### Park Hill School District (PHSD) - Policy/ Part # - 5476886/ 0 Experience

**TG**

**Year: 2016**

<table>
<thead>
<tr>
<th>Month</th>
<th>Life Earned Premium</th>
<th>Life Paid Claims</th>
<th>Life Lives</th>
<th>ADD Earned Premium</th>
<th>ADD Paid Claims</th>
<th>ADD Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2016</td>
<td>$0.00</td>
<td>$0.00</td>
<td>1389</td>
<td>$0.00</td>
<td>$0.00</td>
<td>1385</td>
</tr>
<tr>
<td>02/2016</td>
<td>$3,527.88</td>
<td>$0.00</td>
<td>1395</td>
<td>$1,387.95</td>
<td>$0.00</td>
<td>1390</td>
</tr>
<tr>
<td>03/2016</td>
<td>$7,080.76</td>
<td>$0.00</td>
<td>1398</td>
<td>$2,785.90</td>
<td>$0.00</td>
<td>1393</td>
</tr>
<tr>
<td>04/2016</td>
<td>$2,705.51</td>
<td>$0.00</td>
<td>1408</td>
<td>$1,398.95</td>
<td>$0.00</td>
<td>1404</td>
</tr>
<tr>
<td>05/2016</td>
<td>$3,386.70</td>
<td>$0.00</td>
<td>1413</td>
<td>$1,417.95</td>
<td>$0.00</td>
<td>1409</td>
</tr>
<tr>
<td>06/2016</td>
<td>$3,382.71</td>
<td>$0.00</td>
<td>1413</td>
<td>$1,462.65</td>
<td>$0.00</td>
<td>1404</td>
</tr>
<tr>
<td>07/2016</td>
<td>$3,348.28</td>
<td>$0.00</td>
<td>1413</td>
<td>$1,355.20</td>
<td>$0.00</td>
<td>1404</td>
</tr>
<tr>
<td>08/2016</td>
<td>$3,355.33</td>
<td>$0.00</td>
<td>1414</td>
<td>$1,404.60</td>
<td>$0.00</td>
<td>1400</td>
</tr>
<tr>
<td>09/2016</td>
<td>$3,362.38</td>
<td>$0.00</td>
<td>1422</td>
<td>$1,407.60</td>
<td>$0.00</td>
<td>428</td>
</tr>
<tr>
<td>10/2016</td>
<td>$3,463.43</td>
<td>$0.00</td>
<td>1434</td>
<td>$1,450.60</td>
<td>$0.00</td>
<td>1430</td>
</tr>
<tr>
<td>11/2016</td>
<td>($13,541.17)</td>
<td>$0.00</td>
<td>1438</td>
<td>($5,669.40)</td>
<td>$0.00</td>
<td>1434</td>
</tr>
<tr>
<td>12/2016</td>
<td>$24,000.00</td>
<td>$0.00</td>
<td>1434</td>
<td>$0.00</td>
<td>$0.00</td>
<td>1430</td>
</tr>
</tbody>
</table>

**Totals:**

<table>
<thead>
<tr>
<th>Life</th>
<th>ADD</th>
</tr>
</thead>
<tbody>
<tr>
<td>$44,071.81</td>
<td>$8,402.00</td>
</tr>
<tr>
<td>Month</td>
<td>LIFE</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>Earned Premium</td>
</tr>
<tr>
<td>01/2017</td>
<td>($17,167.14)</td>
</tr>
<tr>
<td>02/2017</td>
<td>($120.31)</td>
</tr>
<tr>
<td>03/2017</td>
<td>$23,971.12</td>
</tr>
<tr>
<td>04/2017</td>
<td>$3,449.33</td>
</tr>
<tr>
<td>05/2017</td>
<td>$3,354.39</td>
</tr>
<tr>
<td>06/2017</td>
<td>$3,394.81</td>
</tr>
<tr>
<td>07/2017</td>
<td>$3,386.12</td>
</tr>
<tr>
<td>08/2017</td>
<td>$3,325.84</td>
</tr>
<tr>
<td>09/2017</td>
<td>$3,383.88</td>
</tr>
<tr>
<td>10/2017</td>
<td>$3,535.81</td>
</tr>
<tr>
<td>11/2017</td>
<td>$3,595.50</td>
</tr>
<tr>
<td>12/2017</td>
<td>$3,403.03</td>
</tr>
<tr>
<td>Totals</td>
<td>$37,512.38</td>
</tr>
</tbody>
</table>

Report Produced: 3/19/18
### LIFE

<table>
<thead>
<tr>
<th>Month</th>
<th>Earned Premium</th>
<th>Paid Claims</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2018</td>
<td>$3,473.18</td>
<td>$0.00</td>
<td>1473</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>$3,473.18</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>1473</strong></td>
</tr>
</tbody>
</table>

### ADD

<table>
<thead>
<tr>
<th>Month</th>
<th>Earned Premium</th>
<th>Paid Claims</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2018</td>
<td>$1,477.95</td>
<td>$0.00</td>
<td>1473</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>$1,477.95</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>1473</strong></td>
</tr>
<tr>
<td>Month</td>
<td>LIFE</td>
<td>ADD</td>
<td>DLI</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>01/2016</td>
<td>$0.00</td>
<td>$0.00</td>
<td>528</td>
</tr>
<tr>
<td>02/2016</td>
<td>$9,460.75</td>
<td>$0.00</td>
<td>527</td>
</tr>
<tr>
<td>03/2016</td>
<td>$18,987.86</td>
<td>$0.00</td>
<td>527</td>
</tr>
<tr>
<td>04/2016</td>
<td>$9,327.23</td>
<td>$0.00</td>
<td>530</td>
</tr>
<tr>
<td>05/2016</td>
<td>$9,441.12</td>
<td>$0.00</td>
<td>529</td>
</tr>
<tr>
<td>06/2016</td>
<td>$9,401.45</td>
<td>$0.00</td>
<td>529</td>
</tr>
<tr>
<td>07/2016</td>
<td>$9,371.55</td>
<td>$0.00</td>
<td>529</td>
</tr>
<tr>
<td>08/2016</td>
<td>$9,016.14</td>
<td>$0.00</td>
<td>527</td>
</tr>
<tr>
<td>09/2016</td>
<td>$9,104.73</td>
<td>$0.00</td>
<td>539</td>
</tr>
<tr>
<td>10/2016</td>
<td>$9,046.89</td>
<td>$0.00</td>
<td>538</td>
</tr>
<tr>
<td>11/2016</td>
<td>($36,560.36)</td>
<td>$0.00</td>
<td>541</td>
</tr>
<tr>
<td>12/2016</td>
<td>$62,000.00</td>
<td>$0.00</td>
<td>539</td>
</tr>
</tbody>
</table>

Totals: $118,626.36 $0.00 $6,080.10 $0.00 $12,306.73 $0.00
## Voluntary

**Park Hill School District (PHSD) - Policy/ Part #: 5476886/ Experience**

**Year: 2017**

<table>
<thead>
<tr>
<th>Month</th>
<th>LIFE</th>
<th>ADD</th>
<th>DLI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01/2017</strong></td>
<td>($33,822.20)</td>
<td>$0.00</td>
<td>545</td>
</tr>
<tr>
<td><strong>02/2017</strong></td>
<td>$9,392.60</td>
<td>$0.00</td>
<td>545</td>
</tr>
<tr>
<td><strong>03/2017</strong></td>
<td>$42,028.82</td>
<td>$0.00</td>
<td>544</td>
</tr>
<tr>
<td><strong>04/2017</strong></td>
<td>$8,258.20</td>
<td>$0.00</td>
<td>550</td>
</tr>
<tr>
<td><strong>05/2017</strong></td>
<td>$8,412.48</td>
<td>$0.00</td>
<td>548</td>
</tr>
<tr>
<td><strong>06/2017</strong></td>
<td>$8,214.07</td>
<td>$0.00</td>
<td>542</td>
</tr>
<tr>
<td><strong>07/2017</strong></td>
<td>$8,140.83</td>
<td>$0.00</td>
<td>538</td>
</tr>
<tr>
<td><strong>08/2017</strong></td>
<td>$7,882.43</td>
<td>$50,000.00</td>
<td>544</td>
</tr>
<tr>
<td><strong>09/2017</strong></td>
<td>$8,084.34</td>
<td>$0.00</td>
<td>555</td>
</tr>
<tr>
<td><strong>10/2017</strong></td>
<td>$8,117.15</td>
<td>$0.00</td>
<td>555</td>
</tr>
<tr>
<td><strong>11/2017</strong></td>
<td>$8,083.99</td>
<td>$0.00</td>
<td>551</td>
</tr>
<tr>
<td><strong>12/2017</strong></td>
<td>$7,913.44</td>
<td>$0.00</td>
<td>552</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td>$90,706.15</td>
<td>$50,000.00</td>
<td>$19,511.70</td>
</tr>
</tbody>
</table>
### Voluntary

#### Year: 2018

<table>
<thead>
<tr>
<th></th>
<th>LIFE</th>
<th>ADD</th>
<th>DLI</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2018</td>
<td>$7,962.34</td>
<td>$0.00</td>
<td>552</td>
</tr>
<tr>
<td>Totals</td>
<td>$7,962.34</td>
<td>$0.00</td>
<td>552</td>
</tr>
</tbody>
</table>

Report Produced: 3/19/18
# Park Hill School District

**Basic Life and Accidental Death and Dismemberment**

**Effective 1/1/16**

## LIFE AND AD&D

<table>
<thead>
<tr>
<th>Benefit Amounts:</th>
<th>Assurant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class Descriptions:</strong></td>
<td></td>
</tr>
<tr>
<td>Class 1 – Future Superintendent Retirees</td>
<td>Class 1 - Assistant Superintendents and Superintendents - $100,000</td>
</tr>
<tr>
<td>Class 2 – All Full Time Active Superintendents and Assistant Superintendent Administrators</td>
<td>Class 2 - Administrators, Custodians, Teachers and All Others - $50,000</td>
</tr>
<tr>
<td>Class 3 – All Other Full Time Active Employees</td>
<td>Class 3 - Retirees - 1 x earnings to a maximum of $750,000 (grandfather current amounts)</td>
</tr>
<tr>
<td>Class 4 – Grandfathered Retired Superintendents</td>
<td>N/A</td>
</tr>
<tr>
<td>Class 5 – Retired Assistant Superintendent Administrators</td>
<td>N/A</td>
</tr>
<tr>
<td>Class 6 – Retired Superintendents – Closed Class</td>
<td>N/A</td>
</tr>
<tr>
<td>Class 7 – Retired Administrators with 10 or more years of service</td>
<td>N/A</td>
</tr>
<tr>
<td>Class 8 – Grandfathered – Supplemental – Closed Class</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Employee AD&amp;D Benefit</strong></td>
<td>Same as Life for Classes 1 and 2; Life only for Retirees (4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guarantee Issue Limit:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td>$100,000 for active employees; grandfather amounts for retirees</td>
</tr>
</tbody>
</table>

## Additional Provisions:

- **Reduction Schedule**: At age 70, reduce to 65% of the original schedule amount; at age 75, reduce to 50% of the original schedule amount.
- **Accelerated Benefit**: All Classes - up to 80% of the Life Benefit to a maximum of $250,000
- **Waiver of Premium**: Yes - if disabled prior to age 60 and continuously disabled for 6 months, to the earlier of age 65 or retirement.
- **Conversion and/or Portability Benefit**: Conversion
- **Annual Earnings**: Basic pay for a 40-hour week, plus the annual average of prior CY commissions where applicable
- **Waive Actively at Work?**: No - provide transfer treatment

## Monthly Unit Cost

<table>
<thead>
<tr>
<th>Monthly Unit Cost</th>
<th>Net Commissions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life/$1,000</strong></td>
<td>$0.047</td>
</tr>
<tr>
<td><strong>AD&amp;D/$1,000</strong></td>
<td>$0.020</td>
</tr>
<tr>
<td><strong>Rate Guarantee</strong></td>
<td>3 years</td>
</tr>
<tr>
<td><strong>Volume - Life</strong></td>
<td>$70,040,000</td>
</tr>
<tr>
<td><strong>Volume - AD&amp;D</strong></td>
<td>$68,880,000</td>
</tr>
<tr>
<td><strong>Total Monthly Cost Life</strong></td>
<td>$3,292</td>
</tr>
<tr>
<td><strong>Total Monthly Cost AD&amp;D</strong></td>
<td>$1,378</td>
</tr>
<tr>
<td><strong>Total Monthly Cost Life and AD&amp;D</strong></td>
<td>$4,669</td>
</tr>
<tr>
<td><strong>Total Annual Cost Life and AD&amp;D</strong></td>
<td>$56,034</td>
</tr>
</tbody>
</table>
# Supplemental Life Benefits

**Effective 1/1/16**

## Employee Benefit Amounts:

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Assurant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Life Benefit</td>
<td>$10,000 increments</td>
</tr>
<tr>
<td>Minimum</td>
<td>$20,000</td>
</tr>
<tr>
<td>Maximum</td>
<td>The lesser of $500,000 or 5 times Basic Annual Earnings, rounded to next higher $10,000</td>
</tr>
</tbody>
</table>

## Dependent Benefit Amounts:

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Assurant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$5,000</td>
</tr>
<tr>
<td>Maximum</td>
<td>Lesser of 50% of the employee's amount or $250,000</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$1,000, $5,000 or $10,000</td>
</tr>
<tr>
<td>Maximum</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

## Guarantee Issue Limit:

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Assurant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$200,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>$50,000</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

## AD&D Benefit Amounts:

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Assurant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>The AD&amp;D amount matches the Life amount</td>
</tr>
<tr>
<td>Spouse</td>
<td>Spouse AD&amp;D is available if both Employee AD&amp;D and Spouse Life are chosen. If elected, the amount will match the Spouse Life amount.</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>Child AD&amp;D is available if both Employee AD&amp;D and Child Life are chosen. If elected, the amount will match the Child Life amount.</td>
</tr>
</tbody>
</table>

## Additional Provisions:

<table>
<thead>
<tr>
<th>Provision Type</th>
<th>Assurant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction Schedule</td>
<td>Age 70, reduce by 33% of the original schedule amount; at age 75 reduce by 33% of the in force amount; will not reduce less than $20,000</td>
</tr>
<tr>
<td>Accelerated Benefit</td>
<td>Up to 80% of the Life Benefit to a maximum of $250,000</td>
</tr>
<tr>
<td>Waiver of Premium</td>
<td>Yes - if disabled prior to age 60 and continuously disabled for 6 months, to the earlier of age 65 or retirement.</td>
</tr>
<tr>
<td>Conversion and/or Portability Benefit</td>
<td>Portability is available for up to 3 years after termination</td>
</tr>
</tbody>
</table>

## Participation Requirements:

<table>
<thead>
<tr>
<th>Requirement Type</th>
<th>Assurant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee must participate for dependents to enroll?</td>
<td>Yes</td>
</tr>
<tr>
<td>Initial Open Enrollment</td>
<td>True Open Enrollment; Grandfather amounts over GI.</td>
</tr>
<tr>
<td>Annual increases</td>
<td>Allows limited benefit increases without proof of good health during the annual enrollment period</td>
</tr>
<tr>
<td>Current Participants</td>
<td>2nd Chance Enrollment allows employees hired following the effective date of this plan who do not enroll within 31 days of becoming eligible to enroll during the first annual enrollment period without having to provide EOI. After that time, will be considered a Late Entrant and not Eligible without EOI</td>
</tr>
</tbody>
</table>

## Late Entrants

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Assurant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Spouse Premiums are determined by Employee's age</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

## Monthly Unit Cost - rate per $1,000

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Unit Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-29</td>
<td>$0.041</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.054</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.068</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.109</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.184</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.299</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.456</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.639</td>
</tr>
<tr>
<td>65-69</td>
<td>$1.054</td>
</tr>
<tr>
<td>70-74</td>
<td>$1.762</td>
</tr>
</tbody>
</table>
Dependents (all eligible children can be covered for one premium):

<table>
<thead>
<tr>
<th>Class Description</th>
<th>AD&amp;D Rate/$1,000</th>
<th>Rate Guarantee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1 – All Full Time Active Superintendents (Closed)</td>
<td>$20/$1,000</td>
<td>0.026</td>
</tr>
<tr>
<td>Class 2 – All Full Time Active Superintendents and Assistant Superintendent Administrators</td>
<td></td>
<td>3 years</td>
</tr>
<tr>
<td>Class 3 – All Other Full Time Active Employees</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dependents covered to age 19/25; also cover to age 26 if employer desires this option.
Union Security Insurance Company agrees to the provisions described in this and the following pages of this Endorsement and Amendment form.

Policy Number: 5476886

Policyholder: Park Hill School District

Insurance Provided: Group Term Life Insurance and Accidental Death and Dismemberment Insurance – Noncontributory

Effective Date: January 1, 2016

If this Amendment is unacceptable, please sign below and return this form to Union Security Insurance Company, 2323 Grand Blvd., Kansas City, MO 64108, within 90 days of May 23, 2016.

IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.

By our signature below, we **decline** this Amendment:

Policyholder

By

Title

Date

Union Security Insurance Company 2323 Grand Boulevard Kansas City Missouri 64108-2670
Endorsements & Amendments (continued)

Effective January 1, 2016, the policy is amended as follows:

1. The “Amount of Life Insurance” provision in the SCHEDULE is changed to read as follows:

Amount of Life Insurance

1. For each covered person who has not reached age 70:

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Superintendent or Assistant Superintendent</td>
<td>$100,000</td>
</tr>
<tr>
<td>II</td>
<td>other covered person</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

2. For each Class I and Class II covered person who has reached age 70, but not age 75, the amount of insurance will be 65% of the amount shown in 1 above.*

3. For each Class I and Class II covered person who has reached age 75 or more, the amount of insurance will be 50% of the amount shown in 1 above.*

4. For each Class III or IV covered person who has not reached age 70:

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>III</td>
<td>Retired Superintendent or Assistant Superintendent</td>
<td>$100,000</td>
</tr>
<tr>
<td>IV</td>
<td>Retired Administrator with 10 or more years of service</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

5. For each Class III or IV covered person who has reached age 70, but not age 75, the amount of insurance will be 65% of the amount shown in 4 above.*

6. For each Class III or IV covered person who has reached age 75, but not age 80, the amount of insurance will be 50% of the amount shown in 5 above.*

7. For each Class III or IV covered person who has reached age 80, the amount of insurance will be $0.

8. For each Class V covered person who has not reached age 70, the amount of insurance will be $400,000.*

9. For each Class V covered person who has reached age 70, but not age 75, the amount of insurance will be 65% of the amount shown in 8 above.*

10. For each Class V covered person who has reached age 75, the amount of insurance will be 50% of the amount shown in 9 above.*

11. For each Class VI covered person who has not reached age 65, the amount on the day immediately preceding retirement, the amount of insurance of $750,000.*

12. For each Class VI covered person who has reached age 65, but not age 70, the amount of insurance will be 50% of the amount shown in 11 above.*

13. For each Class VI covered person who has reached age 70, but not age 80, the amount of insurance will be 25% of the amount shown in 12 above.*

14. For each Class VI covered person who has reached age 80, the amount of insurance will be $0.
Endorsements & Amendments (continued)

* The amount of insurance will be rounded to the next higher multiple of $1,000, if not already an exact multiple. Any reduction will be subject to the other provisions of the policy and will also apply if the covered person's insurance is continued during disability.

However, the amount of life insurance may be limited by the Proof of Good Health provision.

2. The definition of full-time in the GENERAL DEFINITIONS is changed to:

   Full-time means working at least 30 hours per week, unless indicated otherwise in the policy.
Union Security Insurance Company agrees to the provisions described in this and the following pages of this Endorsement and Amendment form.

Policy Number: 5476886

Policyholder: Park Hill School District

Insurance Provided: Group Term Life Insurance and Accidental Death and Dismemberment Insurance – Contributory

Group Term Life Insurance and Accidental Death and Dismemberment for Dependents - Contributory

Effective Date: January 1, 2016

If this Amendment is unacceptable, please sign below and return this form to Union Security Insurance Company, 2323 Grand Blvd., Kansas City, MO 64108, within 90 days of April 12, 2016.

IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.

By our signature below, we decline this Amendment:

Policyholder ________________________________

By ________________________________
Title

Date ________________________________

Union Security Insurance Company 2323 Grand Boulevard Kansas City Missouri 64108-2670
Effective January 1, 2016, the policy is amended as follows:

1. The “Amount of Dependent Life Insurance” provision in the SCHEDULE is changed to read:

   **Amount of Dependent Life Insurance**

   1. You may choose an amount of dependent life insurance for your covered dependent spouse equal to any multiple of $5,000 subject to a maximum of $250,000.

   2. You may choose an amount of dependent life insurance for each covered dependent child according to age as follows:

      | Age                          | Amount                                      |
      |------------------------------|---------------------------------------------|
      | Live birth but less than age 26 | A covered person may choose $1,000, $5,000, or $10,000 |

   A covered person may choose to change a covered dependent’s amount of insurance during the annual enrollment period, with our approval. Proof of good health must be submitted for any increase.

   However, the amount of dependent life insurance may be limited by the Proof of Good Health provision.

2. The “Eligible Dependents” provision in the ELIGIBILITY AND TERMINATION PROVISIONS FOR DEPENDENTS provision is changed to read:

   **Eligible Dependents**

   Your eligible dependents are:

   - your lawful spouse, and
   - your children from live birth but less than age 26.

   “Children” include any biological or adopted children. Stepchildren and foster children are also included if they depend on you for support and maintenance. A child will be considered adopted on the date of placement in your home. “Children” also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.

   An eligible dependent will not include any person who is a member of an eligible class. An eligible dependent may not be covered by more than 1 covered person.

3. The definition of full-time in the GENERAL DEFINITIONS is changed to:

   Full-time means working at least 30 hours per week, unless indicated otherwise in the policy.
Group Benefits

Park Hill School District (PHSD)

Life
Employee excluding Superintendent or Assistant Superintendent
CERTIFICATE OF
GROUP INSURANCE

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your Schedule. This Certificate is subject to the provisions of the below numbered policy issued by Union Security Insurance Company to the policyholder.

Policyholder: Park Hill School District

Group Policy Number: 5476886

Participation Number: 0

Type of Coverage:

Group Term Life Insurance
Group Accidental Death and Dismemberment Insurance

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the policy.

President and Chief Executive Officer
NOTICE

If you have any questions about your insurance, please contact:

Union Security Insurance Company
Customer Advocacy
P.O. Box 419596
Kansas City, Missouri 64141-9958

You may also reach Union Security by telephone at 800.733.7879.

When contacting us, please have your policy number or participation number available.
SCHEDULE

Eligible Persons

To be eligible for insurance, a person must be a member of an Eligible Class. The person must also complete a period of continuous service (Service Requirement) with the policyholder (or any associated company).

Eligible Class: Each full-time employee of the policyholder or an associated company,
  - who is at active work, and
  - who is working in the United States of America,
as identified on the policyholder’s or our records, except any Superintendent, Assistant Superintendent or temporary or seasonal worker.

Associated Companies: None

Service Requirement: None

Entry Date

Insurance will take effect on the later of (i) the date shown below, and (ii) the first of the month occurring on or after the day all the eligibility requirements are met.

Effective Date of Insurance

January 1, 2016 (subject to Entry Date)

Life Insurance for You

1. If you have not reached age 70, your amount of insurance will be $50,000.

2. If you have reached age 70, but not age 75, your amount of insurance will be 65% of the amount shown in 1 above.*

3. If you have reached age 75 or more, your amount of insurance will be 50% of the amount shown in 1 above.*

* Your amount of insurance will be rounded to the next higher multiple of $1,000, if not already an exact multiple. Any reduction will be subject to the other provisions of the policy and will also apply if your insurance is continued during disability.

Maximum Amount Without Proof of Good Health: $50,000

Amount of Accelerated Benefit

With the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 80% of your life insurance. Without the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 50% of your life insurance. The amount will be rounded to the next higher multiple of $1,000, if not already an exact multiple, and may never be less than $5,000 or more than $250,000.

Amount of Accidental Death and Dismemberment Insurance

The maximum amount of accidental death and dismemberment insurance is equal to the amount of life insurance in effect at the time of the loss.
Amount of Automobile Accident Benefit

The maximum amount of automobile accident benefit is equal to 20% of the amount of *accidental death and dismemberment insurance* in effect at the time of the loss.

**Amount of Higher Education Benefit:** $3,000

**Change Date:** For changes in pay or age, the Change Date will be the policy anniversary occurring on or after the date of the change. For changes in class, the Change Date will be the first day of the month occurring on or after the date of the change.

**Survivor Financial Counseling Service**

You or your *beneficiary* may be eligible for a survivor financial counseling service through a third-party vendor if, at the time of the claim, we have a contract in effect with a financial counseling provider, and if:

- your *beneficiary* is eligible for a *life insurance* benefit of at least $50,000; or
- you apply and qualify for an accelerated benefit of at least $50,000.
NON-INSURANCE BENEFITS AND SERVICES

You are eligible for benefits and services provided by third-party vendors as described below. A third-party vendor is an entity with whom we contract to provide non-insurance benefits and services.

Will Preparation Services

As a covered person, you are entitled to will preparation services as an included benefit. The included benefit is provided through a third-party vendor and is not an insured benefit provided by us. The included benefit is available to you and your dependent(s) as defined by the third-party vendor. You must remain insured under this policy in order to qualify for the included benefit.

The included benefit may not be available if prohibited by law. The third-party vendor providing the service is solely responsible for providing and administering the included benefit. We are not liable for the third-party vendor’s failure to provide or its negligence in providing the included benefit. The included benefit is only available while we have a contract in effect with a third-party vendor to provide the included benefit.
TABLE OF CONTENTS

GENERAL DEFINITIONS ........................................................................................................... 3
DEFINITIONS FOR LIFE INSURANCE ..................................................................................... 4
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU ...................................................... 6
  Exception to Effective Date ................................................................................................. 6
  When Your Insurance Ends ............................................................................................... 6
CONTINUITY OF COVERAGE .................................................................................................. 7
  Definitions ....................................................................................................................... 7
  Continuity of Coverage for You .................................................................................... 7
  Prior Plan Credit for Life Insurance .............................................................................. 7
LIFE INSURANCE FOR YOU .................................................................................................... 9
  Insurance Provided ....................................................................................................... 9
  Changes in Amounts of Insurance ................................................................................ 9
  Proof of Good Health .................................................................................................... 9
DISABILITY BENEFIT .............................................................................................................. 9
  Amount .......................................................................................................................... 9
  Proof of Disability ....................................................................................................... 9
  Maximum Benefit Period ............................................................................................. 9
  Extension of Benefits ................................................................................................. 10
  Exclusions .................................................................................................................. 10
  Conversion to an Individual Policy ............................................................................. 10
ACCELERATED BENEFIT ...................................................................................................... 11
  Amount of Accelerated Benefit .................................................................................. 11
  Proof Required for the Accelerated Benefit .............................................................. 11
  Effect of Accelerated Benefit .................................................................................... 11
  Exclusions .................................................................................................................. 12
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU ......................... 13
  Accidental Death Insurance Provided ...................................................................... 13
  Accidental Dismemberment Insurance Provided ...................................................... 13
  Limitation .................................................................................................................... 13
  Exclusions .................................................................................................................. 13
AUTOMOBILE ACCIDENT BENEFIT ...................................................................................... 15
  Automobile Accident Benefit Provided .................................................................. 15
  Definitions .................................................................................................................. 15
  Limitation .................................................................................................................. 15
  Exclusions .................................................................................................................. 15
HIGHER EDUCATION BENEFIT ........................................................................................ 16
  Higher Education Benefit Provided ......................................................................... 16
  Definitions .................................................................................................................. 16
ADDITIONAL PROVISIONS FOR LIFE INSURANCE AND ACCIDENTAL DEATH AND
DISMEMBERMENT INSURANCE .............................................................................................. 17
  Optional Payment Methods ......................................................................................... 17
  Beneficiary .................................................................................................................. 17
  Assignment .................................................................................................................. 17
  Incontestability ......................................................................................................... 18
  Spendthrift .................................................................................................................. 18
CLAIM PROVISIONS .............................................................................................................. 19
  Payment of Benefits ................................................................................................... 19
  To Whom Payable ..................................................................................................... 19
  Filing a Life Disability Benefit Claim ....................................................................... 19
  Authority ..................................................................................................................... 19
  Review Procedure ..................................................................................................... 19
CLAIM PROVISIONS FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
ONLY ..................................................................................................................................... 21
  Filing a Claim ............................................................................................................. 21
  Physical Exam ............................................................................................................ 21
GENERAL DEFINITIONS

These terms have the meanings shown here when italicized. The pronouns "we", "us", "our", "you", and "your" are not italicized.

