* means either:
 - a) the inability of the Covered Person who is currently employed to perform the material and substantial duties of the Covered Person's occupation for a period of at least twelve months. After the initial benefit period, total disability shall mean the Covered Person's inability to perform the material and substantial duties of any occupation for which the Covered Person is qualified by education, training or experience; or
 - b) the inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.
3. Under the *Common Exclusions*, the following changes are made.
 - a) If applicable, "intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane" is replaced by the following:

"intentionally self-inflicted Injury, suicide or any attempt thereat while sane"
 - b) If applicable, "Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food" is replaced by the following:

"Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental cut or wound or accidental ingestion of contaminated substances"

GA-00-3000.26

Montana residents:

1. Under the definition of *Dependent Child(ren)*, all references to "Employee" are changed to "Covered Person".
2. Under the *Definitions* section, the definition of *Sickness* is replaced with the following:

Sickness A physical or mental illness including pregnancy
3. Under the *Eligibility and Effective Dates Provisions* section, newborn infant coverage must be provided to each newborn infant of any Covered Person under the Policy.

GA-00-3000.27

New Hampshire residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an external event.
2. If applicable, the definition of Emergency Room Treatment is replaced with the following:

Emergency Room Treatment Emergency medical services and care given in a Hospital as an out or inpatient, for a sudden, unexpected onset of a medical condition that manifests itself by symptoms of sufficient severity that in the absence of immediate medical attention could be expected to result in any of the following:

 1. serious jeopardy to the covered Employee's health;
 2. serious impairment to bodily functions; or
 3. serious dysfunction of any bodily organ or part.

3. The definition of Hospital is replaced with the following.

Hospital

An institution that meets all of the following:

1. it is operated pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense.

4. Under the *Claim Provisions* section, the following changes are made.

- A. The provision titled Proof of Loss is replaced with the following.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible.

- B. The provision titled Payment of Claims is replaced with the following.

Payment of Claims

All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the covered Employee or to his estate.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay up to an amount not exceeding \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

5. Under the *General Provisions* section, the following changes are made.

A. The provision titled Incontestability (A Covered Person's Insurance) is replaced with the following.

Incontestability

A Covered Person's Insurance

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a signed copy of the instrument containing the statement is, or has been, furnished to the claimant.

After two years from the Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.

In the event of death or incapacity, the beneficiary or representative shall be given a copy.

6. Exclusion for Terrorist Act does not apply.

GA-00-3000.30

North Carolina residents:

1. If eligibility for insurance is not based on employment status, a Covered Person is considered in Active Service if confined at home under the care of a Physician for Sickness or Injury.
2. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an external event.
3. Under the *General Definitions* section, the definition of Dependent Child(ren) excludes the initial two-year period during which the Insurance Company may inquire as to the status of a handicapped child's condition and dependence.
4. Under the *General Definitions* section, the definition of Employee is modified to require that an Employee work at least 30 hours week.
5. Under the *General Definitions* section, the definition of Hospital is modified to include State tax-supported institutions.
6. Under the *Common Exclusions*, the following changes are made.
 - a. If applicable, "injuries compensable under Workers' Compensation law or any similar law" is replaced by the following:
"injuries paid or payable under Workers' Compensation law or any similar law"
7. Under the *Claim Provisions*, the following changes are made.
 - a. *Proof of Loss* must be provided within 180 days of date of loss.
 - b. The amount payable to an equitably entitled individual may not exceed \$3,000.

GA-00-3000.34

South Carolina residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an external event.
2. Under the definition of *Dependent Child(ren)*, references to adopted child include:
 - a) a newborn child for whom the Employee has instituted adoption proceedings within 31 days of the child's birth, and for whom the Employee has temporary custody; and
 - b) a child, other than a newborn, for whom adoption proceedings have been completed and a decree of adoption entered within one year from the institution of the proceedings, unless extended by order of the court due to the special needs of the child.
3. Under the *Claim Provisions*, the following changes are made.
 - a. The *Claimant Cooperation Provision* does not apply.
 - b. The provision titled *Physical Examination and Autopsy* is replaced with the following:

Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending. If an autopsy is performed, it will be in the State of South Carolina and during the period of contestability unless prohibited by law.
 - c. The provision titled *Legal Actions* is replaced with the following:

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than six years after the time such written proof of loss must be furnished.
4. Under the *General Provisions*, the following changes are made.