Active work means the expenditure of time and energy for the policyholder or an associated company at your usual place of business on a full-time basis.

Associated company means any company shown in the policy which is owned by or affiliated with the policyholder.

Contributory means you pay part of the premium.

Covered person means an eligible employee or member of the policyholder, or an associated company who has become insured for a coverage.

Doctor means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. Also, a person whom we are required to recognize as a doctor by the laws or regulations of the governing jurisdiction, or a person who is legally licensed to practice psychiatry, psychology or psychotherapy and whose primary work activities involve the care of patients, is a doctor. However, neither you nor a family member will be considered a doctor.

Eligible class means a class of persons eligible for insurance under the policy. This class is based on employment or membership in a group.

Family member means a person who is a parent, spouse, child, sibling, domestic partner, grandparent or grandchild of the covered person.

Full-time means working at least 30 hours per week, unless indicated otherwise in the policy.

Home office means our office in Kansas City, Missouri.

Injury means accidental bodily injury. It does not mean intentionally self-inflicted injury while sane.

No-fault motor vehicle coverage means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident that occurs.

Noncontributory means the policyholder pays the premium.

Policy means the group policy issued by us to the policyholder that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the policy is issued.

Proof of good health means evidence acceptable to us of the good health of a person.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee or member of the policyholder or an associated company who has become insured for a coverage.
DEFINITIONS FOR LIFE INSURANCE

Accelerated benefit means the group term life accelerated benefit under the policy issued by us to the policyholder. Accelerated benefits do not apply to any insurance under the policy other than group term life insurance.

Accidental death and dismemberment insurance means the group accidental death and dismemberment insurance under the policy issued by us to the policyholder.

Beneficiary means the person or entity you choose to receive your amount of insurance at your death.

Conversion policy means a policy of individual life insurance which may be issued to you by us when part or all of your group life insurance ends, as described in the "Conversion to an Individual Policy" provision.

Disabled and disability mean that you are under the regular care and attendance of a doctor, and prevented by injury or physical or mental disease from performing the material and substantial duties of any occupation for which your education, training, or experience qualifies you.

Government plan means the United States Social Security Act, the Railroad Retirement Act, the Canadian Pension Plan, similar plans provided under the laws of other nations, and any plan provided under the laws of a state, province, or other political subdivision. It also includes any public employee retirement plan or any teachers’ employment retirement plan, or any plan provided as an alternative to any of the above acts or plans. It does not include any Workers’ Compensation Act or similar law, or the Maritime Doctrine of Maintenance, Wages, or Cure.

Life insurance means the group term life insurance under the policy issued by us to the policyholder.

Period of disability means the time that begins on the day you become disabled and ends on the day before you return to active work. If you satisfy the qualifying period and then:

- return to active work;
- become disabled again; and
- remain insured under the policy;

the same period of disability may continue. Your return to active work must be for less than:

- 6 months, if the later disability results from the same cause, or a related one; or
- 1 day, if the later disability results from a different cause.

If you return to active work for more than the time shown above, and then become disabled again, you will start a new period of disability. You must satisfy the qualifying period again and the period outlined in the Maximum Benefit Period provision will start over.

Any day which is not a scheduled working day for a covered person will be considered a day of active work if the person would have been able to perform his or her normal duties on that day.

Qualifying medical condition means you have a medical condition which is diagnosed by a doctor as life-threatening and which results in an expected life span of 12 months or less according to prevailing medical standards.

Qualifying period means the length of time you must be disabled before your insurance will be continued without further premium payment under the Disability Benefit. This time period is the earlier of your
DEFINITIONS FOR LIFE INSURANCE (continued)

Qualifying Period stated in any long term disability insurance policy issued by us to the policyholder under which you are insured, or 180 days; or if none, 180 days.

Regular care and attendance means the regular and personal care of a doctor which, under prevailing medical standards, is appropriate for your condition. We will no longer require the regular care of a doctor if we receive acceptable proof that further care would be of no benefit.

Retire means you begin receiving retirement benefits from either:

- a retirement plan sponsored by your employer, the policyholder, or an associated company, or
- a government plan.

Retirement plan means a formal or informal retirement plan, whether or not under an insurance or annuity contract.
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU

Exception to Effective Date

If you are not at active work on the day you would otherwise become insured, your insurance will not take effect until you return to active work. If the day your insurance would normally take effect is not a regular work day for you, your insurance will take effect on that day if you are able to do your regular job.

When Your Insurance Ends

Your insurance will end on the date:

- the policy ends;
- the policy is changed to end the insurance for your eligible class;
- you are no longer in an eligible class;
- you stop active work; however, if you renew your contract with the policyholder for the next school year, the policyholder may consider insurance to continue even though you stop active work during the summer recess; or
- a required contribution was not paid.
CONTINUITY OF COVERAGE

Definitions

Prior plan means the policyholder’s plan of group life insurance, if any, (including any accidental death and dismemberment insurance) under which you were insured on the day before the Effective Date of the policy.

Prior plan benefits mean the benefits, if any, that would have been paid to you or your beneficiary under the prior plan had it remained in effect, and had you continued to be insured under the prior plan.

Continuity of Coverage for You

We will provide continuity of coverage if you were covered under the prior plan.

If you are not at active work on the Effective Date of the policy due to a disability, you are not eligible to become insured under the policy. However, we will cover you for the prior plan benefits until the earlier of:

- the date you return to active work; or
- the end of any period of continuance or extension of the prior plan.

If you are not at active work on the Effective Date of the policy due to a reason other than a disability, and would otherwise be eligible to become insured under the policy, we will cover you for the prior plan benefits until the earliest of:

- the date you return to active work;
- the end of any period of continuance of the prior plan; or
- the date coverage would otherwise end, according to the provisions of the policy.

Any benefits payable under the conditions described above will be paid by us:

- as if the prior plan had remained in effect; and
- will be reduced by any benefits paid or payable by the prior plan.

If you are at active work on the Effective Date of the policy, you will be insured under the policy.

Prior Plan Credit for Life Insurance

We will give you credit for time periods which were met under the prior plan for the same provision(s). This credit will apply to the time-insured requirement, if any, shown in the following section(s) of the Life Insurance for You provision in the policy:

- Insurance Provided. However, for any contributory insurance, this credit will not apply to any increase in your amount of insurance under the policy.
- Accelerated Benefit, but only if you had a similar Accelerated Benefit under the prior plan.
- Conversion to an Individual Policy.
CONTINUITY OF COVERAGE (continued)

If we accept a copy of the enrollment card you submitted under the *prior plan*, this credit will also apply to the Incontestability section(s) shown in Additional Provisions for Life Insurance and Accidental Death and Dismemberment Insurance and the Claims Provisions for Accidental Death and Dismemberment Insurance Only.
LIFE INSURANCE FOR YOU

Insurance Provided

We will pay your beneficiary the amount of insurance shown in the Schedule when we receive all the required proof of covered loss, including written proof of your death, acceptable to us, and a completed claim form. Your amount of insurance may be reduced by the amount of any conversion policy.

For any contributory insurance, if you take your own life within 1 year after you become insured under the policy, the amount of insurance we pay will be the sum of all contributions for this insurance.

For any contributory insurance, if you take your own life within 1 year after you elect an increase in your amount of insurance under the policy, the amount of the increase will be limited to the sum of all contributions for the increase.

Changes in Amounts of Insurance

If your amount of insurance changes for any reason, the change will take place on the Change Date shown in the Schedule. But in the case of an increase, if you are not at active work on that day, no increase will take effect until you return to active work.

Proof of Good Health

If you are eligible for more than the Maximum Amount Without Proof of Good Health shown in the Schedule, you will be limited to that Maximum until you give us proof of good health. If the proof is accepted, the additional amount of insurance will take effect on the date we approve your proof of good health. Once insured for more than that Maximum, future increases will also require proof of good health.

If both noncontributory and contributory insurance are provided under the policy, your contributory amount will be affected by this provision before your noncontributory amount.

DISABILITY BENEFIT

If you stop active work before age 65 because you become disabled while insured under the policy and remain disabled for the qualifying period, your life insurance will continue for the period outlined in the Maximum Benefit Period provision. Once the qualifying period is satisfied, no further premium is due for you while you remain disabled for the amount of life insurance that is being continued. We will refund premiums paid during your disability.

Amount

The amount of insurance continued will be the amount for which you were insured on the day before you became disabled. However, it is subject to any reduction in amount contained in the policy, on that day, and may be reduced by the amount of any conversion policy.

Proof of Disability

You must give us proof of your disability as stated in the Claim Provisions. You must submit all proof to our home office at no expense to us. If you die while disabled, we require proof that you were continuously disabled until death.

Maximum Benefit Period

If you become disabled before your 60th birthday, your insurance will continue as long as you are disabled, but not past the earlier of age 65, or the date you retire. If you become disabled on or after your 60th birthday, but before age 65, your insurance may continue for up to 1 year, but not past the earlier of age 65, or the date you retire.
LIFE INSURANCE FOR YOU (continued)

If you are no longer disabled, your insurance will end unless you re-enter an eligible class and premium payments begin again. If you become disabled again during the same period of disability, you do not have to satisfy the qualifying period again. The maximum benefit period will not start over but will continue on the day you become disabled again.

If your amount of insurance reduces or ends while you are disabled, you can apply for an individual policy. See the Conversion to an Individual Policy provision.

Extension of Benefits

Your insurance will continue even if the policy ends, if you meet the proof requirements as stated in the Claim Provisions.

Exclusions

Your insurance will not continue under the Disability Benefit if your disability results directly or indirectly from:

- intentionally self-inflicted injury, while sane;
- war or any act of war, whether declared or not;
- service in the armed forces of any country, combination of countries or international organization at war, whether declared or not; or
- taking part in a riot or insurrection, or an act of riot or insurrection.

Your insurance will not continue if your disability starts:

- after you are no longer in an eligible class;
- after the policy ends; or
- during the time allowed for conversion to an individual policy.

If you have converted to an individual policy after part or all of your group life insurance ended, no group insurance for the amount that ended will be paid unless the individual policy is returned without claim. Then we will refund all premiums paid for the individual policy, less any payments we made.

Conversion to an Individual Policy

If any or all of your group life insurance ends, you can apply for any individual policy offered by us (conversion policy). You must apply and pay the premium within 31 days. The individual policy may be any we offer for conversion. No proof of good health is required. The amount of insurance available to you depends on the reason your insurance ends.

If your insurance ends because you are no longer eligible or because of a change in age or other status, you may convert the full amount that ended. However, if your insurance ends as the result of a change in the policy, you may not convert the full amount that ended.

If the policy ends or is changed to reduce or end your life insurance, and if you have been insured for at least 5 years under the policy, you may convert up to the lesser of:
LIFE INSURANCE FOR YOU (continued)

- $10,000, and
- the amount of life insurance that ended minus the amount of any group life insurance for which you become eligible within 31 days.

If you die within 31 days after your life insurance ends, we will pay to your beneficiary the amount you could have converted, whether or not you applied or paid the premium.

You cannot apply for a conversion policy if your group life insurance ended because you did not pay your share of the premium.

ACCELERATED BENEFIT

If, while you are a covered person, you have a qualifying medical condition, you have the right to receive a portion of your life insurance during your lifetime, payable as an accelerated benefit. You must have at least $10,000 of life insurance in force to be eligible to receive an accelerated benefit.

RECEIPT OF AN ACCELERATED BENEFIT MAY AFFECT ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. A TAX ADVISOR SHOULD BE CONSULTED.

We are not responsible for any effect on your state or federal taxes, or loss of eligibility for any state or federal program.

Unless otherwise indicated, all provisions of the policy shall apply to the accelerated benefit.

Amount of Accelerated Benefit

You may receive an accelerated benefit of your life insurance, as shown in the Schedule.

If the amount of your life insurance is scheduled to reduce due to age within 12 months following the date you apply for the accelerated benefit, your accelerated benefit will be based on the reduced amount.

An accelerated benefit may be paid only once during your lifetime. Benefits will be paid in a single sum to you. If you are not living when benefits are payable, they will be paid to your beneficiary.

Once an accelerated benefit is paid to you, we will notify you of the remaining life insurance in force.

Proof Required for the Accelerated Benefit

You must submit a claim form and any other information we find necessary to decide our liability.

We may ask you to be examined in connection with your claim for an accelerated benefit. We will pay for any exam we require.

Effect of Accelerated Benefit

After an accelerated benefit is paid, premium is due only for the remaining life insurance, unless the premium is waived under the Disability Benefit provision. The life insurance payable at your death to your beneficiary equals:

- the amount of your life insurance as if an accelerated benefit payment has not been made, minus
- the accelerated benefit payment, minus
LIFE INSURANCE FOR YOU (continued)

- the interest charge.

The interest charge equals the accelerated benefit amount times the number of days from the accelerated benefit payment to your date of death, times an annual interest rate divided by 365. The rate of interest is determined quarterly by us.

Your amount of dependent life insurance, accidental death and dismemberment insurance, travel accident insurance, dependent accidental death and dismemberment insurance and survivor income insurance, if any, is not affected by the payment of the accelerated benefit. The amount of any conversion policy will be based on your reduced amount of life insurance after the payment of the accelerated benefit.

Exclusions

An accelerated benefit will not be paid if:

- you have assigned all or part of your life insurance, unless the assignee consents, in writing.
- you have named an irrevocable beneficiary for all or part of your life insurance, unless the beneficiary consents, in writing.
- all or a part of your life insurance is payable to a former spouse as part of a divorce decree or property settlement.
- you have previously received an accelerated benefit of your life insurance.
- your life insurance is less than $10,000.
- the policy issued by us to the policyholder has not been in force for at least six months.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU

Accidental Death Insurance Provided

If you die as the direct result of an injury, we will pay your beneficiary the amount of Accidental Death and Dismemberment Insurance shown in the Schedule.

The insurance will be paid only if death occurs within 365 days after the injury. This 365-day limit will not apply if you are in a coma or being kept alive by an artificial life support system at the end of the 365 days.

Accidental Dismemberment Insurance Provided

If you suffer one or more of the following losses as the direct result of an injury, we will pay the benefit shown:

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hand, 1 foot, or the sight of 1 eye</td>
<td>½ the amount of Accidental Death and Dismemberment Insurance</td>
</tr>
<tr>
<td>Any 2 or more of the above</td>
<td>The full amount of Accidental Death and Dismemberment Insurance</td>
</tr>
</tbody>
</table>

Loss of a hand or foot means permanent severance at or above the wrist or ankle. Loss of sight of the eye means total and permanent loss of sight.

The loss must occur within 365 days after the injury.

Limitation

We will not pay more than the amount of Accidental Death and Dismemberment Insurance shown in the Schedule for any 1 accident. We will pay benefits only for an injury occurring while you are covered under the policy.

Any time your life insurance is continued under the Disability Benefit, your accidental death and dismemberment insurance will also continue, for up to 1 year from the date you became disabled. No premium is due when no premium is due for life insurance.

You cannot convert your accidental death and dismemberment insurance to an individual policy.

Exclusions

We will not pay benefits if the loss results directly or indirectly from:

- war or any act of war, whether declared or not;
- taking part in a riot or insurrection, or an act of riot or insurrection;
- service in the armed forces of any country, combination of countries, or international organization at war, whether declared or not;
- any physical or mental disease;
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU (continued)

- any infection, except:
  - a pyogenic infection that occurs from an accidental wound; or
  - a bacterial infection that occurs from accidental ingestion of a contaminated substance;
- an assault or felony you commit;
- suicide or attempted suicide, while sane;
- intentionally self-inflicted injury, while sane;
- the use of any drug, unless you use it as prescribed by a doctor; or
- your intoxication; this includes but is not limited to operating a motor vehicle while you are intoxicated.

"Intoxication" and "intoxicated" mean your blood alcohol level at death or dismemberment exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the loss occurs.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU (continued)

AUTOMOBILE ACCIDENT BENEFIT

Automobile Accident Benefit Provided

If you die as the direct result of an automobile accident injury while you are properly wearing an unaltered seat belt installed by the automobile's manufacturer, we will pay your beneficiary the amount of the Automobile Accident Benefit, which is shown in the Schedule.

The insurance will be paid only if death occurs within 365 days after the automobile accident. This 365-day limit will not apply if you are in a coma or being kept alive by an artificial life support system at the end of the 365 days.

Definitions

"Automobile" means a four-wheel car of the private passenger type including pick-up trucks and vans with a load capacity of one ton or less.

"Automobile accident" means an accident that occurs when you are driving or riding in an automobile.

Limitation

We will pay an Automobile Accident Benefit only for an automobile accident injury occurring while you are covered under the policy.

Exclusions

We will not pay benefits if the automobile accident:

- occurs when the automobile is being used for racing, stunting, exhibition work, sport, or test driving;
- occurs when you are breaking any traffic laws of the jurisdiction in which the automobile is being operated; or
- occurs when you are not properly wearing an unaltered seat belt installed by the automobile's manufacturer.

The Exclusions listed under the Accidental Death and Dismemberment Insurance Coverage for You will also apply to the Automobile Accident Benefit.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU (continued)

HIGHER EDUCATION BENEFIT

Higher Education Benefit Provided

If you die as the direct result of an injury, and an Accidental Death Insurance benefit is payable, we will pay the annual Higher Education Benefit shown in the Schedule to each eligible dependent student.

The Higher Education Benefit will be payable at the beginning of each school year for a maximum of 4 consecutive years if there is an eligible dependent student who continues to be enrolled for each consecutive term.

Definitions

"Dependent student" means each of your unmarried children who is less than 25 years of age and who (i) is already enrolled on a full-time basis in an accredited school at your death or (ii) enrolls on a full-time basis in an accredited school within one year of your death.

"Accredited school" means a state accredited institution of higher learning, including but not limited to a college, university, trade school or vocational school.

"Children" include any biological or adopted children, stepchildren and foster children, each of whom must depend on you for support and maintenance. A child will be considered adopted on the date of placement in your home. "Children" also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.

The term "full-time basis" means full-time as defined by the accredited school.
Optional Payment Methods

You or your beneficiary may choose to have all or part of your insurance paid in installments. You can request this at any time. Your beneficiary may request this within 31 days after your death.

This option is not available if the beneficiary is an estate, corporation, partnership, association, or trustee.

Beneficiary

You may change the beneficiary at any time. Any request to name or change the beneficiary must be in writing on a form acceptable to us and signed by you. After we receive the request at our home office, the change will take effect on the date you signed it. A beneficiary change will be without prejudice to us for any payment we made before we received notice in our home office.

You may also send a request to change the beneficiary to the main office of the policyholder. The change must be made in a manner acceptable to us.

Any application to convert all your group life insurance which names a beneficiary different from the last beneficiary you named under the policy will be considered a change of beneficiary to the person named in the application. The change will take effect on the date of the application.

If you named more than 1 beneficiary, your amount of insurance will be divided among them equally, unless you specified otherwise.

If a beneficiary dies before you do, the rights and interest of that beneficiary will end.

If no beneficiary is living or existing when you die, or if none was named, or if the beneficiary is disqualified by operation of law, your insurance will be paid to the first qualified surviving class of the following classes in this order:

- your lawful spouse;
- your living children, in equal shares;
- your living parents, in equal shares; or
- your estate.

Assignment

If you assign your interest under the policy to another person, all your rights under the policy are permanently transferred. This includes the right to name and change the beneficiary and the right to convert to an individual policy. You may assign your insurance to only 1 of the following:

- your lawful spouse;
- your child, parent, brother, or sister; or
- the trustee of a trust you set up for the benefit of your lawful spouse, children, parents, brothers, or sisters.

We are not responsible for the validity of any assignment. An assignment will not affect us until we receive written notice at our home office.
Incontestability

(This provision applies to life insurance only.)

The validity of the policy cannot be contested after it has been in force for 2 years. The validity of your coverage under the policy cannot be contested after you have been insured under the policy for 2 years during your lifetime. However, if the premiums are not paid, the validity of the policy or your coverage can be contested at any time.

No statement you made regarding proof of good health can be used in a legal dispute unless it was in writing, it was signed by you, and a copy was given to you or your beneficiary.

Spendthrift

As permitted by law, the benefits under the policy are not subject to commutation, encumbrance or alienation. They are not subject to the claim of, or legal process by, any creditor of you or your beneficiary.
CLAIM PROVISIONS

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay your life insurance and accidental death benefits according to the Beneficiary provision. For any other benefits we will follow the provisions applicable to such benefits, if any. Otherwise, all other benefits will be paid to you, if you are living. If not, we will pay your estate.

If no beneficiary is living at your death, we may pay part of your life insurance to any person we decide is entitled to it because of expenses incurred during your last illness or for your funeral.

Any amount we pay in good faith releases us from further liability for that amount.

Filing a Life Disability Benefit Claim

Within 30 days of the start of your disability, you should give us proof that you are currently disabled and have been continuously disabled since your last day of active work. Proof must be given within 90 days after the end of your qualifying period. If it is not reasonably possible to give proof on time, it must be given no later than 1 year after the time proof is otherwise required, except in the absence of legal capacity.

Continuing proof of disability must be given as often as we may reasonably require. Continuing proof must be given within 60 days of our request.

You must furnish whatever items we decide are necessary as proof of disability. You must agree to be examined by a doctor we choose, as often as needed to decide the existence or extent of disability. We will pay for any exam we require. If, within a reasonable time, you do not furnish any required items or do not have any required exam, your coverage will end.

Authority

The policyholder delegates to us and agrees that we have the authority to determine eligibility for participation or benefits and to interpret the terms of the policy.

In addition, our authority includes, but is not limited to, the following:

- the right to resolve all matters when a review has been requested; and
- the right to establish and enforce rules and procedures for the processing of claims and administration of the policy.

However, this provision will not restrict any right you may have to pursue an internal appeal or file a lawsuit if your claim for benefits is denied.

Review Procedure

You must request, in writing, a review of a denial of your claim within 60 days (180 days for Life Disability Benefit) after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.
We will review your claim after receiving your request and send you a notice of our decision within 60 days (45 days for Life Disability Benefit) after we receive your request, or within 120 days (90 days for Life Disability Benefit) if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the policy. We will also advise you of your further appeal rights, if any.
CLAIM PROVISIONS FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
ONLY

Filing a Claim

1. You or your beneficiary must send us notice of the claim. We must have written notice of any insured loss within 30 days after it occurs, or as soon as reasonably possible. You can send the notice to our home office, or to one of our regional group claims offices, or to one of our agents. We need enough information to identify you as a covered person.

2. Within 15 days after the date of the notice, we will send you or your beneficiary certain claim forms. The forms must be completed and sent to our home office or to one of our regional group claims offices. If you or your beneficiary do not receive the claim forms within 15 days, we will accept a written description of the exact nature and extent of the loss.

3. The time limit for filing a claim is 90 days after the date of the loss.

4. If it is not reasonably possible to give proof on time, we will not deny or reduce your claim if you give us proof as soon as reasonably possible.

Physical Exam

We may ask you to be examined as often as we require at any time we choose. For an accidental death claim, we may have an exam or autopsy performed, before or after burial, where allowed by law. We will pay for any exam we require.

Limit on Legal Action

No action at law or in equity may be brought against the policy until at least 60 days after you file proof of loss. No action can be brought after the applicable statute of limitations has expired, but, in any case, not after 3 years from the date of loss.

Incontestability

The validity of the policy cannot be contested after it has been in force for 2 years, except if premiums are not paid.

Any statement made by the policyholder or a covered person will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the covered person or the beneficiary.

No statement, except fraudulent misstatement, made by a covered person about insurability will be used to deny a claim for a loss incurred or disability starting after coverage has been in effect for 2 years.

No claim for loss starting 2 or more years after the covered person’s effective date may be reduced or denied because a disease or physical condition existed before the person’s effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.
GENERAL PROVISIONS

Entire Contract
The policy and the policyholder's application attached to it are the entire contract. Any statement made by you or the policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you or your beneficiary.

Errors
An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements
If any information about you or the policyholder's plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Certificates
We will send certificates to the policyholder to give to each covered person. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the policy.

Workers' Compensation
The policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency
Neither the policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Fraud
It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid.
Group Benefits

Park Hill School District (PHSD)

Life
Superintendent or Assistant Superintendent
CERTIFICATE OF
GROUP INSURANCE

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your Schedule. This Certificate is subject to the provisions of the below numbered policy issued by Union Security Insurance Company to the policyholder.

Policyholder: Park Hill School District

Group Policy Number: 5476886

Participation Number: 0

Type of Coverage:

   Group Term Life Insurance
   Group Accidental Death and Dismemberment Insurance

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the policy.

[Signature]
President and Chief Executive Officer

GC-90
NOTICE

If you have any questions about your insurance, please contact:

Union Security Insurance Company  
Customer Advocacy  
P.O. Box 419596  
Kansas City, Missouri 64141-9958

You may also reach Union Security by telephone at 800.733.7879.

When contacting us, please have your policy number or participation number available.
SCHEDULE

Eligible Persons

To be eligible for insurance, a person must be a member of an Eligible Class. The person must also complete a period of continuous service (Service Requirement) with the policyholder (or any associated company).

Eligible Class: Each full-time Superintendent or Assistant Superintendent of the policyholder or an associated company,
- who is at active work, and
- who is working in the United States of America,
  as identified on the policyholder’s or our records, except any temporary or seasonal worker.

Associated Companies: None

Service Requirement: None

Entry Date

Insurance will take effect on the later of (i) the date shown below, and (ii) the first of the month occurring on or after the day all the eligibility requirements are met.

Effective Date of Insurance

January 1, 2016 (subject to Entry Date)

Life Insurance for You

1. If you have not reached age 70, your amount of insurance will be $100,000.

2. If you have reached age 70, but not age 75, your amount of insurance will be 65% of the amount shown in 1 above.*

3. If you have reached age 75 or more, your amount of insurance will be 50% of the amount shown in 1 above.*

* Your amount of insurance will be rounded to the next higher multiple of $1,000, if not already an exact multiple. Any reduction will be subject to the other provisions of the policy and will also apply if your insurance is continued during disability.

However, the amount of life insurance may be limited by the Proof of Good Health provision.

Maximum Amount Without Proof of Good Health: $100,000

Any reduction based on age will apply to the amount of insurance in force, taking into account the Proof of Good Health provision.

Amount of Accelerated Benefit

With the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 80% of your life insurance. Without the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 50% of your life insurance. The amount will be rounded to the next higher multiple of $1,000, if not already an exact multiple, and may never be less than $5,000 or more than $250,000.
Amount of Accidental Death and Dismemberment Insurance

The maximum amount of *accidental death and dismemberment insurance* is equal to the amount of *life insurance* in effect at the time of the loss.

Amount of Automobile Accident Benefit

The maximum amount of automobile accident benefit is equal to 20% of the amount of *accidental death and dismemberment insurance* in effect at the time of the loss.

Amount of Higher Education Benefit: $3,000

*Change Date:* For changes in pay or age, the Change Date will be the policy anniversary occurring on or after the date of the change. For changes in class, the Change Date will be the first day of the month occurring on or after the date of the change.

Survivor Financial Counseling Service

You or your *beneficiary* may be eligible for a survivor financial counseling service through a third-party vendor if, at the time of the claim, we have a contract in effect with a financial counseling provider, and if:

- your *beneficiary* is eligible for a *life insurance* benefit of at least $50,000; or
- you apply and qualify for an accelerated benefit of at least $50,000.
NON-INSURANCE BENEFITS AND SERVICES

You are eligible for benefits and services provided by third-party vendors as described below. A third-party vendor is an entity with whom we contract to provide non-insurance benefits and services.

Will Preparation Services

As a covered person, you are entitled to will preparation services as an included benefit. The included benefit is provided through a third-party vendor and is not an insured benefit provided by us. The included benefit is available to you and your dependent(s) as defined by the third-party vendor. You must remain insured under this policy in order to qualify for the included benefit.

The included benefit may not be available if prohibited by law. The third-party vendor providing the service is solely responsible for providing and administering the included benefit. We are not liable for the third-party vendor’s failure to provide or its negligence in providing the included benefit. The included benefit is only available while we have a contract in effect with a third-party vendor to provide the included benefit.
# TABLE OF CONTENTS

GENERAL DEFINITIONS ................................................................................................................. 3
DEFINITIONS FOR LIFE INSURANCE ................................................................................................. 4
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU .............................................................. 6
  Exception to Effective Date ........................................................................................................... 6
  When Your Insurance Ends ......................................................................................................... 6
CONTINUITY OF COVERAGE ........................................................................................................ 7
  Definitions ................................................................................................................................. 7
  Continuity of Coverage for You ................................................................................................. 7
  Prior Plan Credit for Life Insurance ......................................................................................... 7
LIFE INSURANCE FOR YOU ........................................................................................................... 9
  Insurance Provided .................................................................................................................... 9
  Changes in Amounts of Insurance ............................................................................................. 9
  Proof of Good Health .................................................................................................................. 9
DISABILITY BENEFIT ................................................................................................................... 9
  Amount .................................................................................................................................... 9
  Proof of Disability ...................................................................................................................... 9
  Maximum Benefit Period ........................................................................................................... 9
  Extension of Benefits ............................................................................................................... 10
  Exclusions ............................................................................................................................... 10
  Conversion to an Individual Policy ............................................................................................ 10
ACCELERATED BENEFIT .............................................................................................................. 11
  Amount of Accelerated Benefit ............................................................................................... 11
  Proof Required for the Accelerated Benefit ............................................................................. 11
  Effect of Accelerated Benefit ................................................................................................. 11
  Exclusions ............................................................................................................................... 12
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU ................................. 13
  Accidental Death Insurance Provided ...................................................................................... 13
  Accidental Dismemberment Insurance Provided ..................................................................... 13
  Limitation .................................................................................................................................. 13
  Exclusions ............................................................................................................................... 13
AUTOMOBILE ACCIDENT BENEFIT ............................................................................................... 15
  Automobile Accident Benefit Provided .................................................................................... 15
  Definitions ............................................................................................................................... 15
  Limitation ............................................................................................................................... 15
  Exclusions ............................................................................................................................... 15
HIGHER EDUCATION BENEFIT .................................................................................................... 16
  Higher Education Benefit Provided ........................................................................................ 16
  Definitions ............................................................................................................................... 16
ADDITIONAL PROVISIONS FOR LIFE INSURANCE AND ACCIDENTAL DEATH AND
DISMEMBERMENT INSURANCE ..................................................................................................... 17
  Optional Payment Methods ...................................................................................................... 17
  Beneficiary .............................................................................................................................. 17
  Assignment .............................................................................................................................. 17
  Incontestability ......................................................................................................................... 18
  Spendthrift .............................................................................................................................. 18
CLAIM PROVISIONS .................................................................................................................. 19
  Payment of Benefits ................................................................................................................. 19
  To Whom Payable .................................................................................................................... 19
  Filing a Life Disability Benefit Claim ......................................................................................... 19
  Authority ................................................................................................................................. 19
  Review Procedure .................................................................................................................... 19
CLAIM PROVISIONS FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ONLY .... 21
  Filing a Claim ........................................................................................................................... 21
  Physical Exam .......................................................................................................................... 21
TABLE OF CONTENTS (continued)

Limit on Legal Action .................................................................................................................................................. 21
Incontestability .............................................................................................................................................................. 21
GENERAL PROVISIONS.................................................................................................................................................. 22
Entire Contract ............................................................................................................................................................... 22
Errors .............................................................................................................................................................................. 22
Misstatements ................................................................................................................................................................. 22
Certificates ......................................................................................................................................................................... 22
Workers’ Compensation ................................................................................................................................................... 22
Agency ............................................................................................................................................................................... 22
Fraud ................................................................................................................................................................................ 22
GENERAL DEFINITIONS

These terms have the meanings shown here when italicized. The pronouns "we", "us", "our", "you", and "your" are not italicized.

Active work means the expenditure of time and energy for the policyholder or an associated company at your usual place of business on a full-time basis.

Associated company means any company shown in the policy which is owned by or affiliated with the policyholder.

Contributory means you pay part of the premium.

Covered person means an eligible employee or member of the policyholder, or an associated company who has become insured for a coverage.

Doctor means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. Also, a person whom we are required to recognize as a doctor by the laws or regulations of the governing jurisdiction, or a person who is legally licensed to practice psychiatry, psychology or psychotherapy and whose primary work activities involve the care of patients, is a doctor. However, neither you nor a family member will be considered a doctor.

Eligible class means a class of persons eligible for insurance under the policy. This class is based on employment or membership in a group.

Family member means a person who is a parent, spouse, child, sibling, domestic partner, grandparent or grandchild of the covered person.

Full-time means working at least 30 hours per week, unless indicated otherwise in the policy.

Home office means our office in Kansas City, Missouri.

Injury means accidental bodily injury. It does not mean intentionally self-inflicted injury while sane.

No-fault motor vehicle coverage means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident that occurs.

Noncontributory means the policyholder pays the premium.

Policy means the group policy issued by us to the policyholder that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the policy is issued.

Proof of good health means evidence acceptable to us of the good health of a person.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee or member of the policyholder or an associated company who has become insured for a coverage.
DEFINITIONS FOR LIFE INSURANCE

Accelerated benefit means the group term life accelerated benefit under the policy issued by us to the policyholder. Accelerated benefits do not apply to any insurance under the policy other than group term life insurance.

Accidental death and dismemberment insurance means the group accidental death and dismemberment insurance under the policy issued by us to the policyholder.

Beneficiary means the person or entity you choose to receive your amount of insurance at your death.

Conversion policy means a policy of individual life insurance which may be issued to you by us when part or all of your group life insurance ends, as described in the "Conversion to an Individual Policy" provision.

Disabled and disability mean that you are under the regular care and attendance of a doctor, and prevented by injury or physical or mental disease from performing the material and substantial duties of any occupation for which your education, training, or experience qualifies you.

Government plan means the United States Social Security Act, the Railroad Retirement Act, the Canadian Pension Plan, similar plans provided under the laws of other nations, and any plan provided under the laws of a state, province, or other political subdivision. It also includes any public employee retirement plan or any teachers' employment retirement plan, or any plan provided as an alternative to any of the above acts or plans. It does not include any Workers' Compensation Act or similar law, or the Maritime Doctrine of Maintenance, Wages, or Cure.

Life insurance means the group term life insurance under the policy issued by us to the policyholder.

Period of disability means the time that begins on the day you become disabled and ends on the day before you return to active work. If you satisfy the qualifying period and then:

- return to active work;
- become disabled again; and
- remain insured under the policy;

the same period of disability may continue. Your return to active work must be for less than:

- 6 months, if the later disability results from the same cause, or a related one; or
- 1 day, if the later disability results from a different cause.

If you return to active work for more than the time shown above, and then become disabled again, you will start a new period of disability. You must satisfy the qualifying period again and the period outlined in the Maximum Benefit Period provision will start over.

Any day which is not a scheduled working day for a covered person will be considered a day of active work if the person would have been able to perform his or her normal duties on that day.

Qualifying medical condition means you have a medical condition which is diagnosed by a doctor as life-threatening and which results in an expected life span of 12 months or less according to prevailing medical standards.

Qualifying period means the length of time you must be disabled before your insurance will be continued without further premium payment under the Disability Benefit. This time period is the earlier of your
DEFINITIONS FOR LIFE INSURANCE (continued)

Qualifying Period stated in any long term disability insurance policy issued by us to the policyholder under which you are insured, or 180 days; or if none, 180 days.

Regular care and attendance means the regular and personal care of a doctor which, under prevailing medical standards, is appropriate for your condition. We will no longer require the regular care of a doctor if we receive acceptable proof that further care would be of no benefit.

Retire means you begin receiving retirement benefits from either:

- a retirement plan sponsored by your employer, the policyholder, or an associated company, or
- a government plan.

Retirement plan means a formal or informal retirement plan, whether or not under an insurance or annuity contract.
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU

Exception to Effective Date

If you are not at active work on the day you would otherwise become insured, your insurance will not take effect until you return to active work. If the day your insurance would normally take effect is not a regular work day for you, your insurance will take effect on that day if you are able to do your regular job.

When Your Insurance Ends

Your insurance will end on the date:

- the policy ends;
- the policy is changed to end the insurance for your eligible class;
- you are no longer in an eligible class;
- you stop active work; however, if you renew your contract with the policyholder for the next school year, the policyholder may consider insurance to continue even though you stop active work during the summer recess; or
- a required contribution was not paid.
CONTINUITY OF COVERAGE

Definitions

*Prior plan* means the *policyholder’s plan of group life insurance*, if any, (including any *accidental death and dismemberment insurance*) under which you were insured on the day before the Effective Date of the *policy*.

*Prior plan benefits* mean the benefits, if any, that would have been paid to you or your *beneficiary* under the *prior plan* had it remained in effect, and had you continued to be insured under the *prior plan*.

Continuity of Coverage for You

We will provide continuity of coverage if you were covered under the *prior plan*.

If you are not at *active work* on the Effective Date of the *policy* due to a disability, you are not eligible to become insured under the *policy*. However, we will cover you for the *prior plan benefits* until the earlier of:

- the date you return to *active work*; or
- the end of any period of continuance or extension of the *prior plan*.

If you are not at *active work* on the Effective Date of the *policy* due to a reason other than a disability, and would otherwise be eligible to become insured under the *policy*, we will cover you for the *prior plan benefits* until the earliest of:

- the date you return to *active work*;
- the end of any period of continuance of the *prior plan*; or
- the date coverage would otherwise end, according to the provisions of the *policy*.

Any benefits payable under the conditions described above will be paid by us:

- as if the *prior plan* had remained in effect; and
- will be reduced by any benefits paid or payable by the *prior plan*.

If you are at *active work* on the Effective Date of the *policy*, you will be insured under the *policy*.

Prior Plan Credit for Life Insurance

We will give you credit for time periods which were met under the *prior plan* for the same provision(s). This credit will apply to the time-insured requirement, if any, shown in the following section(s) of the Life Insurance for You provision in the *policy*:

- Insurance Provided. However, for any *contributory* insurance, this credit will not apply to any increase in your amount of insurance under the *policy*.
- Accelerated Benefit, but only if you had a similar Accelerated Benefit under the *prior plan*.
- Conversion to an Individual Policy.
CONTINUITY OF COVERAGE (continued)

If we accept a copy of the enrollment card you submitted under the *prior plan*, this credit will also apply to the Incontestability section(s) shown in Additional Provisions for Life Insurance and Accidental Death and Dismemberment Insurance and the Claims Provisions for Accidental Death and Dismemberment Insurance Only.
LIFE INSURANCE FOR YOU

Insurance Provided

We will pay your beneficiary the amount of insurance shown in the Schedule when we receive all the required proof of covered loss, including written proof of your death, acceptable to us, and a completed claim form. Your amount of insurance may be reduced by the amount of any conversion policy.

For any contributory insurance, if you take your own life within 1 year after you become insured under the policy, the amount of insurance we pay will be the sum of all contributions for this insurance.

For any contributory insurance, if you take your own life within 1 year after you elect an increase in your amount of insurance under the policy, the amount of the increase will be limited to the sum of all contributions for the increase.

Changes in Amounts of Insurance

If your amount of insurance changes for any reason, the change will take place on the Change Date shown in the Schedule. But in the case of an increase, if you are not at active work on that day, no increase will take effect until you return to active work.

Proof of Good Health

If you are eligible for more than the Maximum Amount Without Proof of Good Health shown in the Schedule, you will be limited to that Maximum until you give us proof of good health. If the proof is accepted, the additional amount of insurance will take effect on the date we approve your proof of good health. Once insured for more than that Maximum, future increases will also require proof of good health.

If both noncontributory and contributory insurance are provided under the policy, your contributory amount will be affected by this provision before your noncontributory amount.

DISABILITY BENEFIT

If you stop active work before age 65 because you become disabled while insured under the policy and remain disabled for the qualifying period, your life insurance will continue for the period outlined in the Maximum Benefit Period provision. Once the qualifying period is satisfied, no further premium is due for you while you remain disabled for the amount of life insurance that is being continued. We will refund premiums paid during your disability.

Amount

The amount of insurance continued will be the amount for which you were insured on the day before you became disabled. However, it is subject to any reduction in amount contained in the policy, on that day, and may be reduced by the amount of any conversion policy.

Proof of Disability

You must give us proof of your disability as stated in the Claim Provisions. You must submit all proof to our home office at no expense to us. If you die while disabled, we require proof that you were continuously disabled until death.

Maximum Benefit Period

If you become disabled before your 60th birthday, your insurance will continue as long as you are disabled, but not past the earlier of age 65, or the date you retire. If you become disabled on or after your 60th birthday, but before age 65, your insurance may continue for up to 1 year, but not past the earlier of age 65, or the date you retire.
LIFE INSURANCE FOR YOU (continued)

If you are no longer disabled, your insurance will end unless you re-enter an eligible class and premium payments begin again. If you become disabled again during the same period of disability, you do not have to satisfy the qualifying period again. The maximum benefit period will not start over but will continue on the day you become disabled again.

If your amount of insurance reduces or ends while you are disabled, you can apply for an individual policy. See the Conversion to an Individual Policy provision.

Extension of Benefits

Your insurance will continue even if the policy ends, if you meet the proof requirements as stated in the Claim Provisions.

Exclusions

Your insurance will not continue under the Disability Benefit if your disability results directly or indirectly from:

- intentionally self-inflicted injury, while sane;
- war or any act of war, whether declared or not;
- service in the armed forces of any country, combination of countries or international organization at war, whether declared or not; or
- taking part in a riot or insurrection, or an act of riot or insurrection.

Your insurance will not continue if your disability starts:

- after you are no longer in an eligible class;
- after the policy ends; or
- during the time allowed for conversion to an individual policy.

If you have converted to an individual policy after part or all of your group life insurance ended, no group insurance for the amount that ended will be paid unless the individual policy is returned without claim. Then we will refund all premiums paid for the individual policy, less any payments we made.

Conversion to an Individual Policy

If any or all of your group life insurance ends, you can apply for any individual policy offered by us (conversion policy). You must apply and pay the premium within 31 days. The individual policy may be any we offer for conversion. No proof of good health is required. The amount of insurance available to you depends on the reason your insurance ends.

If your insurance ends because you are no longer eligible or because of a change in age or other status, you may convert the full amount that ended. However, if your insurance ends as the result of a change in the policy, you may not convert the full amount that ended.

If the policy ends or is changed to reduce or end your life insurance, and if you have been insured for at least 5 years under the policy, you may convert up to the lesser of:
• $10,000, and
• the amount of life insurance that ended minus the amount of any group life insurance for which you become eligible within 31 days.

If you die within 31 days after your life insurance ends, we will pay to your beneficiary the amount you could have converted, whether or not you applied or paid the premium.

You cannot apply for a conversion policy if your group life insurance ended because you did not pay your share of the premium.

ACCELERATED BENEFIT

If, while you are a covered person, you have a qualifying medical condition, you have the right to receive a portion of your life insurance during your lifetime, payable as an accelerated benefit. You must have at least $10,000 of life insurance in force to be eligible to receive an accelerated benefit.

RECEIPT OF AN ACCELERATED BENEFIT MAY AFFECT ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. A TAX ADVISOR SHOULD BE CONSULTED.

We are not responsible for any effect on your state or federal taxes, or loss of eligibility for any state or federal program.

Unless otherwise indicated, all provisions of the policy shall apply to the accelerated benefit.

Amount of Accelerated Benefit

You may receive an accelerated benefit of your life insurance, as shown in the Schedule.

If the amount of your life insurance is scheduled to reduce due to age within 12 months following the date you apply for the accelerated benefit, your accelerated benefit will be based on the reduced amount.

An accelerated benefit may be paid only once during your lifetime. Benefits will be paid in a single sum to you. If you are not living when benefits are payable, they will be paid to your beneficiary.

Once an accelerated benefit is paid to you, we will notify you of the remaining life insurance in force.

Proof Required for the Accelerated Benefit

You must submit a claim form and any other information we find necessary to decide our liability.

We may ask you to be examined in connection with your claim for an accelerated benefit. We will pay for any exam we require.

Effect of Accelerated Benefit

After an accelerated benefit is paid, premium is due only for the remaining life insurance, unless the premium is waived under the Disability Benefit provision. The life insurance payable at your death to your beneficiary equals:

• the amount of your life insurance as if an accelerated benefit payment has not been made, minus
• the accelerated benefit payment, minus
LIFE INSURANCE FOR YOU (continued)

- the interest charge.

The interest charge equals the accelerated benefit amount times the number of days from the accelerated benefit payment to your date of death, times an annual interest rate divided by 365. The rate of interest is determined quarterly by us.

Your amount of dependent life insurance, accidental death and dismemberment insurance, travel accident insurance, dependent accidental death and dismemberment insurance and survivor income insurance, if any, is not affected by the payment of the accelerated benefit. The amount of any conversion policy will be based on your reduced amount of life insurance after the payment of the accelerated benefit.

Exclusions

An accelerated benefit will not be paid if:

- you have assigned all or part of your life insurance, unless the assignee consents, in writing.
- you have named an irrevocable beneficiary for all or part of your life insurance, unless the beneficiary consents, in writing.
- all or a part of your life insurance is payable to a former spouse as part of a divorce decree or property settlement.
- you have previously received an accelerated benefit of your life insurance.
- your life insurance is less than $10,000.
- the policy issued by us to the policyholder has not been in force for at least six months.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU

Accidental Death Insurance Provided

If you die as the direct result of an injury, we will pay your beneficiary the amount of Accidental Death and Dismemberment Insurance shown in the Schedule.

The insurance will be paid only if death occurs within 365 days after the injury. This 365-day limit will not apply if you are in a coma or being kept alive by an artificial life support system at the end of the 365 days.

Accidental Dismemberment Insurance Provided

If you suffer one or more of the following losses as the direct result of an injury, we will pay the benefit shown:

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hand, 1 foot, or the sight of 1 eye</td>
<td>½ the amount of Accidental Death and Dismemberment Insurance</td>
</tr>
<tr>
<td>Any 2 or more of the above</td>
<td>The full amount of Accidental Death and Dismemberment Insurance</td>
</tr>
</tbody>
</table>

Loss of a hand or foot means permanent severance at or above the wrist or ankle. Loss of sight of the eye means total and permanent loss of sight.

The loss must occur within 365 days after the injury.

Limitation

We will not pay more than the amount of Accidental Death and Dismemberment Insurance shown in the Schedule for any 1 accident. We will pay benefits only for an injury occurring while you are covered under the policy.

Any time your life insurance is continued under the Disability Benefit, your accidental death and dismemberment insurance will also continue, for up to 1 year from the date you became disabled. No premium is due when no premium is due for life insurance.

You cannot convert your accidental death and dismemberment insurance to an individual policy.

Exclusions

We will not pay benefits if the loss results directly or indirectly from:

- war or any act of war, whether declared or not;
- taking part in a riot or insurrection, or an act of riot or insurrection;
- service in the armed forces of any country, combination of countries, or international organization at war, whether declared or not;
- any physical or mental disease;
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU (continued)

- any infection, except:
  - a pyogenic infection that occurs from an accidental wound; or
  - a bacterial infection that occurs from accidental ingestion of a contaminated substance;
- an assault or felony you commit;
- suicide or attempted suicide, while sane;
- intentionally self-inflicted injury, while sane;
- the use of any drug, unless you use it as prescribed by a doctor; or
- your intoxication; this includes but is not limited to operating a motor vehicle while you are intoxicated.

"Intoxication" and "intoxicated" mean your blood alcohol level at death or dismemberment exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the loss occurs.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU (continued)

AUTOMOBILE ACCIDENT BENEFIT

Automobile Accident Benefit Provided

If you die as the direct result of an automobile accident injury while you are properly wearing an unaltered seat belt installed by the automobile’s manufacturer, we will pay your beneficiary the amount of the Automobile Accident Benefit, which is shown in the Schedule.

The insurance will be paid only if death occurs within 365 days after the automobile accident. This 365-day limit will not apply if you are in a coma or being kept alive by an artificial life support system at the end of the 365 days.

Definitions

"Automobile" means a four-wheel car of the private passenger type including pick-up trucks and vans with a load capacity of one ton or less.

"Automobile accident" means an accident that occurs when you are driving or riding in an automobile.

Limitation

We will pay an Automobile Accident Benefit only for an automobile accident injury occurring while you are covered under the policy.

Exclusions

We will not pay benefits if the automobile accident:

- occurs when the automobile is being used for racing, stunting, exhibition work, sport, or test driving;
- occurs when you are breaking any traffic laws of the jurisdiction in which the automobile is being operated; or
- occurs when you are not properly wearing an unaltered seat belt installed by the automobile’s manufacturer.

The Exclusions listed under the Accidental Death and Dismemberment Insurance Coverage for You will also apply to the Automobile Accident Benefit.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU (continued)

HIGHER EDUCATION BENEFIT

Higher Education Benefit Provided

If you die as the direct result of an injury, and an Accidental Death Insurance benefit is payable, we will pay the annual Higher Education Benefit shown in the Schedule to each eligible dependent student.

The Higher Education Benefit will be payable at the beginning of each school year for a maximum of 4 consecutive years if there is an eligible dependent student who continues to be enrolled for each consecutive term.

Definitions

"Dependent student" means each of your unmarried children who is less than 25 years of age and who (i) is already enrolled on a full-time basis in an accredited school at your death or (ii) enrolls on a full-time basis in an accredited school within one year of your death.

"Accredited school" means a state accredited institution of higher learning, including but not limited to a college, university, trade school or vocational school.

"Children" include any biological or adopted children, stepchildren and foster children, each of whom must depend on you for support and maintenance. A child will be considered adopted on the date of placement in your home. "Children" also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.

The term "full-time basis" means full-time as defined by the accredited school.
ADDITIONAL PROVISIONS FOR LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Optional Payment Methods

You or your beneficiary may choose to have all or part of your insurance paid in installments. You can request this at any time. Your beneficiary may request this within 31 days after your death.

This option is not available if the beneficiary is an estate, corporation, partnership, association, or trustee.

Beneficiary

You may change the beneficiary at any time. Any request to name or change the beneficiary must be in writing on a form acceptable to us and signed by you. After we receive the request at our home office, the change will take effect on the date you signed it. A beneficiary change will be without prejudice to us for any payment we made before we received notice in our home office.

You may also send a request to change the beneficiary to the main office of the policyholder. The change must be made in a manner acceptable to us.

Any application to convert all your group life insurance which names a beneficiary different from the last beneficiary you named under the policy will be considered a change of beneficiary to the person named in the application. The change will take effect on the date of the application.

If you named more than 1 beneficiary, your amount of insurance will be divided among them equally, unless you specified otherwise.

If a beneficiary dies before you do, the rights and interest of that beneficiary will end.

If no beneficiary is living or existing when you die, or if none was named, or if the beneficiary is disqualified by operation of law, your insurance will be paid to the first qualified surviving class of the following classes in this order:

- your lawful spouse;
- your living children, in equal shares;
- your living parents, in equal shares; or
- your estate.

Assignment

If you assign your interest under the policy to another person, all your rights under the policy are permanently transferred. This includes the right to name and change the beneficiary and the right to convert to an individual policy. You may assign your insurance to only 1 of the following:

- your lawful spouse;
- your child, parent, brother, or sister; or
- the trustee of a trust you set up for the benefit of your lawful spouse, children, parents, brothers, or sisters.

We are not responsible for the validity of any assignment. An assignment will not affect us until we receive written notice at our home office.
Incontestability

(This provision applies to "life insurance only.")

The validity of the policy cannot be contested after it has been in force for 2 years. The validity of your coverage under the policy cannot be contested after you have been insured under the policy for 2 years during your lifetime. However, if the premiums are not paid, the validity of the policy or your coverage can be contested at any time.

No statement you made regarding proof of good health can be used in a legal dispute unless it was in writing, it was signed by you, and a copy was given to you or your beneficiary.

Spendthrift

As permitted by law, the benefits under the policy are not subject to commutation, encumbrance or alienation. They are not subject to the claim of, or legal process by, any creditor of you or your beneficiary.
CLAIM PROVISIONS

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay your life insurance and accidental death benefits according to the Beneficiary provision. For any other benefits we will follow the provisions applicable to such benefits, if any. Otherwise, all other benefits will be paid to you, if you are living. If not, we will pay your estate.

If no beneficiary is living at your death, we may pay part of your life insurance to any person we decide is entitled to it because of expenses incurred during your last illness or for your funeral.

Any amount we pay in good faith releases us from further liability for that amount.

Filing a Life Disability Benefit Claim

Within 30 days of the start of your disability, you should give us proof that you are currently disabled and have been continuously disabled since your last day of active work. Proof must be given within 90 days after the end of your qualifying period. If it is not reasonably possible to give proof on time, it must be given no later than 1 year after the time proof is otherwise required, except in the absence of legal capacity.

Continuing proof of disability must be given as often as we may reasonably require. Continuing proof must be given within 60 days of our request.

You must furnish whatever items we decide are necessary as proof of disability. You must agree to be examined by a doctor we choose, as often as needed to decide the existence or extent of disability. We will pay for any exam we require. If, within a reasonable time, you do not furnish any required items or do not have any required exam, your coverage will end.

Authority

The policyholder delegates to us and agrees that we have the authority to determine eligibility for participation or benefits and to interpret the terms of the policy.

In addition, our authority includes, but is not limited to, the following:

- the right to resolve all matters when a review has been requested; and
- the right to establish and enforce rules and procedures for the processing of claims and administration of the policy.

However, this provision will not restrict any right you may have to pursue an internal appeal or file a lawsuit if your claim for benefits is denied.

Review Procedure

You must request, in writing, a review of a denial of your claim within 60 days (180 days for Life Disability Benefit) after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.
CLAIM PROVISIONS (continued)

We will review your claim after receiving your request and send you a notice of our decision within 60 days (45 days for Life Disability Benefit) after we receive your request, or within 120 days (90 days for Life Disability Benefit) if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the *policy*. We will also advise you of your further appeal rights, if any.
CLAIM PROVISIONS FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ONLY

Filing a Claim

1. You or your beneficiary must send us notice of the claim. We must have written notice of any insured loss within 30 days after it occurs, or as soon as reasonably possible. You can send the notice to our home office, or to one of our regional group claims offices, or to one of our agents. We need enough information to identify you as a covered person.

2. Within 15 days after the date of the notice, we will send you or your beneficiary certain claim forms. The forms must be completed and sent to our home office or to one of our regional group claims offices. If you or your beneficiary do not receive the claim forms within 15 days, we will accept a written description of the exact nature and extent of the loss.

3. The time limit for filing a claim is 90 days after the date of the loss.

4. If it is not reasonably possible to give proof on time, we will not deny or reduce your claim if you give us proof as soon as reasonably possible.