The *Multiple Certificates* provision does not apply.

GA-00-3000.41

South Dakota residents:

1. If applicable, the definition of Rehabilitation Facility is replaced with the following:

Rehabilitation Facility

A legally operating institution or part of an institution which has a transfer agreement with one or more Hospitals and which:

 1. is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services or rehabilitation inpatient care;
 2. is duly licensed by the appropriate government agency to provide such services; or
 3. is required to be accredited by the Joint Commission on Accreditation of Health Care Organizations or the Commission of Accreditation of Rehabilitation Facilities.

A Rehabilitation Facility does not include institutions which provide only minimal care, custodial care, care for the terminally ill, part-time care, or services or facilities for drug abuse or alcoholism.
2. Under the *Common Exclusions* section, the following changes are made.
 - a) If applicable, "the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred" is replaced with the following:

"the Covered Person's driving while intoxicated or driving under the influence of a controlled substance while committing a felony"

- b) If applicable, "voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage" is replaced with the following:

"voluntary ingestion of any poison, gas or fumes"

- c) If applicable, "injuries compensable under Workers' Compensation law or any similar law" is replaced with the following:

"injuries paid by Workers' Compensation"

- d) The following Exclusions are not permitted:

1. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
2. the Covered Person being Intoxicated. "Intoxicated" means having a blood alcohol level of .08 or higher;
3. the Covered Person operating a motorized vehicle while under the influence of alcohol or drugs as defined according to the laws of the jurisdiction in which the Accident occurred;
4. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
5. occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law;
6. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred.
7. the Covered Person was driving a Private Passenger Automobile at the time of the Covered Accident that resulted in the Covered Loss; and he was intoxicated, as that term is defined by the laws of the state in which the Covered Accident occurred.

GA-00-3000.42

West Virginia residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an external event.
2. Under the *General Definitions* section, the definition of Hospital does not require that an institution be licensed as a Hospital pursuant to applicable law, but does require that an institution operate pursuant to applicable law.
3. Under the *General Definitions* section, the definition of Totally Disabled or Total Disability is replaced with the following:

Totally Disabled or Total Disability

Totally Disabled or Total Disability means either:

1. inability of the Covered Person who is currently employed to perform substantially all of the material duties of his job, or any other job for which he is or may become qualified by reason of education, training or experience; or
2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

4. Under the *Common Exclusions* section, the following changes are made.
- a. The first paragraph is replaced with the following:
In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:
 - b. If applicable, "Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food" is replaced by the following:

"Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental cut or wound or accidental ingestion of contaminated food"

GA-00-3000.49

Signed for the
Life Insurance Company of North America

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive, flowing style.

Matthew G. Manders, Senior Vice-President

**LIFE INSURANCE COMPANY OF NORTH AMERICA
Philadelphia, PA 19192-2235**

We, Wake Forest University, whose main office address is Winston-Salem, NC, hereby approve and accept the terms of Group Policy Number OK 964514 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA to the TRUSTEE OF THE GROUP INSURANCE TRUST FOR EMPLOYERS IN THE SERVICES INDUSTRY.

This form is to be signed in duplicate. One part is to be retained by Wake Forest University; the other part is to be returned to the LIFE INSURANCE COMPANY OF NORTH AMERICA.

Wake Forest University

Signature and Title: _____ Date: _____

(This Copy Is To Be Returned To Life Insurance Company of North America)

**LIFE INSURANCE COMPANY OF NORTH AMERICA
Philadelphia, PA 19192-2235**

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