Physical Exam

We may ask you to be examined as often as we require at any time we choose. For an accidental death claim, we may have an exam or autopsy performed, before or after burial, where allowed by law. We will pay for any exam we require.

Limit on Legal Action

No action at law or in equity may be brought against the policy until at least 60 days after you file proof of loss. No action can be brought after the applicable statute of limitations has expired, but, in any case, not after 3 years from the date of loss.

Incontestability

The validity of the policy cannot be contested after it has been in force for 2 years, except if premiums are not paid.

Any statement made by the policyholder or a covered person will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the covered person or the beneficiary.

No statement, except fraudulent misstatement, made by a covered person about insurability will be used to deny a claim for a loss incurred or disability starting after coverage has been in effect for 2 years.

No claim for loss starting 2 or more years after the covered person’s effective date may be reduced or denied because a disease or physical condition existed before the person’s effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.
GENERAL PROVISIONS

Entire Contract

The policy and the policyholder’s application attached to it are the entire contract. Any statement made by you or the policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you or your beneficiary.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about you or the policyholder’s plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Certificates

We will send certificates to the policyholder to give to each covered person. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the policy.

Workers’ Compensation

The policy is not in place of, and does not affect any state’s requirements for coverage by Workers’ Compensation insurance.

Agency

Neither the policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid.
<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Date of Hire</th>
<th>Annual Salary</th>
<th>Basic Life/AD&amp;D Option</th>
<th>Basic Life/AD&amp;D Volume Approved</th>
<th>Employee Optional Life Option</th>
<th>Employee Optional Life Volume Approved</th>
<th>Spouse Optional Life Option</th>
<th>Spouse Optional Life Volume Elected</th>
<th>Child Optional Life Option</th>
<th>Child Optional Life Volume Elected</th>
</tr>
</thead>
<tbody>
<tr>
<td>66202</td>
<td>F</td>
<td>4/12/1982</td>
<td>8/16/2012</td>
<td>47912.00</td>
<td>Yes</td>
<td>200000.00</td>
<td>Yes</td>
<td>30000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64150</td>
<td>F</td>
<td>6/18/1984</td>
<td>8/3/2015</td>
<td>62106.00</td>
<td>Yes with ADD</td>
<td>50000.00</td>
<td>No</td>
<td>10000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64068</td>
<td>F</td>
<td>4/8/1977</td>
<td>10/23/2014</td>
<td>53561.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64111</td>
<td>F</td>
<td>8/13/1967</td>
<td>8/1/2016</td>
<td>60745.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64118</td>
<td>F</td>
<td>7/25/1986</td>
<td>7/31/2008</td>
<td>61181.50</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>10/25/1973</td>
<td>12/1/2016</td>
<td>24080.42</td>
<td>Yes</td>
<td>20000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>4/29/1957</td>
<td>8/21/1992</td>
<td>63566.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64114</td>
<td>F</td>
<td>1/18/1974</td>
<td>7/16/2012</td>
<td>38334.40</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64156</td>
<td>F</td>
<td>9/29/1972</td>
<td>8/4/2010</td>
<td>66131.60</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64155</td>
<td>M</td>
<td>12/2/1981</td>
<td>12/16/2002</td>
<td>65643.92</td>
<td>Yes</td>
<td>200000.00</td>
<td>Yes</td>
<td>10000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64157</td>
<td>F</td>
<td>10/28/1984</td>
<td>8/3/2015</td>
<td>41633.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64153</td>
<td>F</td>
<td>10/19/1963</td>
<td>8/19/1999</td>
<td>87854.63</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64106</td>
<td>F</td>
<td>8/14/1990</td>
<td>8/1/2013</td>
<td>41385.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64152</td>
<td>M</td>
<td>8/4/1954</td>
<td>9/1/1980</td>
<td>149645.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>66207</td>
<td>F</td>
<td>9/13/1970</td>
<td>8/3/2015</td>
<td>67515.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64066</td>
<td>M</td>
<td>1/10/1986</td>
<td>10/29/2012</td>
<td>36940.80</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64024</td>
<td>M</td>
<td>5/13/1969</td>
<td>9/10/2002</td>
<td>43659.20</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>64116</td>
<td>M</td>
<td>8/4/1993</td>
<td>8/15/2017</td>
<td>21464.52</td>
<td>Yes</td>
<td>50000.00</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>ID</td>
<td>Name</td>
<td>Date of Birth</td>
<td>Policy Start Date</td>
<td>Policy End Date</td>
<td>Age</td>
<td>Initial Premium</td>
<td>Add-ons</td>
<td>Annual Premium</td>
<td>Waive Coverage</td>
<td>Additional Info</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-------</td>
<td>---------------</td>
<td>------------------</td>
<td>-----------------</td>
<td>-----</td>
<td>----------------</td>
<td>---------</td>
<td>---------------</td>
<td>---------------</td>
<td>----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>12/18/1971</td>
<td>8/17/1998</td>
<td>78434.00</td>
<td>26</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>M</td>
<td>2/20/1973</td>
<td>8/5/2006</td>
<td>66912.00</td>
<td>30</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64153</td>
<td>F</td>
<td>1/11/1965</td>
<td>8/28/1996</td>
<td>18590.03</td>
<td>31</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64154</td>
<td>F</td>
<td>1/10/1985</td>
<td>8/2/2010</td>
<td>61326.84</td>
<td>26</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64155</td>
<td>F</td>
<td>1/12/1968</td>
<td>11/27/2000</td>
<td>21737.76</td>
<td>32</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64156</td>
<td>M</td>
<td>8/28/1960</td>
<td>6/20/2016</td>
<td>49004.80</td>
<td>51</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64157</td>
<td>F</td>
<td>9/19/1976</td>
<td>8/19/1999</td>
<td>74657.00</td>
<td>23</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64158</td>
<td>F</td>
<td>8/12/1964</td>
<td>8/6/2004</td>
<td>77797.00</td>
<td>39</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64159</td>
<td>F</td>
<td>1/10/1969</td>
<td>8/5/2011</td>
<td>49708.00</td>
<td>42</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64160</td>
<td>F</td>
<td>5/23/1960</td>
<td>9/25/1989</td>
<td>51438.40</td>
<td>29</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64161</td>
<td>F</td>
<td>2/21/1976</td>
<td>5/28/1987</td>
<td>105403.00</td>
<td>21</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64162</td>
<td>F</td>
<td>2/19/1985</td>
<td>7/19/2013</td>
<td>25473.42</td>
<td>26</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64163</td>
<td>F</td>
<td>11/21/1992</td>
<td>8/3/2017</td>
<td>40105.00</td>
<td>24</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64164</td>
<td>F</td>
<td>6/28/1965</td>
<td>6/20/2016</td>
<td>39540.80</td>
<td>50</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64165</td>
<td>F</td>
<td>3/18/1959</td>
<td>8/19/2002</td>
<td>23819.53</td>
<td>43</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64166</td>
<td>M</td>
<td>2/21/1966</td>
<td>7/22/1985</td>
<td>65353.60</td>
<td>29</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64167</td>
<td>F</td>
<td>11/24/1962</td>
<td>5/28/1987</td>
<td>105403.00</td>
<td>25</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64168</td>
<td>M</td>
<td>8/28/1954</td>
<td>3/16/2016</td>
<td>39540.80</td>
<td>59</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64169</td>
<td>M</td>
<td>3/24/1963</td>
<td>7/31/2008</td>
<td>94193.34</td>
<td>45</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64170</td>
<td>F</td>
<td>2/11/1976</td>
<td>1/24/2013</td>
<td>25473.42</td>
<td>36</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64171</td>
<td>F</td>
<td>8/9/1994</td>
<td>8/3/2017</td>
<td>38545.00</td>
<td>23</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64172</td>
<td>F</td>
<td>9/1/1988</td>
<td>3/28/2016</td>
<td>37086.40</td>
<td>28</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64173</td>
<td>F</td>
<td>5/10/1991</td>
<td>8/11/2014</td>
<td>22651.84</td>
<td>23</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64174</td>
<td>F</td>
<td>11/23/1987</td>
<td>8/3/2011</td>
<td>60411.10</td>
<td>24</td>
<td>No Eligible</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66211</td>
<td>F</td>
<td>10/13/1978</td>
<td>7/20/2017</td>
<td>74595.00</td>
<td>39</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64176</td>
<td>M</td>
<td>1/5/1984</td>
<td>11/5/2012</td>
<td>69653.00</td>
<td>28</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64177</td>
<td>F</td>
<td>12/4/1958</td>
<td>4/9/1990</td>
<td>77317.00</td>
<td>42</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64178</td>
<td>F</td>
<td>2/21/1957</td>
<td>1/30/2002</td>
<td>51742.40</td>
<td>45</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64179</td>
<td>F</td>
<td>7/5/1979</td>
<td>9/27/2002</td>
<td>67254.00</td>
<td>23</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64180</td>
<td>M</td>
<td>2/13/1994</td>
<td>2/3/2016</td>
<td>20432.30</td>
<td>22</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64181</td>
<td>M</td>
<td>10/9/1979</td>
<td>8/3/2008</td>
<td>72095.00</td>
<td>29</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Gender</td>
<td>Date of Birth</td>
<td>Date of Death</td>
<td>Benefits in Effect</td>
<td>Coverage</td>
<td>Waive Coverage</td>
<td>Policy #</td>
<td>Premiums</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>---------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>----------</td>
<td>----------------</td>
<td>---------</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64154</td>
<td>M</td>
<td>7/6/1973</td>
<td>1/21/1997</td>
<td>84720.30</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>7/26/1959</td>
<td>8/24/1999</td>
<td>21451.36</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64024</td>
<td>M</td>
<td>11/21/1965</td>
<td>8/21/1992</td>
<td>75912.30</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>6/2/1986</td>
<td>8/4/2009</td>
<td>53045.00</td>
<td>Yes</td>
<td>120000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64153</td>
<td>F</td>
<td>11/27/1971</td>
<td>9/1/1994</td>
<td>46259.20</td>
<td>Yes</td>
<td>70000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>11/13/1975</td>
<td>8/19/1999</td>
<td>68928.00</td>
<td>Yes</td>
<td>200000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64118</td>
<td>F</td>
<td>2/4/1978</td>
<td>8/3/2017</td>
<td>60727.16</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>5/30/1993</td>
<td>8/3/2015</td>
<td>40105.00</td>
<td>Yes</td>
<td>20000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>M</td>
<td>5/17/1993</td>
<td>8/8/2016</td>
<td>36192.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64079</td>
<td>M</td>
<td>5/10/1993</td>
<td>2/27/2017</td>
<td>23699.60</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>5/20/1987</td>
<td>8/2/2012</td>
<td>54466.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>12/2/1970</td>
<td>3/2/2015</td>
<td>41251.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64154</td>
<td>F</td>
<td>1/14/1970</td>
<td>8/31/2009</td>
<td>25833.28</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>9/10/1983</td>
<td>12/11/2017</td>
<td>39704.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64106</td>
<td>F</td>
<td>2/11/1967</td>
<td>1/22/2013</td>
<td>23613.80</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64157</td>
<td>F</td>
<td>10/13/1977</td>
<td>8/16/2000</td>
<td>73568.00</td>
<td>Yes</td>
<td>200000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64079</td>
<td>F</td>
<td>10/12/1969</td>
<td>8/4/2015</td>
<td>24433.92</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64068</td>
<td>F</td>
<td>2/11/1965</td>
<td>7/31/2008</td>
<td>65318.72</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64155</td>
<td>M</td>
<td>4/5/1973</td>
<td>7/1/2012</td>
<td>132351.00</td>
<td>Yes</td>
<td>100000.00</td>
<td>Waive</td>
<td>10000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64024</td>
<td>F</td>
<td>7/5/1965</td>
<td>8/14/2017</td>
<td>22737.12</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>2/8/1974</td>
<td>11/5/2014</td>
<td>23613.80</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>3/1/1952</td>
<td>8/1/1980</td>
<td>61888.00</td>
<td>Yes</td>
<td>32500.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>12/2/1994</td>
<td>8/3/2017</td>
<td>38545.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>2/29/1988</td>
<td>8/2/2012</td>
<td>42149.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64050</td>
<td>F</td>
<td>12/30/1978</td>
<td>1/15/2008</td>
<td>17839.14</td>
<td>Yes</td>
<td>80000.00</td>
<td>Waive</td>
<td>10000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64079</td>
<td>F</td>
<td>10/12/1969</td>
<td>8/4/2015</td>
<td>24433.92</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64068</td>
<td>F</td>
<td>2/11/1965</td>
<td>7/31/2008</td>
<td>65318.72</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>First name</td>
<td>Last name</td>
<td>DOB</td>
<td>Expiration Date</td>
<td>Coverage Amount</td>
<td>Coverage Type</td>
<td>Coverage Type</td>
<td>Coverage Type</td>
<td>Coverage Type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
<td>-----------</td>
<td>----------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64150</td>
<td>F</td>
<td>8/16/1982</td>
<td>8/16/2005</td>
<td>67529.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64157</td>
<td>F</td>
<td>9/13/1972</td>
<td>8/20/1997</td>
<td>74916.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64158</td>
<td>F</td>
<td>8/30/1975</td>
<td>10/10/2016</td>
<td>20624.38</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64082</td>
<td>M</td>
<td>1/31/1972</td>
<td>8/1/2013</td>
<td>81987.34</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>M</td>
<td>8/14/1974</td>
<td>8/1/2013</td>
<td>68969.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64157</td>
<td>F</td>
<td>5/30/1978</td>
<td>7/31/2008</td>
<td>73510.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64111</td>
<td>F</td>
<td>11/4/1977</td>
<td>7/31/2014</td>
<td>66227.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>5/20/1962</td>
<td>8/19/2002</td>
<td>19450.14</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>4/1/1995</td>
<td>8/3/2017</td>
<td>40264.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>6/8/1988</td>
<td>8/3/2015</td>
<td>49711.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64157</td>
<td>F</td>
<td>3/9/1978</td>
<td>8/26/1999</td>
<td>25235.42</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>6/8/1970</td>
<td>8/19/1993</td>
<td>81706.68</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64153</td>
<td>F</td>
<td>8/26/1990</td>
<td>8/1/2013</td>
<td>49711.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>9/12/1989</td>
<td>8/2/2012</td>
<td>45379.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64157</td>
<td>F</td>
<td>11/12/1989</td>
<td>8/2/2012</td>
<td>60692.51</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64157</td>
<td>F</td>
<td>6/8/1988</td>
<td>8/3/2015</td>
<td>49711.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>8/14/1974</td>
<td>8/1/2013</td>
<td>68969.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>6/27/1983</td>
<td>10/11/2001</td>
<td>62121.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>10/23/1971</td>
<td>8/9/2001</td>
<td>71153.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64079</td>
<td>F</td>
<td>4/2/1971</td>
<td>1/9/1995</td>
<td>75434.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64133</td>
<td>M</td>
<td>7/10/1975</td>
<td>10/10/2002</td>
<td>43659.20</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>3/22/1974</td>
<td>8/3/2011</td>
<td>62473.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64089</td>
<td>F</td>
<td>3/9/1978</td>
<td>8/1/2016</td>
<td>40621.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The table above shows various individuals with their respective details including ID, First name, Last name, DOB, Expiration Date, Coverage Amount, Coverage Type, and additional details if applicable.
<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Date of Entry</th>
<th>Age</th>
<th>Name</th>
<th>Date of Death</th>
<th>Date of Payment</th>
<th>Payment</th>
<th>Death Benefit</th>
<th>Age</th>
<th>Payment</th>
<th>Date of Death</th>
<th>Date of Payment</th>
<th>Payment</th>
<th>Death Benefit</th>
<th>Age</th>
<th>Payment</th>
<th>Date of Death</th>
<th>Date of Payment</th>
<th>Payment</th>
<th>Death Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>64079</td>
<td>F</td>
<td>11/26/1968</td>
<td>8/21/1996</td>
<td>71</td>
<td>71377</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>71377</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>71377</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>9/27/1978</td>
<td>8/3/2015</td>
<td>58</td>
<td>58179</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>58179</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>58179</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64154</td>
<td>M</td>
<td>1/17/1970</td>
<td>8/19/1999</td>
<td>85</td>
<td>84957</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>84957</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>84957</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>2/1/1956</td>
<td>6/6/2001</td>
<td>44</td>
<td>43659</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>43659</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>43659</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>10/5/1993</td>
<td>8/1/2016</td>
<td>22</td>
<td>39341</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>39341</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>39341</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64118</td>
<td>M</td>
<td>2/29/1992</td>
<td>2/1/2018</td>
<td>25</td>
<td>34153</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>34153</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>34153</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>1/31/1979</td>
<td>8/9/2001</td>
<td>22</td>
<td>72796</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>72796</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>72796</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>9/13/1986</td>
<td>8/2/2012</td>
<td>25</td>
<td>49711</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>49711</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>49711</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64155</td>
<td>F</td>
<td>12/8/1983</td>
<td>7/31/2008</td>
<td>24</td>
<td>79872</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>79872</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>79872</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>10/25/1989</td>
<td>8/23/2013</td>
<td>24</td>
<td>27276</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>27276</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>27276</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>10/28/1963</td>
<td>8/3/2006</td>
<td>43</td>
<td>41633</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>41633</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>41633</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64157</td>
<td>F</td>
<td>12/4/1979</td>
<td>8/7/2002</td>
<td>23</td>
<td>63141</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>63141</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>63141</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>66204</td>
<td>F</td>
<td>5/3/1983</td>
<td>8/31/2007</td>
<td>24</td>
<td>23606</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>23606</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>23606</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64152</td>
<td>M</td>
<td>11/11/1968</td>
<td>8/23/1991</td>
<td>23</td>
<td>89528</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>89528</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>89528</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64155</td>
<td>M</td>
<td>5/14/1958</td>
<td>4/14/2008</td>
<td>50</td>
<td>59092</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>59092</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>59092</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64157</td>
<td>F</td>
<td>9/14/1993</td>
<td>8/1/2016</td>
<td>22</td>
<td>39341</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>39341</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>39341</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>64158</td>
<td>M</td>
<td>8/22/1990</td>
<td>8/8/2016</td>
<td>26</td>
<td>38545</td>
<td>Yes</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>38545</td>
<td>50000</td>
<td>Waive</td>
<td>0</td>
<td>50000</td>
<td>0</td>
<td>38545</td>
<td>50000</td>
<td>Waive</td>
</tr>
<tr>
<td>ID</td>
<td>Name</td>
<td>Birthdate</td>
<td>Date</td>
<td>Age</td>
<td>Coverage</td>
<td>Policy</td>
<td>Premium</td>
<td>Total</td>
<td>Earnings</td>
<td>Benefits</td>
<td>Waived Coverage</td>
<td>Premium Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-------</td>
<td>-----------</td>
<td>-------</td>
<td>------</td>
<td>-----------------</td>
<td>---------</td>
<td>----------</td>
<td>--------</td>
<td>----------</td>
<td>----------</td>
<td>-----------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64154</td>
<td>F</td>
<td>1/20/1990</td>
<td>7/13/2005</td>
<td>15</td>
<td>120000.00</td>
<td>0.00</td>
<td>43714.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64114</td>
<td>F</td>
<td>1/20/1990</td>
<td>7/13/2005</td>
<td>15</td>
<td>120000.00</td>
<td>0.00</td>
<td>49674.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64155</td>
<td>F</td>
<td>7/1/1985</td>
<td>8/2/2012</td>
<td>27</td>
<td>120000.00</td>
<td>0.00</td>
<td>54329.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64157</td>
<td>M</td>
<td>4/8/1984</td>
<td>8/11/2014</td>
<td>30</td>
<td>120000.00</td>
<td>0.00</td>
<td>50291.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64155</td>
<td>F</td>
<td>6/1/1976</td>
<td>7/20/2015</td>
<td>39</td>
<td>120000.00</td>
<td>0.00</td>
<td>112481.0</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>M</td>
<td>12/2/1979</td>
<td>8/6/2004</td>
<td>25</td>
<td>120000.00</td>
<td>0.00</td>
<td>77602.04</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64118</td>
<td>F</td>
<td>4/1/1985</td>
<td>7/1/2016</td>
<td>31</td>
<td>120000.00</td>
<td>0.00</td>
<td>45593.60</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64153</td>
<td>M</td>
<td>8/22/1983</td>
<td>6/1/2001</td>
<td>18</td>
<td>120000.00</td>
<td>0.00</td>
<td>17141.04</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>M</td>
<td>5/27/1981</td>
<td>8/1/2016</td>
<td>35</td>
<td>120000.00</td>
<td>0.00</td>
<td>66138.75</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64119</td>
<td>F</td>
<td>8/17/1970</td>
<td>5/7/2012</td>
<td>42</td>
<td>120000.00</td>
<td>0.00</td>
<td>16840.32</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64089</td>
<td>F</td>
<td>1/5/1966</td>
<td>8/13/2008</td>
<td>42</td>
<td>120000.00</td>
<td>0.00</td>
<td>22278.34</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64154</td>
<td>F</td>
<td>10/10/1964</td>
<td>8/25/1997</td>
<td>33</td>
<td>120000.00</td>
<td>0.00</td>
<td>80277.90</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64089</td>
<td>F</td>
<td>9/19/1961</td>
<td>5/1/2017</td>
<td>56</td>
<td>120000.00</td>
<td>0.00</td>
<td>36940.80</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>M</td>
<td>10/21/1963</td>
<td>3/16/2009</td>
<td>45</td>
<td>120000.00</td>
<td>0.00</td>
<td>57408.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>M</td>
<td>5/1/1963</td>
<td>9/8/2015</td>
<td>52</td>
<td>120000.00</td>
<td>0.00</td>
<td>39707.20</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64117</td>
<td>F</td>
<td>1/21/1959</td>
<td>9/9/1998</td>
<td>39</td>
<td>120000.00</td>
<td>0.00</td>
<td>32344.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>1/6/1972</td>
<td>1/19/2010</td>
<td>38</td>
<td>120000.00</td>
<td>0.00</td>
<td>41003.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64089</td>
<td>M</td>
<td>10/9/1969</td>
<td>8/10/2012</td>
<td>43</td>
<td>120000.00</td>
<td>0.00</td>
<td>63131.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66086</td>
<td>F</td>
<td>9/26/1976</td>
<td>7/30/2009</td>
<td>33</td>
<td>120000.00</td>
<td>0.00</td>
<td>90243.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>M</td>
<td>2/27/1976</td>
<td>1/1/1997</td>
<td>20</td>
<td>120000.00</td>
<td>0.00</td>
<td>61692.80</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>4/28/1967</td>
<td>9/1/2001</td>
<td>34</td>
<td>120000.00</td>
<td>0.00</td>
<td>55612.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64079</td>
<td>M</td>
<td>11/13/1995</td>
<td>9/26/2016</td>
<td>21</td>
<td>120000.00</td>
<td>0.00</td>
<td>44948.80</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>4/25/1987</td>
<td>9/14/2007</td>
<td>20</td>
<td>120000.00</td>
<td>0.00</td>
<td>37793.60</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>M</td>
<td>8/11/1988</td>
<td>7/31/2014</td>
<td>26</td>
<td>120000.00</td>
<td>0.00</td>
<td>52533.50</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64119</td>
<td>F</td>
<td>1/13/1991</td>
<td>8/3/2015</td>
<td>24</td>
<td>120000.00</td>
<td>0.00</td>
<td>48428.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Gender</td>
<td>Birthdate</td>
<td>Expiration Date</td>
<td>Age</td>
<td>Premium Rate</td>
<td>Benefits</td>
<td>Coverage Type</td>
<td>Claim Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>--------</td>
<td>---------------</td>
<td>-----------------</td>
<td>-----</td>
<td>--------------</td>
<td>-----------------</td>
<td>---------------</td>
<td>--------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64079</td>
<td>F</td>
<td>10/31/1987</td>
<td>8/4/2010</td>
<td>56336.60</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Yes 10000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>10/22/1986</td>
<td>8/4/2009</td>
<td>53045.00</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>M</td>
<td>1/5/1977</td>
<td>8/2/2012</td>
<td>49195.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64118</td>
<td>F</td>
<td>8/22/1968</td>
<td>9/1/2000</td>
<td>30588.39</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64648</td>
<td>M</td>
<td>12/27/1967</td>
<td>3/25/2013</td>
<td>39707.20</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64079</td>
<td>F</td>
<td>10/17/1978</td>
<td>2/2/1998</td>
<td>41385.00</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64155</td>
<td>M</td>
<td>1/7/1959</td>
<td>5/8/2017</td>
<td>38584.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64155</td>
<td>M</td>
<td>3/8/1960</td>
<td>7/12/2010</td>
<td>39457.60</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td>2/13/1996</td>
<td>1/29/2018</td>
<td>29011.43</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64068</td>
<td>M</td>
<td>5/25/1994</td>
<td>8/1/2016</td>
<td>39341.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64057</td>
<td>F</td>
<td>5/26/1994</td>
<td>8/3/2017</td>
<td>38545.00</td>
<td>Yes</td>
<td>20000.00</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>3/4/1982</td>
<td>8/3/2011</td>
<td>62647.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64086</td>
<td>F</td>
<td>10/30/1986</td>
<td>7/31/2014</td>
<td>54535.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>3/7/1968</td>
<td>8/13/2010</td>
<td>41251.00</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>1/29/1969</td>
<td>1/26/2009</td>
<td>30521.12</td>
<td>Yes</td>
<td>20000.00</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>3/4/1982</td>
<td>8/3/2011</td>
<td>62647.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>4/7/1956</td>
<td>9/20/2004</td>
<td>21965.09</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>5/20/1956</td>
<td>8/28/1996</td>
<td>41204.80</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64117</td>
<td>F</td>
<td>7/9/1952</td>
<td>6/18/2015</td>
<td>40705.60</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64154</td>
<td>F</td>
<td>4/24/1991</td>
<td>7/31/2014</td>
<td>48428.00</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66207</td>
<td>F</td>
<td>2/14/1986</td>
<td>8/4/2009</td>
<td>66561.70</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66202</td>
<td>F</td>
<td>5/29/1974</td>
<td>8/14/2002</td>
<td>56128.00</td>
<td>Yes</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>First Name</td>
<td>Last Name</td>
<td>Date of Birth</td>
<td>Policy Start Date</td>
<td>Policy End Date</td>
<td>Policy Number</td>
<td>Amount Covered</td>
<td>Waive Coverage</td>
<td>ADD Coverage</td>
<td>Amount with ADD</td>
<td>ADD Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
<td>-----------</td>
<td>---------------</td>
<td>------------------</td>
<td>----------------</td>
<td>--------------</td>
<td>---------------</td>
<td>----------------</td>
<td>--------------</td>
<td>----------------</td>
<td>--------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64105</td>
<td>F</td>
<td></td>
<td>2/20/1984</td>
<td>8/3/2015</td>
<td>51831.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td></td>
<td>10/23/1980</td>
<td>8/3/2015</td>
<td>56895.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Yes with ADD</td>
<td>150000.00</td>
<td>No 10000.00</td>
<td>Yes 10000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66109</td>
<td>F</td>
<td></td>
<td>8/24/1979</td>
<td>8/3/2017</td>
<td>67527.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64153</td>
<td>F</td>
<td></td>
<td>5/13/1985</td>
<td>7/1/2016</td>
<td>92948.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64079</td>
<td>F</td>
<td></td>
<td>5/10/1982</td>
<td>8/2/2012</td>
<td>57618.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64119</td>
<td>F</td>
<td></td>
<td>8/5/1979</td>
<td>7/31/2014</td>
<td>64956.77</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66086</td>
<td>M</td>
<td></td>
<td>1/30/1957</td>
<td>8/3/2017</td>
<td>19020.54</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td></td>
<td>4/15/1991</td>
<td>8/3/2017</td>
<td>47912.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64119</td>
<td>F</td>
<td></td>
<td>5/9/1983</td>
<td>4/1/2015</td>
<td>60239.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Yes with ADD</td>
<td>100000.00</td>
<td>No 10000.00</td>
<td>Yes 10000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64119</td>
<td>F</td>
<td></td>
<td>8/19/1976</td>
<td>10/3/2013</td>
<td>64958.00</td>
<td>Yes</td>
<td>200000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>10000.00</td>
<td>Yes 10000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>F</td>
<td></td>
<td>6/3/1994</td>
<td>2/21/2017</td>
<td>23953.16</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>M</td>
<td></td>
<td>9/5/1973</td>
<td>8/21/1996</td>
<td>45895.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Yes with ADD</td>
<td>150000.00</td>
<td>No 10000.00</td>
<td>Yes 10000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66209</td>
<td>F</td>
<td></td>
<td>9/27/1977</td>
<td>8/9/2001</td>
<td>64585.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64118</td>
<td>F</td>
<td></td>
<td>3/23/1989</td>
<td>9/13/2017</td>
<td>46909.76</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64106</td>
<td>F</td>
<td></td>
<td>4/10/1989</td>
<td>8/2/2012</td>
<td>63076.10</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64138</td>
<td>F</td>
<td></td>
<td>8/18/1987</td>
<td>8/4/2010</td>
<td>41633.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64154</td>
<td>F</td>
<td></td>
<td>10/8/1983</td>
<td>8/3/2015</td>
<td>47912.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64155</td>
<td>F</td>
<td></td>
<td>8/20/1973</td>
<td>8/21/1996</td>
<td>69653.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64138</td>
<td>F</td>
<td></td>
<td>9/8/1991</td>
<td>7/31/2014</td>
<td>45379.50</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64154</td>
<td>F</td>
<td></td>
<td>10/6/1988</td>
<td>8/3/2011</td>
<td>50479.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td></td>
<td>5/11/1976</td>
<td>3/9/2015</td>
<td>15970.38</td>
<td>Yes</td>
<td>50000.00</td>
<td>Yes with ADD</td>
<td>80000.00</td>
<td>No 50000.00</td>
<td>Yes 50000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66202</td>
<td>F</td>
<td></td>
<td>11/2/1992</td>
<td>8/3/2017</td>
<td>40105.00</td>
<td>Yes</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td>0.00</td>
<td>50000.00</td>
<td>Waive Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Date</td>
<td>Age</td>
<td>Premium</td>
<td>Coverage</td>
<td>Age</td>
<td>Premium</td>
<td>Coverage</td>
<td>Age</td>
<td>Premium</td>
<td>Coverage</td>
<td>Age</td>
<td>Premium</td>
<td>Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
<td>------</td>
<td>---------</td>
<td>-----------</td>
<td>------</td>
<td>---------</td>
<td>-----------</td>
<td>------</td>
<td>---------</td>
<td>-----------</td>
<td>------</td>
<td>---------</td>
<td>-----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64155</td>
<td>7/27/1986</td>
<td>21</td>
<td>7000</td>
<td>87411.00</td>
<td>50</td>
<td>50000.00</td>
<td>200000.00</td>
<td>20</td>
<td>10000.00</td>
<td>0.00</td>
<td>40</td>
<td>25000.00</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>10/8/1979</td>
<td>20</td>
<td>60991.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>1/13/1957</td>
<td>60</td>
<td>37086.40</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>3/24/1956</td>
<td>40</td>
<td>19729.38</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>3/9/1965</td>
<td>30</td>
<td>74660.35</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64119</td>
<td>12/31/1990</td>
<td>25</td>
<td>48140.10</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64153</td>
<td>5/18/1987</td>
<td>30</td>
<td>51762.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64014</td>
<td>9/26/1974</td>
<td>35</td>
<td>111947.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>1/26/1976</td>
<td>45</td>
<td>61301.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>8/24/1951</td>
<td>65</td>
<td>53219.20</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64168</td>
<td>11/16/1948</td>
<td>70</td>
<td>41204.80</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64153</td>
<td>3/28/1988</td>
<td>30</td>
<td>49195.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>7/20/1994</td>
<td>20</td>
<td>24945.56</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64158</td>
<td>4/13/1988</td>
<td>30</td>
<td>44963.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64155</td>
<td>1/21/1983</td>
<td>35</td>
<td>56895.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>1/12/1973</td>
<td>40</td>
<td>25460.96</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66203</td>
<td>7/16/1991</td>
<td>25</td>
<td>51762.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64118</td>
<td>3/2/1957</td>
<td>40</td>
<td>73798.40</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64113</td>
<td>12/10/1974</td>
<td>40</td>
<td>69018.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>2/18/1967</td>
<td>50</td>
<td>70861.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64089</td>
<td>3/12/1975</td>
<td>45</td>
<td>75214.28</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>8/7/1986</td>
<td>30</td>
<td>100057.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>6/9/1977</td>
<td>35</td>
<td>37252.80</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>2/16/1959</td>
<td>55</td>
<td>39963.84</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64158</td>
<td>6/21/1995</td>
<td>30</td>
<td>38545.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64152</td>
<td>3/6/1947</td>
<td>70</td>
<td>41204.80</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64154</td>
<td>11/2/1986</td>
<td>30</td>
<td>58864.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64150</td>
<td>11/20/1967</td>
<td>50</td>
<td>40872.00</td>
<td>Waive</td>
<td>50</td>
<td>50000.00</td>
<td>Waive</td>
<td>20</td>
<td>10000.00</td>
<td>Waive</td>
<td>40</td>
<td>25000.00</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Gender</td>
<td>Date of Birth</td>
<td>Date of Entry</td>
<td>Age</td>
<td>Policy Number</td>
<td>Coverage Type</td>
<td>Coverage Amount</td>
<td>Waive Coverage</td>
<td>Start Date</td>
<td>End Date</td>
<td>Policy Status</td>
<td>Other Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>---------------</td>
<td>---------------</td>
<td>-----</td>
<td>---------------</td>
<td>--------------</td>
<td>----------------</td>
<td>---------------</td>
<td>------------</td>
<td>-----------</td>
<td>--------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64151</td>
<td>F</td>
<td>2/1/1977</td>
<td>8/16/2000</td>
<td>8</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64175</td>
<td>M</td>
<td>1/1/1987</td>
<td>8/16/2000</td>
<td>9</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64106</td>
<td>M</td>
<td>5/1/1990</td>
<td>12/7/2000</td>
<td>7</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64121</td>
<td>M</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64120</td>
<td>F</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64108</td>
<td>F</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64123</td>
<td>F</td>
<td>12/1/1990</td>
<td>12/7/2000</td>
<td>4</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64122</td>
<td>F</td>
<td>12/1/1990</td>
<td>12/7/2000</td>
<td>4</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64121</td>
<td>M</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64120</td>
<td>F</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64108</td>
<td>F</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64123</td>
<td>F</td>
<td>12/1/1990</td>
<td>12/7/2000</td>
<td>4</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64122</td>
<td>F</td>
<td>12/1/1990</td>
<td>12/7/2000</td>
<td>4</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64121</td>
<td>M</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64120</td>
<td>F</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64108</td>
<td>F</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64123</td>
<td>F</td>
<td>12/1/1990</td>
<td>12/7/2000</td>
<td>4</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64122</td>
<td>F</td>
<td>12/1/1990</td>
<td>12/7/2000</td>
<td>4</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64121</td>
<td>M</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64120</td>
<td>F</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64108</td>
<td>F</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64123</td>
<td>F</td>
<td>12/1/1990</td>
<td>12/7/2000</td>
<td>4</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64122</td>
<td>F</td>
<td>12/1/1990</td>
<td>12/7/2000</td>
<td>4</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64121</td>
<td>M</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64120</td>
<td>F</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64108</td>
<td>F</td>
<td>7/1/1990</td>
<td>12/7/2000</td>
<td>6</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64123</td>
<td>F</td>
<td>12/1/1990</td>
<td>12/7/2000</td>
<td>4</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64122</td>
<td>F</td>
<td>12/1/1990</td>
<td>12/7/2000</td>
<td>4</td>
<td>778086</td>
<td>No Premium</td>
<td>0.00</td>
<td>No</td>
<td>0/0/2000</td>
<td>0/0/2001</td>
<td>Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Union Security Insurance Company agrees to the provisions described in this and the following pages of this Endorsement and Amendment form.

Policy Number: 5476886
Policyholder: Park Hill School District
Insurance Provided: Group Term Life Insurance and Accidental Death and Dismemberment Insurance – Noncontributory
Effective Date: January 1, 2016

If this Amendment is unacceptable, please sign below and return this form to Union Security Insurance Company, 2323 Grand Blvd., Kansas City, MO 64108, within 90 days of May 23, 2016.

IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.

By our signature below, we **decline** this Amendment:

Policyholder

By ________________________________  Title

Date ________________________________

Union Security Insurance Company 2323 Grand Boulevard Kansas City Missouri 64108-2670
Endorsements & Amendments (continued)

Effective January 1, 2016, the policy is amended as follows:

1. The “Amount of Life Insurance” provision in the SCHEDULE is changed to read as follows:

### Amount of Life Insurance

1. For each covered person who has not reached age 70:

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Superintendent or Assistant</td>
<td>$100,000</td>
</tr>
<tr>
<td></td>
<td>Superintendent</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>other covered person</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

2. For each Class I and Class II covered person who has reached age 70, but not age 75, the amount of insurance will be 65% of the amount shown in 1 above.*

3. For each Class I and Class II covered person who has reached age 75 or more, the amount of insurance will be 50% of the amount shown in 1 above.*

4. For each Class III or IV covered person who has not reached age 70:

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>III</td>
<td>Retired Superintendent or Assistant Superintendent</td>
<td>$100,000</td>
</tr>
<tr>
<td>IV</td>
<td>Retired Administrator with 10 or more years of service</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

5. For each Class III or IV covered person who has reached age 70, but not age 75, the amount of insurance will be 65% of the amount shown in 4 above.*

6. For each Class III or IV covered person who has reached age 75, but not age 80, the amount of insurance will be 50% of the amount shown in 5 above.*

7. For each Class III or IV covered person who has reached age 80, the amount of insurance will be $0.

8. For each Class V covered person who has not reached age 70, the amount of insurance will be $400,000.*

9. For each Class V covered person who has reached age 70, but not age 75, the amount of insurance will be 65% of the amount shown in 8 above.*

10. For each Class V covered person who has reached age 75, the amount of insurance will be 50% of the amount shown in 9 above.*

11. For each Class VI covered person who has not reached age 65, the amount on the day immediately preceding retirement, the amount of insurance of $750,000.*

12. For each Class VI covered person who has reached age 65, but not age 70, the amount of insurance will be 50% of the amount shown in 11 above.*

13. For each Class VI covered person who has reached age 70, but not age 80, the amount of insurance will be 25% of the amount shown in 12 above.*

14. For each Class VI covered person who has reached age 80, the amount of insurance will be $0.
Endorsements & Amendments (continued)

* The amount of insurance will be rounded to the next higher multiple of $1,000, if not already an exact multiple. Any reduction will be subject to the other provisions of the policy and will also apply if the covered person’s insurance is continued during disability.

However, the amount of life insurance may be limited by the Proof of Good Health provision.

2. The definition of full-time in the GENERAL DEFINITIONS is changed to:

   Full-time means working at least 30 hours per week, unless indicated otherwise in the policy.
<table>
<thead>
<tr>
<th>Pol No</th>
<th>Part No</th>
<th>Acct No</th>
<th>Sub Plan</th>
<th>Claim No</th>
<th>Policy Name</th>
<th>Date of Birth</th>
<th>Incurred Date</th>
<th>Reported Date</th>
<th>Incurred Amount</th>
<th>Paid Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5476886</td>
<td>0</td>
<td>1</td>
<td>TRM</td>
<td>0L1436393</td>
<td>Park Hill School District (PHSD)</td>
<td>09/23/1948</td>
<td>6/24/2017</td>
<td>7/11/2017</td>
<td>$50,000.00</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>5476886</td>
<td>0</td>
<td>1</td>
<td>TRM</td>
<td>0L1436850</td>
<td>Park Hill School District (PHSD)</td>
<td>06/24/1957</td>
<td>7/23/2017</td>
<td>8/10/2017</td>
<td>$50,000.00</td>
<td>$50,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$210,000.00</td>
<td>$210,000.00</td>
</tr>
<tr>
<td>5476886</td>
<td>0</td>
<td>1</td>
<td>VOC</td>
<td>0D1438800</td>
<td>Park Hill School District (PHSD)</td>
<td>07/08/1994</td>
<td>11/18/2017</td>
<td>1/3/2018</td>
<td>$10,000.00</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>5476886</td>
<td>0</td>
<td>1</td>
<td>VOL</td>
<td>0L1438851</td>
<td>Park Hill School District (PHSD)</td>
<td>06/24/1957</td>
<td>7/23/2017</td>
<td>8/10/2017</td>
<td>$50,000.00</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>5476886</td>
<td>0</td>
<td>1</td>
<td>VOS</td>
<td>0D1437723</td>
<td>Park Hill School District (PHSD)</td>
<td>10/03/1969</td>
<td>9/7/2017</td>
<td>10/17/2017</td>
<td>$50,000.00</td>
<td>$50,000.00</td>
</tr>
</tbody>
</table>

For Claims Reported or Paid between 01/01/2016 and 01/31/2018

- **Sub Plan (TRM) Sub Total**: $100,000.00
- **Sub Plan (VOC) Sub Total**: $10,000.00
- **Sub Plan (VOL) Sub Total**: $50,000.00
- **Account (1) Sub Total**: $210,000.00
- **Participation (0) Sub Total**: $210,000.00
- **Policy Total**: $210,000.00

...
Reporting Period: 1/1/2015 - 12/31/2015

Group Number: 50000432

Group Name: PARK HILL SCHOOL DISTRICT

<table>
<thead>
<tr>
<th>Date (YYYY-DD)</th>
<th>Billed Premium</th>
<th>Paid Premium</th>
<th>Paid Claims</th>
<th>Volume</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-01</td>
<td>$1,356.65</td>
<td>$2,708.30</td>
<td>$0.00</td>
<td>60,595,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-02</td>
<td>$1,383.65</td>
<td>$0.00</td>
<td>$0.00</td>
<td>60,595,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-03</td>
<td>$1,364.65</td>
<td>$1,356.65</td>
<td>$0.00</td>
<td>60,595,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-04</td>
<td>$1,365.30</td>
<td>$1,383.65</td>
<td>$0.00</td>
<td>60,595,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-05</td>
<td>$1,368.30</td>
<td>$1,364.65</td>
<td>$0.00</td>
<td>60,595,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-06</td>
<td>$1,368.30</td>
<td>$1,365.30</td>
<td>$0.00</td>
<td>60,595,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-07</td>
<td>$1,358.30</td>
<td>$0.00</td>
<td>$0.00</td>
<td>60,595,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-08</td>
<td>$1,357.30</td>
<td>$2,736.60</td>
<td>$0.00</td>
<td>60,595,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-09</td>
<td>$1,379.30</td>
<td>$0.00</td>
<td>$0.00</td>
<td>60,595,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-10</td>
<td>$1,390.30</td>
<td>$2,715.60</td>
<td>$0.00</td>
<td>50,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-11</td>
<td>$1,387.65</td>
<td>$1,379.30</td>
<td>$0.00</td>
<td>50,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-12</td>
<td>$1,390.65</td>
<td>$1,390.30</td>
<td>$0.00</td>
<td>50,000</td>
<td>1327</td>
</tr>
</tbody>
</table>

Grand Total For 509 AD&D - Duration: 1/1/2015 to 12/31/2015

<table>
<thead>
<tr>
<th></th>
<th>Billed Premium</th>
<th>Paid Premium</th>
<th>Paid Claims</th>
<th>Volume</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$16,470.35</td>
<td>$16,400.35</td>
<td>$0.00</td>
<td>45,458,750</td>
<td>1327</td>
</tr>
</tbody>
</table>

Paid Claims/Paid Premium = 0.00%

Paid Claims/Billed Premium = 0.00%
### Reporting Period: 1/1/2015 - 12/31/2015

**Product: 509 Group Term Life**

**Group Number: 50000432**

**Group Name: PARK HILL SCHOOL DISTRICT**

<table>
<thead>
<tr>
<th>Date (YYYY-DD)</th>
<th>Billed Premium</th>
<th>Paid Premium</th>
<th>Paid Claims</th>
<th>Volume</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-01</td>
<td>$6,221.93</td>
<td>$12,421.36</td>
<td>$0.00</td>
<td>62,051,670</td>
<td>1327</td>
</tr>
<tr>
<td>2015-02</td>
<td>$6,136.43</td>
<td>$0.00</td>
<td>$50,000.00</td>
<td>62,051,670</td>
<td>1327</td>
</tr>
<tr>
<td>2015-03</td>
<td>$6,329.73</td>
<td>$6,221.93</td>
<td>$0.00</td>
<td>62,051,670</td>
<td>1327</td>
</tr>
<tr>
<td>2015-04</td>
<td>$6,143.85</td>
<td>$6,136.43</td>
<td>$0.00</td>
<td>62,051,670</td>
<td>1327</td>
</tr>
<tr>
<td>2015-05</td>
<td>$6,485.47</td>
<td>$6,329.73</td>
<td>$0.00</td>
<td>62,051,670</td>
<td>1327</td>
</tr>
<tr>
<td>2015-06</td>
<td>$6,157.35</td>
<td>$6,143.85</td>
<td>$0.00</td>
<td>62,051,670</td>
<td>1327</td>
</tr>
<tr>
<td>2015-07</td>
<td>$6,321.15</td>
<td>$0.00</td>
<td>$0.00</td>
<td>62,051,670</td>
<td>1327</td>
</tr>
<tr>
<td>2015-08</td>
<td>$6,107.85</td>
<td>$12,642.82</td>
<td>$0.00</td>
<td>62,051,670</td>
<td>1327</td>
</tr>
<tr>
<td>2015-09</td>
<td>$6,311.25</td>
<td>$0.00</td>
<td>$0.00</td>
<td>62,051,670</td>
<td>1327</td>
</tr>
<tr>
<td>2015-10</td>
<td>$6,360.75</td>
<td>$12,429.00</td>
<td>$0.00</td>
<td>50,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-11</td>
<td>$6,348.83</td>
<td>$6,311.25</td>
<td>$0.00</td>
<td>50,000</td>
<td>1327</td>
</tr>
<tr>
<td>2015-12</td>
<td>$6,362.33</td>
<td>$6,360.75</td>
<td>$0.00</td>
<td>50,000</td>
<td>1327</td>
</tr>
</tbody>
</table>

#### Grand Total For 509 Group Term Life - Duration: 1/1/2015 to 12/31/2015

<table>
<thead>
<tr>
<th>Billed Premium</th>
<th>Paid Premium</th>
<th>Paid Claims</th>
<th>Volume</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>$75,286.92</td>
<td>$74,997.12</td>
<td>$50,000.00</td>
<td>46,551,253</td>
<td>1327</td>
</tr>
</tbody>
</table>

Paid Claims/Paid Premium = 66.67%

Paid Claims/Billed Premium = 66.41%
Reporting Period: 1/1/2015 - 12/31/2015  
Product: 509 Voluntary Child Group Term Life

Group Number: 50000432
Group Name: PARK HILL SCHOOL DISTRICT

<table>
<thead>
<tr>
<th>Date (YYYY-DD)</th>
<th>Billed Premium</th>
<th>Paid Premium</th>
<th>Paid Claims</th>
<th>Volume</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-02</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015-03</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015-04</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015-05</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015-06</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015-07</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015-08</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015-09</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015-10</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015-11</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015-12</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Grand Total For 509 Voluntary Child Group Term Life - Duration: 1/1/2015 to 12/31/2015

<table>
<thead>
<tr>
<th>Billed Premium</th>
<th>Paid Premium</th>
<th>Paid Claims</th>
<th>Volume</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Paid Claims/Paid Premium = No Paid Premium
Paid Claims/Billed Premium = No Billed Premium
### Reporting Period: 1/1/2015 - 12/31/2015

Product: 509 Voluntary Group Term Life

Group Number: 50000432

Group Name: PARK HILL SCHOOL DISTRICT

<table>
<thead>
<tr>
<th>Date (YYYY-DD)</th>
<th>Billed Premium</th>
<th>Paid Premium</th>
<th>Paid Claims</th>
<th>Volume</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-01</td>
<td>$11,025.24</td>
<td>$20,976.38</td>
<td>$0.00</td>
<td>190,975,731</td>
<td>644</td>
</tr>
<tr>
<td>2015-02</td>
<td>$11,127.80</td>
<td>$0.00</td>
<td>$0.00</td>
<td>190,975,731</td>
<td>644</td>
</tr>
<tr>
<td>2015-03</td>
<td>$11,350.78</td>
<td>$11,025.24</td>
<td>$0.00</td>
<td>190,975,731</td>
<td>644</td>
</tr>
<tr>
<td>2015-04</td>
<td>$11,380.38</td>
<td>$11,127.80</td>
<td>$0.00</td>
<td>190,975,731</td>
<td>644</td>
</tr>
<tr>
<td>2015-05</td>
<td>$11,364.04</td>
<td>$11,350.78</td>
<td>$0.00</td>
<td>190,975,731</td>
<td>644</td>
</tr>
<tr>
<td>2015-06</td>
<td>$11,364.04</td>
<td>$11,380.38</td>
<td>$0.00</td>
<td>190,975,731</td>
<td>644</td>
</tr>
<tr>
<td>2015-07</td>
<td>$11,184.27</td>
<td>$0.00</td>
<td>$0.00</td>
<td>190,975,731</td>
<td>644</td>
</tr>
<tr>
<td>2015-08</td>
<td>$11,176.75</td>
<td>$22,728.08</td>
<td>$0.00</td>
<td>190,975,731</td>
<td>644</td>
</tr>
<tr>
<td>2015-09</td>
<td>$10,797.61</td>
<td>$0.00</td>
<td>$0.00</td>
<td>190,975,731</td>
<td>644</td>
</tr>
<tr>
<td>2015-10</td>
<td>$10,814.54</td>
<td>$22,361.02</td>
<td>$0.00</td>
<td>660,000</td>
<td>644</td>
</tr>
<tr>
<td>2015-11</td>
<td>$10,781.11</td>
<td>$10,797.61</td>
<td>$0.00</td>
<td>660,000</td>
<td>644</td>
</tr>
<tr>
<td>2015-12</td>
<td>$10,783.67</td>
<td>$10,814.54</td>
<td>$0.00</td>
<td>660,000</td>
<td>644</td>
</tr>
</tbody>
</table>

**Grand Total For 509 Voluntary Group Term Life - Duration: 1/1/2015 to 12/31/2015**

<table>
<thead>
<tr>
<th></th>
<th>Billed Premium</th>
<th>Paid Premium</th>
<th>Paid Claims</th>
<th>Volume</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Billed Premium</strong></td>
<td><strong>$133,150.23</strong></td>
<td><strong>$132,561.83</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>143,396,798</strong></td>
<td><strong>644</strong></td>
</tr>
</tbody>
</table>

Paid Claims/Paid Premium = 0.00%

Paid Claims/Billed Premium = 0.00%
Reporting Period: 1/1/2015 - 12/31/2015
Product: 509 Voluntary Spouse Group Term Life
Group Number: 50000432
Group Name: PARK HILL SCHOOL DISTRICT

<table>
<thead>
<tr>
<th>Date (YYYY-DD)</th>
<th>Billed Premium</th>
<th>Paid Premium</th>
<th>Paid Claims</th>
<th>Volume</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-01</td>
<td>$373.00</td>
<td>$778.00</td>
<td>$0.00</td>
<td>5,223,961</td>
<td>191</td>
</tr>
<tr>
<td>2015-02</td>
<td>$378.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>5,223,961</td>
<td>191</td>
</tr>
<tr>
<td>2015-03</td>
<td>$376.00</td>
<td>$373.00</td>
<td>$0.00</td>
<td>5,223,961</td>
<td>191</td>
</tr>
<tr>
<td>2015-04</td>
<td>$378.00</td>
<td>$378.00</td>
<td>$0.00</td>
<td>5,223,961</td>
<td>191</td>
</tr>
<tr>
<td>2015-05</td>
<td>$378.00</td>
<td>$376.00</td>
<td>$0.00</td>
<td>5,223,961</td>
<td>191</td>
</tr>
<tr>
<td>2015-06</td>
<td>$378.00</td>
<td>$378.00</td>
<td>$0.00</td>
<td>5,223,961</td>
<td>191</td>
</tr>
<tr>
<td>2015-07</td>
<td>$376.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>5,223,961</td>
<td>191</td>
</tr>
<tr>
<td>2015-08</td>
<td>$377.00</td>
<td>$756.00</td>
<td>$0.00</td>
<td>5,223,961</td>
<td>191</td>
</tr>
<tr>
<td>2015-09</td>
<td>$376.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>5,223,961</td>
<td>191</td>
</tr>
<tr>
<td>2015-10</td>
<td>$376.00</td>
<td>$753.00</td>
<td>$0.00</td>
<td>200,000</td>
<td>191</td>
</tr>
<tr>
<td>2015-11</td>
<td>$374.00</td>
<td>$376.00</td>
<td>$0.00</td>
<td>200,000</td>
<td>191</td>
</tr>
<tr>
<td>2015-12</td>
<td>$376.00</td>
<td>$376.00</td>
<td>$0.00</td>
<td>200,000</td>
<td>191</td>
</tr>
</tbody>
</table>

Grand Total For 509 Voluntary Spouse Group Term Life - Duration: 1/1/2015 to 12/31/2015

<table>
<thead>
<tr>
<th>Billed Premium</th>
<th>Paid Premium</th>
<th>Paid Claims</th>
<th>Volume</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,516.00</td>
<td>$4,544.00</td>
<td>$0.00</td>
<td>3,967,971</td>
<td>191</td>
</tr>
</tbody>
</table>

Paid Claims/Paid Premium = 0.00%
Paid Claims/Billed Premium = 0.00%
<table>
<thead>
<tr>
<th>Month</th>
<th>Total Premium</th>
<th>Employer Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January 1, 2018 through December 31, 2018</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life/$1,000</td>
<td>$0.047</td>
<td>100%</td>
</tr>
<tr>
<td>AD&amp;D/$1,000</td>
<td>$0.02</td>
<td>100%</td>
</tr>
<tr>
<td><strong>January 1, 2017 through December 31, 2017</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life/$1,000</td>
<td>$0.047</td>
<td>100%</td>
</tr>
<tr>
<td>AD&amp;D/$1,000</td>
<td>$0.02</td>
<td>100%</td>
</tr>
<tr>
<td><strong>January 1, 2016 through December 31, 2016</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life/$1,000</td>
<td>$0.047</td>
<td>100%</td>
</tr>
<tr>
<td>AD&amp;D/$1,000</td>
<td>$0.02</td>
<td>100%</td>
</tr>
<tr>
<td><strong>January 1, 2015 through December 31, 2015</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life/$1,000</td>
<td>$0.09</td>
<td>100%</td>
</tr>
<tr>
<td>AD&amp;D/$1,000</td>
<td>$0.02</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>TOTAL PREMIUM</td>
<td>EMPLOYER COST</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>Janauary 1, 2018 through December 31, 2018</strong></td>
<td>Rates/$10,000</td>
<td></td>
</tr>
<tr>
<td>&lt;30</td>
<td>$0.041</td>
<td>0%</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.054</td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>$0.068</td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td>$0.109</td>
<td></td>
</tr>
<tr>
<td>45-49</td>
<td>$0.184</td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td>$0.299</td>
<td></td>
</tr>
<tr>
<td>55-59</td>
<td>$0.456</td>
<td></td>
</tr>
<tr>
<td>60-64</td>
<td>$0.639</td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>$1.054</td>
<td></td>
</tr>
<tr>
<td>70-74</td>
<td>$1.762</td>
<td></td>
</tr>
<tr>
<td>75-79</td>
<td>$3.359</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Premiums are determined by Employee's age</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Janauary 1, 2017 through December 31, 2017</strong></td>
<td>Rates/$10,000</td>
<td></td>
</tr>
<tr>
<td>&lt;30</td>
<td>$0.041</td>
<td>0%</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.054</td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>$0.068</td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td>$0.109</td>
<td></td>
</tr>
<tr>
<td>45-49</td>
<td>$0.184</td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td>$0.299</td>
<td></td>
</tr>
<tr>
<td>55-59</td>
<td>$0.456</td>
<td></td>
</tr>
<tr>
<td>60-64</td>
<td>$0.639</td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>$1.054</td>
<td></td>
</tr>
<tr>
<td>70-74</td>
<td>$1.762</td>
<td></td>
</tr>
<tr>
<td>75-79</td>
<td>$3.359</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Premiums are determined by Employee's age</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Janauary 1, 2016 through December 31, 2016</strong></td>
<td>Rates/$10,000</td>
<td></td>
</tr>
<tr>
<td>&lt;30</td>
<td>$0.041</td>
<td>0%</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.054</td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>$0.068</td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td>$0.109</td>
<td></td>
</tr>
<tr>
<td>45-49</td>
<td>$0.184</td>
<td></td>
</tr>
<tr>
<td>Age Range</td>
<td>Rate</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td>$0.299</td>
<td></td>
</tr>
<tr>
<td>55-59</td>
<td>$0.456</td>
<td></td>
</tr>
<tr>
<td>60-64</td>
<td>$0.639</td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>$1.054</td>
<td></td>
</tr>
<tr>
<td>70-74</td>
<td>$1.762</td>
<td></td>
</tr>
<tr>
<td>75-79</td>
<td>$3.359</td>
<td></td>
</tr>
</tbody>
</table>

**Spouse**

Premiums are determined by Employee's age

**Children**

All eligible Children can be covered for one premium

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Rate</th>
<th>Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$2.00/month</td>
<td></td>
</tr>
<tr>
<td>$5,000</td>
<td>$1.00/month</td>
<td></td>
</tr>
</tbody>
</table>

**Januauary 1, 2015 through December 31, 2015**

**Rates/$10,000**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>$0.51</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.68</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.85</td>
</tr>
<tr>
<td>40-44</td>
<td>$1.36</td>
</tr>
<tr>
<td>45-49</td>
<td>$2.30</td>
</tr>
<tr>
<td>50-54</td>
<td>$3.74</td>
</tr>
<tr>
<td>55-59</td>
<td>$5.70</td>
</tr>
<tr>
<td>60-64</td>
<td>$7.99</td>
</tr>
<tr>
<td>65-69</td>
<td>$1.32</td>
</tr>
<tr>
<td>70-74</td>
<td>$22.02</td>
</tr>
<tr>
<td>75+</td>
<td>$41.99</td>
</tr>
</tbody>
</table>

**Spouse**

Premiums are determined by Spouses age

**Children**

All eligible Children can be covered for one premium

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Rate</th>
<th>Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$2.00/month</td>
<td></td>
</tr>
<tr>
<td>$5,000</td>
<td>$1.00/month</td>
<td></td>
</tr>
</tbody>
</table>
Park Hill School District (PHSD)

Life
Retiree - Administrator with 10 or more years of service
CERTIFICATE OF
GROUP INSURANCE

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your Schedule. This Certificate is subject to the provisions of the below numbered policy issued by Union Security Insurance Company to the policyholder.

Policyholder: Park Hill School District

Group Policy Number: 5476886

Participation Number: 0

Type of Coverage:

Group Term Life Insurance

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the policy.

President and
Chief Executive Officer

Miles Byke
NOTICE

If you have any questions about your insurance, please contact:

Union Security Insurance Company
Customer Relations
P.O. Box 419596
Kansas City, Missouri 64141-9958

You may also reach Union Security by telephone at 800.733.7879.

When contacting us, please have your policy number or participation number available.
SCHEDULE

Eligible Persons

To be eligible for insurance, a person must be a member of an Eligible Class. The person must also complete a period of continuous service (Service Requirement) with the policyholder (or any associated company).

Eligible Class: Each retired Administrator of the policyholder or an associated company with 10 or more years of service.

Associated Companies: None

Service Requirement:

On January 1, 2016: None
After January 1, 2016: None

Entry Date

Insurance will take effect on the later of (i) the date shown below, and (ii) the first of the month occurring on or after the day all the eligibility requirements are met.

Effective Date of Insurance

January 1, 2016 (subject to Entry Date)

Life Insurance for You

1. If you have not reached age 70, your amount of insurance will be $50,000.

2. If you have reached age 70, but not age 75, your amount of insurance will be 65% of the amount shown in 1 above.*

3. If you have reached age 75 or more, your amount of insurance will be 50% of the amount shown in 1 above.*

4. If you have reached age 80, your amount of insurance will be $0.

* Your amount of insurance will be rounded to the next higher multiple of $1,000, if not already an exact multiple. Any reduction will be subject to the other provisions of the policy and will also apply if your insurance is continued during disability.

Maximum Amount Without Proof of Good Health: $50,000

Amount of Accelerated Benefit

With the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 80% of your life insurance. Without the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 50% of your life insurance. The amount will be rounded to the next higher multiple of $1,000, if not already an exact multiple, and may never be less than $5,000 or more than $250,000.

Change Date: For changes in pay or age, the Change Date will be the policy anniversary occurring on or after the date of the change. For changes in class, the Change Date will be the first day of the month occurring on or after the date of the change.

Schd
Survivor Financial Counseling Service

You or your beneficiary may be eligible for a survivor financial counseling service through a third-party vendor if, at the time of the claim, we have a contract in effect with a financial counseling provider, and if:

- your beneficiary is eligible for a life insurance benefit of at least $50,000; or
- you apply and qualify for an accelerated benefit of at least $50,000.
NON-INSURANCE BENEFITS AND SERVICES

You are eligible for benefits and services provided by third-party vendors as described below. A third-party vendor is an entity with whom we contract to provide non-insurance benefits and services.

Will Preparation Services

As a covered person, you are entitled to will preparation services as an included benefit. The included benefit is provided through a third-party vendor and is not an insured benefit provided by us. The included benefit is available to you and your dependent(s) as defined by the third-party vendor. You must remain insured under this policy in order to qualify for the included benefit.

The included benefit may not be available if prohibited by law. The third-party vendor providing the service is solely responsible for providing and administering the included benefit. We are not liable for the third-party vendor’s failure to provide or its negligence in providing the included benefit. The included benefit is only available while we have a contract in effect with a third-party vendor to provide the included benefit.
## TABLE OF CONTENTS

**GENERAL DEFINITIONS** ......................................................................................................................... 2

**DEFINITIONS FOR LIFE INSURANCE** ........................................................................................................... 3

**ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU** ................................................................. 4
  - When Your Insurance Ends ...................................................................................................................... 4

**CONTINUITY OF COVERAGE** ...................................................................................................................... 5
  - Definitions ................................................................................................................................................... 5
  - Continuity of Coverage for You ............................................................................................................... 5
  - Prior Plan Credit for Life Insurance ...................................................................................................... 5

**LIFE INSURANCE FOR YOU** ....................................................................................................................... 6
  - Insurance Provided .................................................................................................................................... 6
  - Proof of Good Health ............................................................................................................................... 6
  - Conversion to an Individual Policy ........................................................................................................... 6

**ACCELERATED BENEFIT** ........................................................................................................................... 6
  - Amount of Accelerated Benefit ................................................................................................................. 7
  - Proof Required for the Accelerated Benefit ............................................................................................. 7
  - Effect of Accelerated Benefit .................................................................................................................... 7
  - Exclusions ................................................................................................................................................ 7

**ADDITIONAL PROVISIONS FOR LIFE INSURANCE** ................................................................................ 9
  - Optional Payment Methods ...................................................................................................................... 9
  - Beneficiary ............................................................................................................................................... 9
  - Assignment ............................................................................................................................................ 9
  - Incontestability ...................................................................................................................................... 10
  - Spendthrift ........................................................................................................................................... 10

**CLAIM PROVISIONS** .................................................................................................................................. 11
  - Payment of Benefits ............................................................................................................................... 11
  - To Whom Payable .................................................................................................................................. 11
  - Authority ................................................................................................................................................ 11
  - Review Procedure ................................................................................................................................. 11

**GENERAL PROVISIONS** .......................................................................................................................... 12
  - Entire Contract ....................................................................................................................................... 12
  - Errors ..................................................................................................................................................... 12
  - Misstatements ..................................................................................................................................... 12
  - Certificates .......................................................................................................................................... 12
  - Workers’ Compensation ........................................................................................................................ 12
  - Agency .................................................................................................................................................. 12
  - Fraud .................................................................................................................................................... 12


GENERAL DEFINITIONS

These terms have the meanings shown here when italicized. The pronouns “we”, “us”, “our”, “you”, and “your” are not italicized.

Active work means the expenditure of time and energy for the policyholder or an associated company at your usual place of business on a full-time basis. Active work does not apply to any retired person covered under the policy.

Associated company means any company shown in the policy which is owned by or affiliated with the policyholder.

Contributory means you pay part of the premium.

Covered person means an eligible employee or member of the policyholder, or an associated company who has become insured for a coverage.

Doctor means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. Also, a person whom we are required to recognize as a doctor by the laws or regulations of the governing jurisdiction, or a person who is legally licensed to practice psychiatry, psychology or psychotherapy and whose primary work activities involve the care of patients, is a doctor. However, neither you nor a family member will be considered a doctor.

Eligible class means a class of persons eligible for insurance under the policy. This class is based on employment or membership in a group.

Family member means a person who is a parent, spouse, child, sibling, domestic partner, grandparent or grandchild of the covered person.

Full-time means working at least 30 hours per week, unless indicated otherwise in the policy.

Home office means our office in Kansas City, Missouri.

Injury means accidental bodily injury. It does not mean intentionally self-inflicted injury while sane.

No-fault motor vehicle coverage means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident that occurs.

Noncontributory means the policyholder pays the premium.

Policy means the group policy issued by us to the policyholder that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the policy is issued.

Proof of good health means evidence acceptable to us of the good health of a person.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee or member of the policyholder or an associated company who has become insured for a coverage.
DEFINITIONS FOR LIFE INSURANCE

*Accelerated benefit* means the group term life accelerated benefit under the *policy* issued by us to the *policyholder*. *Accelerated benefits* do not apply to any insurance under the *policy* other than group term *life insurance*.

*Beneficiary* means the person or entity you choose to receive your amount of insurance at your death.

*Conversion policy* means a policy of individual life insurance which may be issued to you by us when part or all of your group *life insurance* ends, as described in the "Conversion to an Individual Policy" provision.

*Life insurance* means the group term life insurance under the *policy* issued by us to the *policyholder*.

*Qualifying medical condition* means you have a medical condition which is diagnosed by a *doctor* as life-threatening and which results in an expected life span of 12 months or less according to prevailing medical standards.
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU

When Your Insurance Ends

Your insurance will end on the date:

• the policy ends;
• the policy is changed to end the insurance for your eligible class;
• you are no longer in an eligible class; or
• a required contribution was not paid.
CONTINUITY OF COVERAGE

Definitions

Prior plan means the policyholder’s plan of group life insurance, if any, under which you were insured on the day before the Effective Date of the policy.

Prior plan benefits mean the benefits, if any, that would have been paid to you or your beneficiary under the prior plan had it remained in effect, and had you continued to be insured under the prior plan.

Continuity of Coverage for You

We will provide continuity of coverage if you were covered under the prior plan.

If you are not at active work on the Effective Date of the policy due to a disability, you are not eligible to become insured under the policy. However, we will cover you for the prior plan benefits until the earlier of:

- the date you return to active work; or
- the end of any period of continuance or extension of the prior plan.

If you are not at active work on the Effective Date of the policy due to a reason other than a disability, and would otherwise be eligible to become insured under the policy, we will cover you for the prior plan benefits until the earliest of:

- the date you return to active work;
- the end of any period of continuance of the prior plan; or
- the date coverage would otherwise end, according to the provisions of the policy.

Any benefits payable under the conditions described above will be paid by us:

- as if the prior plan had remained in effect; and
- will be reduced by any benefits paid or payable by the prior plan.

If you are at active work on the Effective Date of the policy, you will be insured under the policy.

Prior Plan Credit for Life Insurance

We will give you credit for time periods which were met under the prior plan for the same provision(s). This credit will apply to the time-insured requirement, if any, shown in the following section(s) of the Life Insurance for You provision in the policy:

- Insurance Provided. However, for any contributory insurance, this credit will not apply to any increase in your amount of insurance under the policy.
- Accelerated Benefit, but only if you had a similar Accelerated Benefit under the prior plan.
- Conversion to an Individual Policy.

If we accept a copy of the enrollment card you submitted under the prior plan, this credit will also apply to the Incontestability section shown in Additional Provisions for Life Insurance.
LIFE INSURANCE FOR YOU

Insurance Provided

We will pay your beneficiary the amount of insurance shown in the Schedule when we receive all the required proof of covered loss, including written proof of your death, acceptable to us, and a completed claim form. Your amount of insurance may be reduced by the amount of any conversion policy.

For any contributory insurance, if you take your own life within 1 year after you become insured under the policy, the amount of insurance we pay will be the sum of all contributions for this insurance.

For any contributory insurance, if you take your own life within 1 year after you elect an increase in your amount of insurance under the policy, the amount of the increase will be limited to the sum of all contributions for the increase.

Proof of Good Health

If you are eligible for more than the Maximum Amount Without Proof of Good Health shown in the Schedule, you will be limited to that Maximum until you give us proof of good health. If the proof is accepted, the additional amount of insurance will take effect on the date we approve your proof of good health. Once insured for more than that Maximum, future increases will also require proof of good health.

If both noncontributory and contributory insurance are provided under the policy, your contributory amount will be affected by this provision before your noncontributory amount.

Conversion to an Individual Policy

If any or all of your group life insurance ends, you can apply for any individual policy offered by us (conversion policy). You must apply and pay the premium within 31 days. The individual policy may be any we offer for conversion. No proof of good health is required. The amount of insurance available to you depends on the reason your insurance ends.

If your insurance ends because you are no longer eligible or because of a change in age or other status, you may convert the full amount that ended. However, if your insurance ends as the result of a change in the policy, you may not convert the full amount that ended.

If the policy ends or is changed to reduce or end your life insurance, and if you have been insured for at least 5 years under the policy, you may convert up to the lesser of:

- $10,000, and
- the amount of life insurance that ended minus the amount of any group life insurance for which you become eligible within 31 days.

If you die within 31 days after your life insurance ends, we will pay to your beneficiary the amount you could have converted, whether or not you applied or paid the premium.

You cannot apply for a conversion policy if your group life insurance ended because you did not pay your share of the premium.

ACCELERATED BENEFIT

If, while you are a covered person, you have a qualifying medical condition, you have the right to receive a portion of your life insurance during your lifetime, payable as an accelerated benefit. You must have at least $10,000 of life insurance in force to be eligible to receive an accelerated benefit.
LIFE INSURANCE FOR YOU (continued)

RECEIPT OF AN ACCELERATED BENEFIT MAY AFFECT ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. A TAX ADVISOR SHOULD BE CONSULTED.

We are not responsible for any effect on your state or federal taxes, or loss of eligibility for any state or federal program.

Unless otherwise indicated, all provisions of the policy shall apply to the accelerated benefit.

Amount of Accelerated Benefit

You may receive an accelerated benefit of your life insurance, as shown in the Schedule.

If the amount of your life insurance is scheduled to reduce due to age within 12 months following the date you apply for the accelerated benefit, your accelerated benefit will be based on the reduced amount.

An accelerated benefit may be paid only once during your lifetime. Benefits will be paid in a single sum to you. If you are not living when benefits are payable, they will be paid to your beneficiary.

Once an accelerated benefit is paid to you, we will notify you of the remaining life insurance in force.

Proof Required for the Accelerated Benefit

You must submit a claim form and any other information we find necessary to decide our liability.

We may ask you to be examined in connection with your claim for an accelerated benefit. We will pay for any exam we require.

Effect of Accelerated Benefit

After an accelerated benefit is paid, premium is due only for the remaining life insurance, unless the premium is waived under the Disability Benefit provision. The life insurance payable at your death to your beneficiary equals:

- the amount of your life insurance as if an accelerated benefit payment has not been made, minus
- the accelerated benefit payment, minus
- the interest charge.

The interest charge equals the accelerated benefit amount times the number of days from the accelerated benefit payment to your date of death, times an annual interest rate divided by 365. The rate of interest is determined quarterly by us.

Your amount of dependent life insurance, accidental death and dismemberment insurance, travel accident insurance, dependent accidental death and dismemberment insurance and survivor income insurance, if any, is not affected by the payment of the accelerated benefit. The amount of any conversion policy will be based on your reduced amount of life insurance after the payment of the accelerated benefit.

Exclusions

An accelerated benefit will not be paid if:
LIFE INSURANCE FOR YOU (continued)

- you have assigned all or part of your life insurance, unless the assignee consents, in writing.

- you have named an irrevocable beneficiary for all or part of your life insurance, unless the beneficiary consents, in writing.

- all or a part of your life insurance is payable to a former spouse as part of a divorce decree or property settlement.

- you have previously received an accelerated benefit of your life insurance.

- your life insurance is less than $10,000.

- the policy issued by us to the policyholder has not been in force for at least six months.
ADDITIONAL PROVISIONS FOR LIFE INSURANCE

Optional Payment Methods

You or your beneficiary may choose to have all or part of your insurance paid in installments. You can request this at any time. Your beneficiary may request this within 31 days after your death.

This option is not available if the beneficiary is an estate, corporation, partnership, association, or trustee.

Beneficiary

You may change the beneficiary at any time. Any request to name or change the beneficiary must be in writing on a form acceptable to us and signed by you. After we receive the request at our home office, the change will take effect on the date you signed it. A beneficiary change will be without prejudice to us for any payment we made before we received notice in our home office.

You may also send a request to change the beneficiary to the main office of the policyholder. The change must be made in a manner acceptable to us.

Any application to convert all your group life insurance which names a beneficiary different from the last beneficiary you named under the policy will be considered a change of beneficiary to the person named in the application. The change will take effect on the date of the application.

If you named more than 1 beneficiary, your amount of insurance will be divided among them equally, unless you specified otherwise.

If a beneficiary dies before you do, the rights and interest of that beneficiary will end.

If no beneficiary is living or existing when you die, or if none was named, or if the beneficiary is disqualified by operation of law, your insurance will be paid to the first qualified surviving class of the following classes in this order:

- your lawful spouse;
- your living children, in equal shares;
- your living parents, in equal shares; or
- your estate.

Assignment

If you assign your interest under the policy to another person, all your rights under the policy are permanently transferred. This includes the right to name and change the beneficiary and the right to convert to an individual policy. You may assign your insurance to only 1 of the following:

- your lawful spouse;
- your child, parent, brother, or sister; or
- the trustee of a trust you set up for the benefit of your lawful spouse, children, parents, brothers, or sisters.

We are not responsible for the validity of any assignment. An assignment will not affect us until we receive written notice at our home office.
**Incontestability**

The validity of the policy cannot be contested after it has been in force for 2 years. The validity of your coverage under the policy cannot be contested after you have been insured under the policy for 2 years during your lifetime. However, if the premiums are not paid, the validity of the policy or your coverage can be contested at any time.

No statement you made regarding proof of good health can be used in a legal dispute unless it was in writing, it was signed by you, and a copy was given to you or your beneficiary.

**Spendthrift**

As permitted by law, the benefits under the policy are not subject to commutation, encumbrance or alienation. They are not subject to the claim of, or legal process by, any creditor of you or your beneficiary.
CLAIM PROVISIONS

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay your life insurance benefits according to the Beneficiary provision. For any other benefits we will follow the provisions applicable to such benefits, if any. Otherwise, all other benefits will be paid to you, if you are living. If not, we will pay your estate.

If no beneficiary is living at your death, we may pay part of your life insurance to any person we decide is entitled to it because of expenses incurred during your last illness or for your funeral.

Any amount we pay in good faith releases us from further liability for that amount.

Authority

The policyholder delegates to us and agrees that we have the authority to determine eligibility for participation or benefits and to interpret the terms of the policy.

In addition, our authority includes, but is not limited to, the following:

- the right to resolve all matters when a review has been requested; and
- the right to establish and enforce rules and procedures for the processing of claims and administration of the policy.

However, this provision will not restrict any right you may have to pursue an internal appeal or file a lawsuit if your claim for benefits is denied.

Review Procedure

You must request, in writing, a review of a denial of your claim within 60 days after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision within 60 days after we receive your request, or within 120 days if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the policy. We will also advise you of your further appeal rights, if any.
GENERAL PROVISIONS

Entire Contract

The policy and the policyholder's application attached to it are the entire contract. Any statement made by you or the policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you or your beneficiary.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about you or the policyholder's plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Certificates

We will send certificates to the policyholder to give to each covered person. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the policy.

Workers' Compensation

The policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency

Neither the policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid.
Group Benefits

Park Hill School District (PHSD)

Life
Retired Superintendent with date of hire of 07/01/1994
CERTIFICATE OF GROUP INSURANCE

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your Schedule. This Certificate is subject to the provisions of the below numbered policy issued by Union Security Insurance Company to the policyholder.

Policyholder: Park Hill School District

Group Policy Number: 5476886

Participation Number: 0

Type of Coverage:

Group Term Life Insurance

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the policy.

[Signature]

President and Chief Executive Officer
NOTICE

If you have any questions about your insurance, please contact:

Union Security Insurance Company
Customer Relations
P.O. Box 419596
Kansas City, Missouri 64141-9958

You may also reach Union Security by telephone at 800.733.7879.

When contacting us, please have your policy number or participation number available.
SCHEDULE

Eligible Persons

To be eligible for insurance, a person must be a member of an Eligible Class. The person must also complete a period of continuous service (Service Requirement) with the policyholder (or any associated company).

Eligible Class: Each retired Superintendent of the policyholder or an associated company, who was hired on 7/1/1994.

Associated Companies: None

Service Requirement:

On January 1, 2016: None

After January 1, 2016: None

Entry Date

Insurance will take effect on the later of (i) the date shown below, and (ii) the first of the month occurring on or after the day all the eligibility requirements are met.

Effective Date of Insurance

January 1, 2016 (subject to Entry Date)

Life Insurance for You

1. If you have not reached age 70, your amount of insurance will be $400,000.

2. If you have reached age 70, but not age 75, your amount of insurance will be 65% of the amount shown in 1 above. *

3. If you have reached age 75 or more, your amount of insurance will be 50% of the amount shown in 1 above. *

* Your amount of insurance will be rounded to the next higher multiple of $1,000, if not already an exact multiple. Any reduction will be subject to the other provisions of the policy and will also apply if your insurance is continued during disability.

However, the amount of life insurance may be limited by the Proof of Good Health provision.

Maximum Amount Without Proof of Good Health: $400,000

Any reduction based on age will apply to the amount of insurance in force, taking into account the Proof of Good Health provision.

Amount of Accelerated Benefit

With the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 80% of your life insurance. Without the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 50% of your life insurance. The amount will be rounded to the next higher multiple of $1,000, if not already an exact multiple, and may never be less than $5,000 or more than $250,000.
Change Date: For changes in pay or age, the Change Date will be the policy anniversary occurring on or after the date of the change. For changes in class, the Change Date will be the first day of the month occurring on or after the date of the change.

Survivor Financial Counseling Service

You or your beneficiary may be eligible for a survivor financial counseling service through a third-party vendor if, at the time of the claim, we have a contract in effect with a financial counseling provider, and if:

- your beneficiary is eligible for a life insurance benefit of at least $50,000; or
- you apply and qualify for an accelerated benefit of at least $50,000.
NON-INSURANCE BENEFITS AND SERVICES

You are eligible for benefits and services provided by third-party vendors as described below. A third-party vendor is an entity with whom we contract to provide non-insurance benefits and services.

Will Preparation Services

As a covered person, you are entitled to will preparation services as an included benefit. The included benefit is provided through a third-party vendor and is not an insured benefit provided by us. The included benefit is available to you and your dependent(s) as defined by the third-party vendor. You must remain insured under this policy in order to qualify for the included benefit.

The included benefit may not be available if prohibited by law. The third-party vendor providing the service is solely responsible for providing and administering the included benefit. We are not liable for the third-party vendor's failure to provide or its negligence in providing the included benefit. The included benefit is only available while we have a contract in effect with a third-party vendor to provide the included benefit.
TABLE OF CONTENTS

GENERAL DEFINITIONS .......................................................................................................................... 2
DEFINITIONS FOR LIFE INSURANCE ....................................................................................................... 3
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU .............................................................. 4
  When Your Insurance Ends .................................................................................................................. 4
CONTINUITY OF COVERAGE ................................................................................................................ 5
  Definitions ........................................................................................................................................ 5
  Continuity of Coverage for You ......................................................................................................... 5
  Prior Plan Credit for Life Insurance .................................................................................................. 5
LIFE INSURANCE FOR YOU .................................................................................................................. 6
  Insurance Provided ............................................................................................................................. 6
  Proof of Good Health ......................................................................................................................... 6
  Conversion to an Individual Policy ..................................................................................................... 6
ACCELERATED BENEFIT ...................................................................................................................... 6
  Amount of Accelerated Benefit ......................................................................................................... 7
  Proof Required for the Accelerated Benefit ....................................................................................... 7
  Effect of Accelerated Benefit ............................................................................................................ 7
  Exclusions ......................................................................................................................................... 7
ADDITIONAL PROVISIONS FOR LIFE INSURANCE ........................................................................ 9
  Optional Payment Methods .............................................................................................................. 9
  Beneficiary ....................................................................................................................................... 9
  Assignment ..................................................................................................................................... 9
  Incontestability ............................................................................................................................... 10
  Spendthrift ..................................................................................................................................... 10
CLAIM PROVISIONS .............................................................................................................................. 11
  Payment of Benefits .......................................................................................................................... 11
  To Whom Payable ............................................................................................................................ 11
  Authority ......................................................................................................................................... 11
  Review Procedure ............................................................................................................................ 11
GENERAL PROVISIONS ...................................................................................................................... 12
  Entire Contract ................................................................................................................................ 12
  Errors ............................................................................................................................................... 12
  Misstatements ................................................................................................................................. 12
  Certificates ..................................................................................................................................... 12
  Workers' Compensation .................................................................................................................. 12
  Agency ............................................................................................................................................ 12
  Fraud ............................................................................................................................................... 12
GENERAL DEFINITIONS

These terms have the meanings shown here when italicized. The pronouns “we”, “us”, “our”, “you”, and “your” are not italicized.

**Active work** means the expenditure of time and energy for the policyholder or an associated company at your usual place of business on a full-time basis. Active work does not apply to any retired person covered under the policy.

**Associated company** means any company shown in the policy which is owned by or affiliated with the policyholder.

**Contributory** means you pay part of the premium.

**Covered person** means an eligible employee or member of the policyholder, or an associated company who has become insured for a coverage.

**Doctor** means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. Also, a person whom we are required to recognize as a doctor by the laws or regulations of the governing jurisdiction, or a person who is legally licensed to practice psychiatry, psychology or psychotherapy and whose primary work activities involve the care of patients, is a doctor. However, neither you nor a family member will be considered a doctor.

**Eligible class** means a class of persons eligible for insurance under the policy. This class is based on employment or membership in a group.

**Family member** means a person who is a parent, spouse, child, sibling, domestic partner, grandparent or grandchild of the covered person.

**Full-time** means working at least 30 hours per week, unless indicated otherwise in the policy.

**Home office** means our office in Kansas City, Missouri.

**Injury** means accidental bodily injury. It does not mean intentionally self-inflicted injury while sane.

**No-fault motor vehicle coverage** means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident that occurs.

**Noncontributory** means the policyholder pays the premium.

**Policy** means the group policy issued by us to the policyholder that describes the benefits for which you may be eligible.

**Policyholder** means the entity to whom the policy is issued.

**Proof of good health** means evidence acceptable to us of the good health of a person.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee or member of the policyholder or an associated company who has become insured for a coverage.
DEFINITIONS FOR LIFE INSURANCE

Accelerated benefit means the group term life accelerated benefit under the policy issued by us to the policyholder. Accelerated benefits do not apply to any insurance under the policy other than group term life insurance.

Beneficiary means the person or entity you choose to receive your amount of insurance at your death.

Conversion policy means a policy of individual life insurance which may be issued to you by us when part or all of your group life insurance ends, as described in the "Conversion to an Individual Policy" provision.

Life insurance means the group term life insurance under the policy issued by us to the policyholder.

Qualifying medical condition means you have a medical condition which is diagnosed by a doctor as life-threatening and which results in an expected life span of 12 months or less according to prevailing medical standards.
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU

When Your Insurance Ends

Your insurance will end on the date:

- the policy ends;
- the policy is changed to end the insurance for your eligible class;
- you are no longer in an eligible class; or
- a required contribution was not paid.
CONTINUITY OF COVERAGE

Definitions

Prior plan means the policyholder’s plan of group life insurance, if any, under which you were insured on the day before the Effective Date of the policy.

Prior plan benefits mean the benefits, if any, that would have been paid to you or your beneficiary under the prior plan had it remained in effect, and had you continued to be insured under the prior plan.

Continuity of Coverage for You

We will provide continuity of coverage if you were covered under the prior plan.

If you are not at active work on the Effective Date of the policy due to a disability, you are not eligible to become insured under the policy. However, we will cover you for the prior plan benefits until the earlier of:

- the date you return to active work; or
- the end of any period of continuance or extension of the prior plan.

If you are not at active work on the Effective Date of the policy due to a reason other than a disability, and would otherwise be eligible to become insured under the policy, we will cover you for the prior plan benefits until the earliest of:

- the date you return to active work;
- the end of any period of continuance of the prior plan; or
- the date coverage would otherwise end, according to the provisions of the policy.

Any benefits payable under the conditions described above will be paid by us:

- as if the prior plan had remained in effect; and
- will be reduced by any benefits paid or payable by the prior plan.

If you are at active work on the Effective Date of the policy, you will be insured under the policy.

Prior Plan Credit for Life Insurance

We will give you credit for time periods which were met under the prior plan for the same provision(s). This credit will apply to the time-insured requirement, if any, shown in the following section(s) of the Life Insurance for You provision in the policy:

- Insurance Provided. However, for any contributory insurance, this credit will not apply to any increase in your amount of insurance under the policy.
- Accelerated Benefit, but only if you had a similar Accelerated Benefit under the prior plan.
- Conversion to an Individual Policy.

If we accept a copy of the enrollment card you submitted under the prior plan, this credit will also apply to the Incontestability section shown in Additional Provisions for Life Insurance.
LIFE INSURANCE FOR YOU

Insurance Provided

We will pay your beneficiary the amount of insurance shown in the Schedule when we receive all the required proof of covered loss, including written proof of your death, acceptable to us, and a completed claim form. Your amount of insurance may be reduced by the amount of any conversion policy.

For any contributory insurance, if you take your own life within 1 year after you become insured under the policy, the amount of insurance we pay will be the sum of all contributions for this insurance.

For any contributory insurance, if you take your own life within 1 year after you elect an increase in your amount of insurance under the policy, the amount of the increase will be limited to the sum of all contributions for the increase.

Proof of Good Health

If you are eligible for more than the Maximum Amount Without Proof of Good Health shown in the Schedule, you will be limited to that Maximum until you give us proof of good health. If the proof is accepted, the additional amount of insurance will take effect on the date we approve your proof of good health. Once insured for more than that Maximum, future increases will also require proof of good health.

If both noncontributory and contributory insurance are provided under the policy, your contributory amount will be affected by this provision before your noncontributory amount.

Conversion to an Individual Policy

If any or all of your group life insurance ends, you can apply for any individual policy offered by us (conversion policy). You must apply and pay the premium within 31 days. The individual policy may be any we offer for conversion. No proof of good health is required. The amount of insurance available to you depends on the reason your insurance ends.

If your insurance ends because you are no longer eligible or because of a change in age or other status, you may convert the full amount that ended. However, if your insurance ends as the result of a change in the policy, you may not convert the full amount that ended.

If the policy ends or is changed to reduce or end your life insurance, and if you have been insured for at least 5 years under the policy, you may convert up to the lesser of:

- $10,000, and
- the amount of life insurance that ended minus the amount of any group life insurance for which you become eligible within 31 days.

If you die within 31 days after your life insurance ends, we will pay to your beneficiary the amount you could have converted, whether or not you applied or paid the premium.

You cannot apply for a conversion policy if your group life insurance ended because you did not pay your share of the premium.

ACCELERATED BENEFIT

If, while you are a covered person, you have a qualifying medical condition, you have the right to receive a portion of your life insurance during your lifetime, payable as an accelerated benefit. You must have at least $10,000 of life insurance in force to be eligible to receive an accelerated benefit.
RECEIPT OF AN ACCELERATED BENEFIT MAY AFFECT ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. A TAX ADVISOR SHOULD BE CONSULTED.

We are not responsible for any effect on your state or federal taxes, or loss of eligibility for any state or federal program.

Unless otherwise indicated, all provisions of the policy shall apply to the accelerated benefit.

**Amount of Accelerated Benefit**

You may receive an accelerated benefit of your life insurance, as shown in the Schedule.

If the amount of your life insurance is scheduled to reduce due to age within 12 months following the date you apply for the accelerated benefit, your accelerated benefit will be based on the reduced amount.

An accelerated benefit may be paid only once during your lifetime. Benefits will be paid in a single sum to you. If you are not living when benefits are payable, they will be paid to your beneficiary.

Once an accelerated benefit is paid to you, we will notify you of the remaining life insurance in force.

**Proof Required for the Accelerated Benefit**

You must submit a claim form and any other information we find necessary to decide our liability.

We may ask you to be examined in connection with your claim for an accelerated benefit. We will pay for any exam we require.

**Effect of Accelerated Benefit**

After an accelerated benefit is paid, premium is due only for the remaining life insurance, unless the premium is waived under the Disability Benefit provision. The life insurance payable at your death to your beneficiary equals:

- the amount of your life insurance as if an accelerated benefit payment has not been made, minus
- the accelerated benefit payment, minus
- the interest charge.

The interest charge equals the accelerated benefit amount times the number of days from the accelerated benefit payment to your date of death, times an annual interest rate divided by 365. The rate of interest is determined quarterly by us.

Your amount of dependent life insurance, accidental death and dismemberment insurance, travel accident insurance, dependent accidental death and dismemberment insurance and survivor income insurance, if any, is not affected by the payment of the accelerated benefit. The amount of any conversion policy will be based on your reduced amount of life insurance after the payment of the accelerated benefit.

**Exclusions**

An accelerated benefit will not be paid if:
• you have assigned all or part of your life insurance, unless the assignee consents, in writing.

• you have named an irrevocable beneficiary for all or part of your life insurance, unless the beneficiary consents, in writing.

• all or a part of your life insurance is payable to a former spouse as part of a divorce decree or property settlement.

• you have previously received an accelerated benefit of your life insurance.

• your life insurance is less than $10,000.

• the policy issued by us to the policyholder has not been in force for at least six months.
ADDITIONAL PROVISIONS FOR LIFE INSURANCE

Optional Payment Methods

You or your beneficiary may choose to have all or part of your insurance paid in installments. You can request this at any time. Your beneficiary may request this within 31 days after your death.

This option is not available if the beneficiary is an estate, corporation, partnership, association, or trustee.

Beneficiary

You may change the beneficiary at any time. Any request to name or change the beneficiary must be in writing on a form acceptable to us and signed by you. After we receive the request at our home office, the change will take effect on the date you signed it. A beneficiary change will be without prejudice to us for any payment we made before we received notice in our home office.

You may also send a request to change the beneficiary to the main office of the policyholder. The change must be made in a manner acceptable to us.

Any application to convert all your group life insurance which names a beneficiary different from the last beneficiary you named under the policy will be considered a change of beneficiary to the person named in the application. The change will take effect on the date of the application.

If you named more than 1 beneficiary, your amount of insurance will be divided among them equally, unless you specified otherwise.

If a beneficiary dies before you do, the rights and interest of that beneficiary will end.

If no beneficiary is living or existing when you die, or if none was named, or if the beneficiary is disqualified by operation of law, your insurance will be paid to the first qualified surviving class of the following classes in this order:

• your lawful spouse;
• your living children, in equal shares;
• your living parents, in equal shares; or
• your estate.

Assignment

If you assign your interest under the policy to another person, all your rights under the policy are permanently transferred. This includes the right to name and change the beneficiary and the right to convert to an individual policy. You may assign your insurance to only 1 of the following:

• your lawful spouse;
• your child, parent, brother, or sister; or
• the trustee of a trust you set up for the benefit of your lawful spouse, children, parents, brothers, or sisters.

We are not responsible for the validity of any assignment. An assignment will not affect us until we receive written notice at our home office.
Incontestability

The validity of the policy cannot be contested after it has been in force for 2 years. The validity of your coverage under the policy cannot be contested after you have been insured under the policy for 2 years during your lifetime. However, if the premiums are not paid, the validity of the policy or your coverage can be contested at any time.

No statement you made regarding proof of good health can be used in a legal dispute unless it was in writing, it was signed by you, and a copy was given to you or your beneficiary.

Spendthrift

As permitted by law, the benefits under the policy are not subject to commutation, encumbrance or alienation. They are not subject to the claim of, or legal process by, any creditor of you or your beneficiary.
CLAIM PROVISIONS

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay your life insurance benefits according to the Beneficiary provision. For any other benefits we will follow the provisions applicable to such benefits, if any. Otherwise, all other benefits will be paid to you, if you are living. If not, we will pay your estate.

If no beneficiary is living at your death, we may pay part of your life insurance to any person we decide is entitled to it because of expenses incurred during your last illness or for your funeral.

Any amount we pay in good faith releases us from further liability for that amount.

Authority

The policyholder delegates to us and agrees that we have the authority to determine eligibility for participation or benefits and to interpret the terms of the policy.

In addition, our authority includes, but is not limited to, the following:

- the right to resolve all matters when a review has been requested; and
- the right to establish and enforce rules and procedures for the processing of claims and administration of the policy.

However, this provision will not restrict any right you may have to pursue an internal appeal or file a lawsuit if your claim for benefits is denied.

Review Procedure

You must request, in writing, a review of a denial of your claim within 60 days after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision within 60 days after we receive your request, or within 120 days if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the policy. We will also advise you of your further appeal rights, if any.
GENERAL PROVISIONS

Entire Contract

The policy and the policyholder’s application attached to it are the entire contract. Any statement made by you or the policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you or your beneficiary.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about you or the policyholder’s plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Certificates

We will send certificates to the policyholder to give to each covered person. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the policy.

Workers’ Compensation

The policy is not in place of, and does not affect any state’s requirements for coverage by Workers’ Compensation insurance.

Agency

Neither the policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid.
Group Benefits

Park Hill School District (PHSD)

Life
Retired Superintendent with date of hire of 07/01/1999
CERTIFICATE OF
GROUP INSURANCE

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your Schedule. This Certificate is subject to the provisions of the below numbered policy issued by Union Security Insurance Company to the policyholder.

Policyholder: Park Hill School District

Group Policy Number: 5476886

Participation Number: 0

Type of Coverage:

Group Term Life Insurance

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the policy.

[Signature]

President and
Chief Executive Officer
NOTICE

If you have any questions about your insurance, please contact:

Union Security Insurance Company
Customer Relations
P.O. Box 419596
Kansas City, Missouri 64141-9958

You may also reach Union Security by telephone at 800.733.7879.

When contacting us, please have your policy number or participation number available.
SCHEDULE

Eligible Persons

To be eligible for insurance, a person must be a member of an Eligible Class. The person must also complete a period of continuous service (Service Requirement) with the policyholder (or any associated company).

Eligible Class: Each retired Superintendent of the policyholder or an associated company, who was hired on 7/1/1999.

Associated Companies: None

Service Requirement:

On January 1, 2016: None

After January 1, 2016: None

Entry Date

Insurance will take effect on the later of (i) the date shown below, and (ii) the first of the month occurring on or after the day all the eligibility requirements are met.

Effective Date of Insurance

January 1, 2016 (subject to Entry Date)

Life Insurance for You

1. If you have not reached age 65, your amount of insurance will be $750,000

2. If you have reached age 65, but not age 70, your amount of insurance will be 50% of the amount shown in 1 above.*

3. If you have reached age 70, but not age 80, your amount of insurance will be 25% of the amount shown in 1 above.*

4. If you have reached age 80, your amount of insurance will be $0.

* Your amount of insurance will be rounded to the next higher multiple of $1,000, if not already an exact multiple. Any reduction will be subject to the other provisions of the policy and will also apply if your insurance is continued during disability.

However, the amount of life insurance may be limited by the Proof of Good Health provision.

Maximum Amount Without Proof of Good Health: $750,000

Any reduction based on age will apply to the amount of insurance in force, taking into account the Proof of Good Health provision.
Amount of Accelerated Benefit

With the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 80% of your life insurance. Without the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 50% of your life insurance. The amount will be rounded to the next higher multiple of $1,000, if not already an exact multiple, and may never be less than $5,000 or more than $250,000.

Change Date: For changes in pay or age, the Change Date will be the policy anniversary occurring on or after the date of the change. For changes in class, the Change Date will be the first day of the month occurring on or after the date of the change.

Survivor Financial Counseling Service

You or your beneficiary may be eligible for a survivor financial counseling service through a third-party vendor if, at the time of the claim, we have a contract in effect with a financial counseling provider, and if:

• your beneficiary is eligible for a life insurance benefit of at least $50,000; or
• you apply and qualify for an accelerated benefit of at least $50,000.
NON-INSURANCE BENEFITS AND SERVICES

You are eligible for benefits and services provided by third-party vendors as described below. A third-party vendor is an entity with whom we contract to provide non-insurance benefits and services.

Will Preparation Services

As a covered person, you are entitled to will preparation services as an included benefit. The included benefit is provided through a third-party vendor and is not an insured benefit provided by us. The included benefit is available to you and your dependent(s) as defined by the third-party vendor. You must remain insured under this policy in order to qualify for the included benefit.

The included benefit may not be available if prohibited by law. The third-party vendor providing the service is solely responsible for providing and administering the included benefit. We are not liable for the third-party vendor’s failure to provide or its negligence in providing the included benefit. The included benefit is only available while we have a contract in effect with a third-party vendor to provide the included benefit.
# TABLE OF CONTENTS

GENERAL DEFINITIONS ........................................................................................................ 2
DEFINITIONS FOR LIFE INSURANCE ..................................................................................... 3
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU .............................................. 4
  When Your Insurance Ends ................................................................................................. 4
CONTINUITY OF COVERAGE ............................................................................................... 5
  Definitions .......................................................................................................................... 5
  Continuity of Coverage for You .......................................................................................... 5
  Prior Plan Credit for Life Insurance ................................................................................... 5
LIFE INSURANCE FOR YOU ................................................................................................ 6
  Insurance Provided ............................................................................................................. 6
  Proof of Good Health ......................................................................................................... 6
  Conversion to an Individual Policy ...................................................................................... 6
ACCELERATED BENEFIT ..................................................................................................... 6
  Amount of Accelerated Benefit .......................................................................................... 7
  Proof Required for the Accelerated Benefit ....................................................................... 7
  Effect of Accelerated Benefit ............................................................................................. 7
  Exclusions .......................................................................................................................... 7
ADDITIONAL PROVISIONS FOR LIFE INSURANCE ........................................................ 9
  Optional Payment Methods ............................................................................................... 9
  Beneficiary ......................................................................................................................... 9
  Assignment ........................................................................................................................ 9
  Incontestability .................................................................................................................. 10
  Spendthrift ........................................................................................................................ 10
CLAIM PROVISIONS ........................................................................................................... 11
  Payment of Benefits ......................................................................................................... 11
  To Whom Payable ............................................................................................................. 11
  Authority ............................................................................................................................ 11
  Review Procedure ............................................................................................................. 11
GENERAL PROVISIONS .................................................................................................... 12
  Entire Contract .................................................................................................................. 12
  Errors ................................................................................................................................. 12
  Misstatements .................................................................................................................. 12
  Certificates ........................................................................................................................ 12
  Workers' Compensation ................................................................................................... 12
  Agency ............................................................................................................................... 12
  Fraud .................................................................................................................................. 12
GENERAL DEFINITIONS

These terms have the meanings shown here when italicized. The pronouns "we", "us", "our", "you", and "your" are not italicized.

Active work means the expenditure of time and energy for the policyholder or an associated company at your usual place of business on a full-time basis. Active work does not apply to any retired person covered under the policy.

Associated company means any company shown in the policy which is owned by or affiliated with the policyholder.

Contributory means you pay part of the premium.

Covered person means an eligible employee or member of the policyholder, or an associated company who has become insured for a coverage.

Doctor means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. Also, a person whom we are required to recognize as a doctor by the laws or regulations of the governing jurisdiction, or a person who is legally licensed to practice psychiatry, psychology or psychotherapy and whose primary work activities involve the care of patients, is a doctor. However, neither you nor a family member will be considered a doctor.

 Eligible class means a class of persons eligible for insurance under the policy. This class is based on employment or membership in a group.

Family member means a person who is a parent, spouse, child, sibling, domestic partner, grandparent or grandchild of the covered person.

Full-time means working at least 30 hours per week, unless indicated otherwise in the policy.

Home office means our office in Kansas City, Missouri.

Injury means accidental bodily injury. It does not mean intentionally self-inflicted injury while sane.

No-fault motor vehicle coverage means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident that occurs.

Noncontributory means the policyholder pays the premium.

Policy means the group policy issued by us to the policyholder that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the policy is issued.

Proof of good health means evidence acceptable to us of the good health of a person.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee or member of the policyholder or an associated company who has become insured for a coverage.
DEFINITIONS FOR LIFE INSURANCE

*Accelerated benefit* means the group term life accelerated benefit under the *policy* issued by us to the *policyholder*. *Accelerated benefits* do not apply to any insurance under the *policy* other than group term *life insurance*.

*Beneficiary* means the person or entity you choose to receive your amount of insurance at your death.

*Conversion policy* means a policy of individual life insurance which may be issued to you by us when part or all of your group *life insurance* ends, as described in the "Conversion to an Individual Policy" provision.

*Life insurance* means the group term life insurance under the *policy* issued by us to the *policyholder*.

*Qualifying medical condition* means you have a medical condition which is diagnosed by a *doctor* as life-threatening and which results in an expected life span of 12 months or less according to prevailing medical standards.
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU

When Your Insurance Ends

Your insurance will end on the date:

- the policy ends;
- the policy is changed to end the insurance for your eligible class;
- you are no longer in an eligible class; or
- a required contribution was not paid.
CONTINUITY OF COVERAGE

Definitions

Prior plan means the policyholder’s plan of group life insurance, if any, under which you were insured on the day before the Effective Date of the policy.

Prior plan benefits mean the benefits, if any, that would have been paid to you or your beneficiary under the prior plan had it remained in effect, and had you continued to be insured under the prior plan.

Continuity of Coverage for You

We will provide continuity of coverage if you were covered under the prior plan.

If you are not at active work on the Effective Date of the policy due to a disability, you are not eligible to become insured under the policy. However, we will cover you for the prior plan benefits until the earlier of:

- the date you return to active work; or
- the end of any period of continuance or extension of the prior plan.

If you are not at active work on the Effective Date of the policy due to a reason other than a disability, and would otherwise be eligible to become insured under the policy, we will cover you for the prior plan benefits until the earliest of:

- the date you return to active work;
- the end of any period of continuance of the prior plan; or
- the date coverage would otherwise end, according to the provisions of the policy.

Any benefits payable under the conditions described above will be paid by us:

- as if the prior plan had remained in effect; and
- will be reduced by any benefits paid or payable by the prior plan.

If you are at active work on the Effective Date of the policy, you will be insured under the policy.

Prior Plan Credit for Life Insurance

We will give you credit for time periods which were met under the prior plan for the same provision(s). This credit will apply to the time-insured requirement, if any, shown in the following section(s) of the Life Insurance for You provision in the policy:

- Insurance Provided. However, for any contributory insurance, this credit will not apply to any increase in your amount of insurance under the policy.
- Accelerated Benefit, but only if you had a similar Accelerated Benefit under the prior plan.
- Conversion to an Individual Policy.

If we accept a copy of the enrollment card you submitted under the prior plan, this credit will also apply to the Incontestability section shown in Additional Provisions for Life Insurance.
LIFE INSURANCE FOR YOU

Insurance Provided

We will pay your beneficiary the amount of insurance shown in the Schedule when we receive all the required proof of covered loss, including written proof of your death, acceptable to us, and a completed claim form. Your amount of insurance may be reduced by the amount of any conversion policy.

For any contributory insurance, if you take your own life within 1 year after you become insured under the policy, the amount of insurance we pay will be the sum of all contributions for this insurance.

For any contributory insurance, if you take your own life within 1 year after you elect an increase in your amount of insurance under the policy, the amount of the increase will be limited to the sum of all contributions for the increase.

Proof of Good Health

If you are eligible for more than the Maximum Amount Without Proof of Good Health shown in the Schedule, you will be limited to that Maximum until you give us proof of good health. If the proof is accepted, the additional amount of insurance will take effect on the date we approve your proof of good health. Once insured for more than that Maximum, future increases will also require proof of good health.

If both noncontributory and contributory insurance are provided under the policy, your contributory amount will be affected by this provision before your noncontributory amount.

Conversion to an Individual Policy

If any or all of your group life insurance ends, you can apply for any individual policy offered by us (conversion policy). You must apply and pay the premium within 31 days. The individual policy may be any we offer for conversion. No proof of good health is required. The amount of insurance available to you depends on the reason your insurance ends.

If your insurance ends because you are no longer eligible or because of a change in age or other status, you may convert the full amount that ended. However, if your insurance ends as the result of a change in the policy, you may not convert the full amount that ended.

If the policy ends or is changed to reduce or end your life insurance, and if you have been insured for at least 5 years under the policy, you may convert up to the lesser of:

- $10,000, and
- the amount of life insurance that ended minus the amount of any group life insurance for which you become eligible within 31 days.

If you die within 31 days after your life insurance ends, we will pay to your beneficiary the amount you could have converted, whether or not you applied or paid the premium.

You cannot apply for a conversion policy if your group life insurance ended because you did not pay your share of the premium.

ACCELERATED BENEFIT

If, while you are a covered person, you have a qualifying medical condition, you have the right to receive a portion of your life insurance during your lifetime, payable as an accelerated benefit. You must have at least $10,000 of life insurance in force to be eligible to receive an accelerated benefit.
LIFE INSURANCE FOR YOU (continued)

RECEIPT OF AN ACCELERATED BENEFIT MAY AFFECT ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. A TAX ADVISOR SHOULD BE CONSULTED.

We are not responsible for any effect on your state or federal taxes, or loss of eligibility for any state or federal program.

Unless otherwise indicated, all provisions of the policy shall apply to the accelerated benefit.

Amount of Accelerated Benefit

You may receive an accelerated benefit of your life insurance, as shown in the Schedule.

If the amount of your life insurance is scheduled to reduce due to age within 12 months following the date you apply for the accelerated benefit, your accelerated benefit will be based on the reduced amount.

An accelerated benefit may be paid only once during your lifetime. Benefits will be paid in a single sum to you. If you are not living when benefits are payable, they will be paid to your beneficiary.

Once an accelerated benefit is paid to you, we will notify you of the remaining life insurance in force.

Proof Required for the Accelerated Benefit

You must submit a claim form and any other information we find necessary to decide our liability.

We may ask you to be examined in connection with your claim for an accelerated benefit. We will pay for any exam we require.

Effect of Accelerated Benefit

After an accelerated benefit is paid, premium is due only for the remaining life insurance, unless the premium is waived under the Disability Benefit provision. The life insurance payable at your death to your beneficiary equals:

- the amount of your life insurance as if an accelerated benefit payment has not been made, minus
- the accelerated benefit payment, minus
- the interest charge.

The interest charge equals the accelerated benefit amount times the number of days from the accelerated benefit payment to your date of death, times an annual interest rate divided by 365. The rate of interest is determined quarterly by us.

Your amount of dependent life insurance, accidental death and dismemberment insurance, travel accident insurance, dependent accidental death and dismemberment insurance and survivor income insurance, if any, is not affected by the payment of the accelerated benefit. The amount of any conversion policy will be based on your reduced amount of life insurance after the payment of the accelerated benefit.

Exclusions

An accelerated benefit will not be paid if:
LIFE INSURANCE FOR YOU (continued)

- you have assigned all or part of your *life insurance*, unless the assignee consents, in writing.
- you have named an irrevocable *beneficiary* for all or part of your *life insurance*, unless the *beneficiary* consents, in writing.
- all or a part of your *life insurance* is payable to a former spouse as part of a divorce decree or property settlement.
- you have previously received an *accelerated benefit* of your *life insurance*.
- your *life insurance* is less than $10,000.
- the *policy* issued by us to the *policyholder* has not been in force for at least six months.
ADDITIONAL PROVISIONS FOR LIFE INSURANCE

Optional Payment Methods

You or your beneficiary may choose to have all or part of your insurance paid in installments. You can request this at any time. Your beneficiary may request this within 31 days after your death.

This option is not available if the beneficiary is an estate, corporation, partnership, association, or trustee.

Beneficiary

You may change the beneficiary at any time. Any request to name or change the beneficiary must be in writing on a form acceptable to us and signed by you. After we receive the request at our home office, the change will take effect on the date you signed it. A beneficiary change will be without prejudice to us for any payment we made before we received notice in our home office.

You may also send a request to change the beneficiary to the main office of the policyholder. The change must be made in a manner acceptable to us.

Any application to convert all your group life insurance which names a beneficiary different from the last beneficiary you named under the policy will be considered a change of beneficiary to the person named in the application. The change will take effect on the date of the application.

If you named more than 1 beneficiary, your amount of insurance will be divided among them equally, unless you specified otherwise.

If a beneficiary dies before you do, the rights and interest of that beneficiary will end.

If no beneficiary is living or existing when you die, or if none was named, or if the beneficiary is disqualified by operation of law, your insurance will be paid to the first qualified surviving class of the following classes in this order:

- your lawful spouse;
- your living children, in equal shares;
- your living parents, in equal shares;
- your estate.

Assignment

If you assign your interest under the policy to another person, all your rights under the policy are permanently transferred. This includes the right to name and change the beneficiary and the right to convert to an individual policy. You may assign your insurance to only 1 of the following:

- your lawful spouse;
- your child, parent, brother, or sister; or
- the trustee of a trust you set up for the benefit of your lawful spouse, children, parents, brothers, or sisters.

We are not responsible for the validity of any assignment. An assignment will not affect us until we receive written notice at our home office.
**Incontestability**

The validity of the *policy* cannot be contested after it has been in force for 2 years. The validity of your coverage under the *policy* cannot be contested after you have been insured under the *policy* for 2 years during your lifetime. However, if the premiums are not paid, the validity of the *policy* or your coverage can be contested at any time.

No statement you made regarding *proof of good health* can be used in a legal dispute unless it was in writing, it was signed by you, and a copy was given to you or your *beneficiary*.

**Spendthrift**

As permitted by law, the benefits under the *policy* are not subject to commutation, encumbrance or alienation. They are not subject to the claim of, or legal process by, any creditor of you or your *beneficiary*. 
CLAIM PROVISIONS

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay your life insurance benefits according to the Beneficiary provision. For any other benefits we will follow the provisions applicable to such benefits, if any. Otherwise, all other benefits will be paid to you, if you are living. If not, we will pay your estate.

If no beneficiary is living at your death, we may pay part of your life insurance to any person we decide is entitled to it because of expenses incurred during your last illness or for your funeral.

Any amount we pay in good faith releases us from further liability for that amount.

Authority

The policyholder delegates to us and agrees that we have the authority to determine eligibility for participation or benefits and to interpret the terms of the policy.

In addition, our authority includes, but is not limited to, the following:

- the right to resolve all matters when a review has been requested; and
- the right to establish and enforce rules and procedures for the processing of claims and administration of the policy.

However, this provision will not restrict any right you may have to pursue an internal appeal or file a lawsuit if your claim for benefits is denied.

Review Procedure

You must request, in writing, a review of a denial of your claim within 60 days after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision within 60 days after we receive your request, or within 120 days if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the policy. We will also advise you of your further appeal rights, if any.
GENERAL PROVISIONS

Entire Contract
The policy and the policyholder's application attached to it are the entire contract. Any statement made by you or the policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you or your beneficiary.

Errors
An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements
If any information about you or the policyholder's plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Certificates
We will send certificates to the policyholder to give to each covered person. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the policy.

Workers' Compensation
The policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency
Neither the policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Fraud
It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid.
Group Benefits

Park Hill School District (PHSD)

Life
Retiree - Superintendent or Assistant Superintendent
CERTIFICATE OF
GROUP INSURANCE

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your Schedule. This Certificate is subject to the provisions of the below numbered policy issued by Union Security Insurance Company to the policyholder.

Policyholder: Park Hill School District
Group Policy Number: 5476886
Participation Number: 0
Type of Coverage:

  Group Term Life Insurance

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the policy.

[Signature]
President and
Chief Executive Officer
NOTICE

If you have any questions about your insurance, please contact:

Union Security Insurance Company
Customer Relations
P.O. Box 419596
Kansas City, Missouri 64141-9958

You may also reach Union Security by telephone at 800.733.7879.

When contacting us, please have your policy number or participation number available.
SCHEDULE

Eligible Persons

To be eligible for insurance, a person must be a member of an Eligible Class. The person must also complete a period of continuous service (Service Requirement) with the policyholder (or any associated company).

Eligible Class: Each retired Superintendent or Assistant Superintendent of the policyholder or an associated company who was a member of Class I on the day immediately preceding retirement.

Associated Companies: None

Service Requirement:

On January 1, 2016: None

After January 1, 2016: None

Entry Date

Insurance will take effect on the later of (i) the date shown below, and (ii) the first of the month occurring on or after the day all the eligibility requirements are met.

Effective Date of Insurance

January 1, 2016 (subject to Entry Date)

Life Insurance for You

1. If you have not reached age 70, your amount of insurance will be $100,000.

2. If you have reached age 70, but not age 75, your amount of insurance will be 65% of the amount shown in 1 above.*

3. If you have reached age 75 or more, your amount of insurance will be 50% of the amount shown in 1 above.*

4. If you have reached age 80, your amount of insurance will be $0.

* Your amount of insurance will be rounded to the next higher multiple of $1,000, if not already an exact multiple. Any reduction will be subject to the other provisions of the policy and will also apply if your insurance is continued during disability.

However, the amount of life insurance may be limited by the Proof of Good Health provision.

Maximum Amount Without Proof of Good Health: $100,000

Any reduction based on age will apply to the amount of insurance in force, taking into account the Proof of Good Health provision.
Amount of Accelerated Benefit

With the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 80% of your life insurance. Without the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 50% of your life insurance. The amount will be rounded to the next higher multiple of $1,000, if not already an exact multiple, and may never be less than $5,000 or more than $250,000.

Change Date: For changes in pay or age, the Change Date will be the policy anniversary occurring on or after the date of the change. For changes in class, the Change Date will be the first day of the month occurring on or after the date of the change.

Survivor Financial Counseling Service

You or your beneficiary may be eligible for a survivor financial counseling service through a third-party vendor if, at the time of the claim, we have a contract in effect with a financial counseling provider, and if:

- your beneficiary is eligible for a life insurance benefit of at least $50,000; or
- you apply and qualify for an accelerated benefit of at least $50,000.
NON-INSURANCE BENEFITS AND SERVICES

You are eligible for benefits and services provided by third-party vendors as described below. A third-party vendor is an entity with whom we contract to provide non-insurance benefits and services.

Will Preparation Services

As a covered person, you are entitled to will preparation services as an included benefit. The included benefit is provided through a third-party vendor and is not an insured benefit provided by us. The included benefit is available to you and your dependent(s) as defined by the third-party vendor. You must remain insured under this policy in order to qualify for the included benefit.

The included benefit may not be available if prohibited by law. The third-party vendor providing the service is solely responsible for providing and administering the included benefit. We are not liable for the third-party vendor’s failure to provide or its negligence in providing the included benefit. The included benefit is only available while we have a contract in effect with a third-party vendor to provide the included benefit.
TABLE OF CONTENTS

GENERAL DEFINITIONS ............................................................................................................. 2
DEFINITIONS FOR LIFE INSURANCE .......................................................................................... 3
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU .................................................... 4
  When Your Insurance Ends ...................................................................................................... 4
CONTINUITY OF COVERAGE .................................................................................................... 5
  Definitions .............................................................................................................................. 5
  Continuity of Coverage for You ............................................................................................. 5
  Prior Plan Credit for Life Insurance ...................................................................................... 5
LIFE INSURANCE FOR YOU .................................................................................................... 6
  Insurance Provided .................................................................................................................. 6
  Proof of Good Health ............................................................................................................... 6
  Conversion to an Individual Policy ......................................................................................... 6
ACCELERATED BENEFIT ......................................................................................................... 6
  Amount of Accelerated Benefit ............................................................................................. 7
  Proof Required for the Accelerated Benefit ......................................................................... 7
  Effect of Accelerated Benefit .............................................................................................. 7
  Exclusions ............................................................................................................................. 7
ADDITIONAL PROVISIONS FOR LIFE INSURANCE ............................................................. 9
  Optional Payment Methods ................................................................................................... 9
  Beneficiary ............................................................................................................................. 9
  Assignment ............................................................................................................................. 9
  Incontestability ..................................................................................................................... 10
  Spendthrift ............................................................................................................................. 10
CLAIM PROVISIONS ................................................................................................................ 11
  Payment of Benefits .............................................................................................................. 11
  To Whom Payable .................................................................................................................. 11
  Authority ................................................................................................................................. 11
  Review Procedure .................................................................................................................. 11
GENERAL PROVISIONS .......................................................................................................... 12
  Entire Contract ....................................................................................................................... 12
  Errors ..................................................................................................................................... 12
  Misstatements ....................................................................................................................... 12
  Certificates ............................................................................................................................. 12
  Workers' Compensation ....................................................................................................... 12
  Agency ................................................................................................................................... 12
  Fraud ..................................................................................................................................... 12
GENERAL DEFINITIONS

These terms have the meanings shown here when italicized. The pronouns "we", "us", "our", "you", and "your" are not italicized.

*Active work* means the expenditure of time and energy for the *policyholder* or an *associated company* at your usual place of business on a *full-time* basis. *Active work* does not apply to any retired person covered under the *policy*.

*Associated company* means any company shown in the *policy* which is owned by or affiliated with the *policyholder*.

*Contributory* means you pay part of the premium.

*Covered person* means an eligible employee or member of the *policyholder*, or an *associated company* who has become insured for a coverage.

*Doctor* means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. Also, a person whom we are required to recognize as a *doctor* by the laws or regulations of the governing jurisdiction, or a person who is legally licensed to practice psychiatry, psychology or psychotherapy and whose primary work activities involve the care of patients, is a *doctor*. However, neither you nor a *family member* will be considered a *doctor*.

*Eligible class* means a class of persons eligible for insurance under the *policy*. This class is based on employment or membership in a group.

*Family member* means a person who is a parent, spouse, child, sibling, domestic partner, grandparent or grandchild of the *covered person*.

*Full-time* means working at least 30 hours per week, unless indicated otherwise in the *policy*.

*Home office* means our office in Kansas City, Missouri.

*Injury* means accidental bodily injury. It does not mean intentionally self-inflicted injury while sane.

*No-fault motor vehicle coverage* means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident that occurs.

*Noncontributory* means the *policyholder* pays the premium.

*Policy* means the group policy issued by us to the *policyholder* that describes the benefits for which you may be eligible.

*Policyholder* means the entity to whom the *policy* is issued.

*Proof of good health* means evidence acceptable to us of the good health of a person.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee or member of the *policyholder* or an *associated company* who has become insured for a coverage.
DEFINITIONS FOR LIFE INSURANCE

Accelerated benefit means the group term life accelerated benefit under the policy issued by us to the policyholder. Accelerated benefits do not apply to any insurance under the policy other than group term life insurance.

Beneficiary means the person or entity you choose to receive your amount of insurance at your death.

Conversion policy means a policy of individual life insurance which may be issued to you by us when part or all of your group life insurance ends, as described in the "Conversion to an Individual Policy" provision.

Life insurance means the group term life insurance under the policy issued by us to the policyholder.

Qualifying medical condition means you have a medical condition which is diagnosed by a doctor as life-threatening and which results in an expected life span of 12 months or less according to prevailing medical standards.
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU

When Your Insurance Ends

Your insurance will end on the date:

- the *policy* ends;
- the *policy* is changed to end the insurance for your *eligible class*;
- you are no longer in an *eligible class*; or
- a required contribution was not paid.
CONTINUITY OF COVERAGE

Definitions

Prior plan means the policyholder’s plan of group life insurance, if any, under which you were insured on the day before the Effective Date of the policy.

Prior plan benefits mean the benefits, if any, that would have been paid to you or your beneficiary under the prior plan had it remained in effect, and had you continued to be insured under the prior plan.

Continuity of Coverage for You

We will provide continuity of coverage if you were covered under the prior plan.

If you are not at active work on the Effective Date of the policy due to a disability, you are not eligible to become insured under the policy. However, we will cover you for the prior plan benefits until the earlier of:

- the date you return to active work; or
- the end of any period of continuance or extension of the prior plan.

If you are not at active work on the Effective Date of the policy due to a reason other than a disability, and would otherwise be eligible to become insured under the policy, we will cover you for the prior plan benefits until the earliest of:

- the date you return to active work;
- the end of any period of continuance of the prior plan; or
- the date coverage would otherwise end, according to the provisions of the policy.

Any benefits payable under the conditions described above will be paid by us:

- as if the prior plan had remained in effect; and
- will be reduced by any benefits paid or payable by the prior plan.

If you are at active work on the Effective Date of the policy, you will be insured under the policy.

Prior Plan Credit for Life Insurance

We will give you credit for time periods which were met under the prior plan for the same provision(s). This credit will apply to the time-insured requirement, if any, shown in the following section(s) of the Life Insurance for You provision in the policy:

- Insurance Provided. However, for any contributory insurance, this credit will not apply to any increase in your amount of insurance under the policy.
- Accelerated Benefit, but only if you had a similar Accelerated Benefit under the prior plan.
- Conversion to an Individual Policy.

If we accept a copy of the enrollment card you submitted under the prior plan, this credit will also apply to the Incontestability section shown in Additional Provisions for Life Insurance.
LIFE INSURANCE FOR YOU

Insurance Provided

We will pay your beneficiary the amount of insurance shown in the Schedule when we receive all the required proof of covered loss, including written proof of your death, acceptable to us, and a completed claim form. Your amount of insurance may be reduced by the amount of any conversion policy.

For any contributory insurance, if you take your own life within 1 year after you become insured under the policy, the amount of insurance we pay will be the sum of all contributions for this insurance.

For any contributory insurance, if you take your own life within 1 year after you elect an increase in your amount of insurance under the policy, the amount of the increase will be limited to the sum of all contributions for the increase.

Proof of Good Health

If you are eligible for more than the Maximum Amount Without Proof of Good Health shown in the Schedule, you will be limited to that Maximum until you give us proof of good health. If the proof is accepted, the additional amount of insurance will take effect on the date we approve your proof of good health. Once insured for more than that Maximum, future increases will also require proof of good health.

If both noncontributory and contributory insurance are provided under the policy, your contributory amount will be affected by this provision before your noncontributory amount.

Conversion to an Individual Policy

If any or all of your group life insurance ends, you can apply for any individual policy offered by us (conversion policy). You must apply and pay the premium within 31 days. The individual policy may be any we offer for conversion. No proof of good health is required. The amount of insurance available to you depends on the reason your insurance ends.

If your insurance ends because you are no longer eligible or because of a change in age or other status, you may convert the full amount that ended. However, if your insurance ends as the result of a change in the policy, you may not convert the full amount that ended.

If the policy ends or is changed to reduce or end your life insurance, and if you have been insured for at least 5 years under the policy, you may convert up to the lesser of:

- $10,000, and
- the amount of life insurance that ended minus the amount of any group life insurance for which you become eligible within 31 days.

If you die within 31 days after your life insurance ends, we will pay to your beneficiary the amount you could have converted, whether or not you applied or paid the premium.

You cannot apply for a conversion policy if your group life insurance ended because you did not pay your share of the premium.

ACCELERATED BENEFIT

If, while you are a covered person, you have a qualifying medical condition, you have the right to receive a portion of your life insurance during your lifetime, payable as an accelerated benefit. You must have at least $10,000 of life insurance in force to be eligible to receive an accelerated benefit.
RECEIPT OF AN ACCELERATED BENEFIT MAY AFFECT ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. A TAX ADVISOR SHOULD BE CONSULTED.

We are not responsible for any effect on your state or federal taxes, or loss of eligibility for any state or federal program.

Unless otherwise indicated, all provisions of the policy shall apply to the accelerated benefit.

Amount of Accelerated Benefit

You may receive an accelerated benefit of your life insurance, as shown in the Schedule.

If the amount of your life insurance is scheduled to reduce due to age within 12 months following the date you apply for the accelerated benefit, your accelerated benefit will be based on the reduced amount.

An accelerated benefit may be paid only once during your lifetime. Benefits will be paid in a single sum to you. If you are not living when benefits are payable, they will be paid to your beneficiary.

Once an accelerated benefit is paid to you, we will notify you of the remaining life insurance in force.

Proof Required for the Accelerated Benefit

You must submit a claim form and any other information we find necessary to decide our liability.

We may ask you to be examined in connection with your claim for an accelerated benefit. We will pay for any exam we require.

Effect of Accelerated Benefit

After an accelerated benefit is paid, premium is due only for the remaining life insurance, unless the premium is waived under the Disability Benefit provision. The life insurance payable at your death to your beneficiary equals:

- the amount of your life insurance as if an accelerated benefit payment has not been made, minus
- the accelerated benefit payment, minus
- the interest charge.

The interest charge equals the accelerated benefit amount times the number of days from the accelerated benefit payment to your date of death, times an annual interest rate divided by 365. The rate of interest is determined quarterly by us.

Your amount of dependent life insurance, accidental death and dismemberment insurance, travel accident insurance, dependent accidental death and dismemberment insurance and survivor income insurance, if any, is not affected by the payment of the accelerated benefit. The amount of any conversion policy will be based on your reduced amount of life insurance after the payment of the accelerated benefit.

Exclusions

An accelerated benefit will not be paid if:
LIFE INSURANCE FOR YOU (continued)

- you have assigned all or part of your *life insurance*, unless the assignee consents, in writing.
- you have named an irrevocable *beneficiary* for all or part of your *life insurance*, unless the *beneficiary* consents, in writing.
- all or a part of your *life insurance* is payable to a former spouse as part of a divorce decree or property settlement.
- you have previously received an *accelerated benefit* of your *life insurance*.
- your *life insurance* is less than $10,000.
- the *policy* issued by us to the *policyholder* has not been in force for at least six months.
ADDITIONAL PROVISIONS FOR LIFE INSURANCE

Optional Payment Methods

You or your beneficiary may choose to have all or part of your insurance paid in installments. You can request this at any time. Your beneficiary may request this within 31 days after your death.

This option is not available if the beneficiary is an estate, corporation, partnership, association, or trustee.

Beneficiary

You may change the beneficiary at any time. Any request to name or change the beneficiary must be in writing on a form acceptable to us and signed by you. After we receive the request at our home office, the change will take effect on the date you signed it. A beneficiary change will be without prejudice to us for any payment we made before we received notice in our home office.

You may also send a request to change the beneficiary to the main office of the policyholder. The change must be made in a manner acceptable to us.

Any application to convert all your group life insurance which names a beneficiary different from the last beneficiary you named under the policy will be considered a change of beneficiary to the person named in the application. The change will take effect on the date of the application.

If you named more than 1 beneficiary, your amount of insurance will be divided among them equally, unless you specified otherwise.

If a beneficiary dies before you do, the rights and interest of that beneficiary will end.

If no beneficiary is living or existing when you die, or if none was named, or if the beneficiary is disqualified by operation of law, your insurance will be paid to the first qualified surviving class of the following classes in this order:

- your lawful spouse;
- your living children, in equal shares;
- your living parents, in equal shares; or
- your estate.

Assignment

If you assign your interest under the policy to another person, all your rights under the policy are permanently transferred. This includes the right to name and change the beneficiary and the right to convert to an individual policy. You may assign your insurance to only 1 of the following:

- your lawful spouse;
- your child, parent, brother, or sister; or
- the trustee of a trust you set up for the benefit of your lawful spouse, children, parents, brothers, or sisters.

We are not responsible for the validity of any assignment. An assignment will not affect us until we receive written notice at our home office.
Incontestability

The validity of the policy cannot be contested after it has been in force for 2 years. The validity of your coverage under the policy cannot be contested after you have been insured under the policy for 2 years during your lifetime. However, if the premiums are not paid, the validity of the policy or your coverage can be contested at any time.

No statement you made regarding proof of good health can be used in a legal dispute unless it was in writing, it was signed by you, and a copy was given to you or your beneficiary.

Spendthrift

As permitted by law, the benefits under the policy are not subject to commutation, encumbrance or alienation. They are not subject to the claim of, or legal process by, any creditor of you or your beneficiary.
CLAIM PROVISIONS

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay your life insurance benefits according to the Beneficiary provision. For any other benefits we will follow the provisions applicable to such benefits, if any. Otherwise, all other benefits will be paid to you, if you are living. If not, we will pay your estate.

If no beneficiary is living at your death, we may pay part of your life insurance to any person we decide is entitled to it because of expenses incurred during your last illness or for your funeral.

Any amount we pay in good faith releases us from further liability for that amount.

Authority

The policyholder delegates to us and agrees that we have the authority to determine eligibility for participation or benefits and to interpret the terms of the policy.

In addition, our authority includes, but is not limited to, the following:

- the right to resolve all matters when a review has been requested; and
- the right to establish and enforce rules and procedures for the processing of claims and administration of the policy.

However, this provision will not restrict any right you may have to pursue an internal appeal or file a lawsuit if your claim for benefits is denied.

Review Procedure

You must request, in writing, a review of a denial of your claim within 60 days after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision within 60 days after we receive your request, or within 120 days if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the policy. We will also advise you of your further appeal rights, if any.
GENERAL PROVISIONS

Entire Contract

The policy and the policyholder’s application attached to it are the entire contract. Any statement made by you or the policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you or your beneficiary.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about you or the policyholder’s plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Certificates

We will send certificates to the policyholder to give to each covered person. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the policy.

Workers’ Compensation

The policy is not in place of, and does not affect any state’s requirements for coverage by Workers’ Compensation insurance.

Agency

Neither the policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid.
Group Benefits

Park Hill School District (PHSD)

Voluntary Life
CERTIFICATE OF
GROUP INSURANCE

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your Schedule. This Certificate is subject to the provisions of the below numbered policy issued by Union Security Insurance Company to the policyholder.

Policyholder: Park Hill School District

Group Policy Number: 5476886

Participation Number: 0

Type of Coverage:

- Group Term Life Insurance
- Group Accidental Death and Dismemberment Insurance
- Group Term Life Insurance for Dependents
- Group Accidental Death and Dismemberment Insurance for Dependents

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the policy.

[Signature]
President and Chief Executive Officer
NOTICE

If you have any questions about your insurance, please contact:

Union Security Insurance Company
Customer Advocacy
P.O. Box 419596
Kansas City, Missouri 64141-9958

You may also reach Union Security by telephone at 800.733.7879.

When contacting us, please have your policy number or participation number available.
SCHEDULE

Eligible Persons

To be eligible for insurance, a person must be a member of an Eligible Class. The person must also complete a period of continuous service (Service Requirement) with the policyholder (or any associated company).

Eligible Class:

For employee insurance – Each full-time employee of the policyholder or an associated company,

- who is at active work, and
- who is working in the United States of America,

as identified on the policyholder’s or our records, except any temporary or seasonal worker.

For dependent insurance - Each person eligible and insured for employee insurance.

Associated Companies: None

Service Requirement: None

Entry Date

Insurance will take effect on the later of (i) the date shown below, and (ii) the first of the month occurring on or after the day all the eligibility requirements are met.

Effective Date of Insurance

January 1, 2016 (subject to Entry Date)

Life Insurance for You

1. If you have not reached age 70 you may choose an amount of insurance equal to any multiple of $10,000. The minimum amount of insurance is $20,000.*

2. If you have reached age 70, but not age 75, the amount of insurance will be 67% of the amount chosen in 1 above.**

3. If you have reached age 75 or more, your amount of insurance will be 67% of the amount shown in 2 above.**

You may choose to change your amount of insurance with our approval, from October 26 through November 24 of each year, the annual enrollment period agreed upon by the policyholder and us.* You must submit proof of good health for any such increase in excess of either the Maximum Amount Without Proof of Good Health, or in excess of $10,000 annually. Once proof of good health has been submitted and approved, you may elect to increase your amount, during any future annual enrollment period, by $10,000 annually, without submitting additional proof of good health.

* Your maximum amount of insurance is the lesser of $500,000 or 500% of your annual pay. The amount will be rounded to the next higher multiple of $10,000, if not already an exact multiple.

** The amount will be rounded to the next higher multiple of $10,000, if not already an exact multiple. Any reduction will be subject to the other provisions of the policy and will also apply if the covered person’s insurance is continued during disability.
Annual pay means your basic yearly pay from the policyholder or an associated company, and is computed on a yearly basis. Bonuses, overtime, and other compensation not considered by us as basic wages or salary are not included. However, commissions received during the prior full calendar year will be included. If you have been eligible to receive commissions for less than a full calendar year, annual pay will include commissions received during the time you were eligible to receive them.

If you are an hourly employee, annual pay will be based on your hourly rate of pay, but not on more than 40 hours per week.

However, the amount of life insurance may be limited by the Proof of Good Health provision.

**Maximum Amount Without Proof of Good Health:**

$200,000; however, if you were insured under the policyholder’s prior plan of group life insurance on the day before the original effective date of the policy for an amount in excess of $200,000, your maximum amount without proof of good health will be the amount in effect on the day before the original effective date of the policy.

Any election in excess of the amounts described above will require proof of good health.

Any reduction based on age will apply to the amount of insurance in force, taking into account the Proof of Good Health provision.

**Amount of Accelerated Benefit**

With the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 80% of your life insurance. Without the written consent of the beneficiary(ies), you may choose an amount of accelerated benefit up to 50% of your life insurance. The amount will be rounded to the next higher multiple of $1,000, if not already an exact multiple, and may never be less than $5,000 or more than $250,000.

**Amount of Accidental Death and Dismemberment Insurance**

The maximum amount of accidental death and dismemberment insurance is equal to the amount of life insurance in effect at the time of the loss.

**Amount of Automobile Accident Benefit**

The maximum amount of automobile accident benefit is equal to 20% of the amount of accidental death and dismemberment insurance in effect at the time of the loss, subject to a maximum of $100,000.

**Amount of Higher Education Benefit:** $3,000

**Change Date:** For any decrease, the Change Date will be the date of the change. For any increase in salary, or change in age or other status, the Change Date will be the policy anniversary occurring on or after the date of the change. For any other increase, the Change Date will be the policy anniversary occurring on or after the date of the change or, if later, the first of the month occurring on or after the date of our correspondence notifying you of our approval of your proof of good health, if required.

**Life Insurance for Your Dependents**

1. You may choose an amount of dependent life insurance for your covered dependent spouse equal to any multiple of $5,000 subject to a maximum of $250,000.
2. You may choose an amount of dependent life insurance for each covered dependent child according to age as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live birth but less than age 26</td>
<td>A covered person may choose $1,000, $5,000, or $10,000</td>
</tr>
</tbody>
</table>

You may choose to change a covered dependent’s amount of insurance during the annual enrollment period, with our approval. Proof of good health must be submitted for any increase.

However, the amount of dependent life insurance may be limited by the Proof of Good Health provision.

**Dependent Maximum Amount Without Proof of Good Health:**

Spouse—$50,000; Child—$10,000; however, if a spouse was insured under the policyholder’s prior plan of group life insurance on the day before the original effective date of the policy for an amount in excess of $50,000, your spouse maximum amount without proof of good health will be the amount in effect on the day before the original effective date of the policy.

Any election in excess of the amounts described above will require proof of good health.

**Amount of Dependent Accelerated Benefit (spouse only)**

With the written consent of your spouse, you may choose an amount of dependent accelerated benefit up to 80% of your spouse’s dependent life insurance, rounded to the next higher multiple of $1,000, if not already an exact multiple. The amount may never be less than $5,000 or more than $200,000.

**Amount of Dependent Accidental Death and Dismemberment Insurance**

The maximum amount of dependent accidental death and dismemberment insurance is equal to the amount of dependent life insurance in effect at the time of the loss.

**Amount of Dependent Automobile Accident Benefit**

The maximum amount of dependent automobile accident benefit is equal to 20% of the amount of dependent accidental death and dismemberment insurance in effect at the time of the loss.

**Dependent Change Date:** For any decrease, the Dependent Change Date will be the date of the change. For any change in age or other status, the Dependent Change Date will be the policy anniversary occurring on or after the date of the change. For any increase, the Dependent Change Date will be the policy anniversary occurring on or after the date of the change or, if later, the first of the month occurring on or after the date of our correspondence notifying you of our approval of the eligible dependent’s proof of good health, if required.

**Plan Changes**

You may change your plan of insurance only during the annual enrollment period agreed upon by the policyholder and us, unless you have a change in family status. The effective date of the change will be the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of your or your eligible dependent’s proof of good health, if required.

You may also change your plan of insurance within 31 days after a change in family status. The effective date of the change will be the first of the month occurring on or after the later of the date of the request or
the date of our correspondence notifying you of our approval of your or your eligible dependent’s proof of good health, if required.

A “change in family status” means your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, the termination of your spouse’s employment, or any other event specified in the policyholder’s IRC Section 125 plan, if any.

Any time you enroll or elect a higher amount of insurance, you must give proof of good health for yourself or for each eligible dependent, if dependent life insurance is elected. However, if dependent life insurance is being applied for within 31 days after your dependent first becomes an eligible dependent, proof of good health will only be required for any amount in excess of the Dependent Maximum Amount Without Proof of Good Health.

Survivor Financial Counseling Service

You or your beneficiary may be eligible for a survivor financial counseling service through a third-party vendor if, at the time of the claim, we have a contract in effect with a financial counseling provider, and if:

- your beneficiary is eligible for a life insurance benefit of at least $50,000; or
- you are eligible for a dependent life insurance benefit of at least $50,000; or
- you apply and qualify for an accelerated benefit of at least $50,000.
NON-INSURANCE BENEFITS AND SERVICES

You are eligible for benefits and services provided by third-party vendors as described below. A third-party vendor is an entity with whom we contract to provide non-insurance benefits and services.

Will Preparation Services

As a covered person, you are entitled to will preparation services as an included benefit. The included benefit is provided through a third-party vendor and is not an insured benefit provided by us. The included benefit is available to you and your dependent(s) as defined by the third-party vendor. You must remain insured under this policy in order to qualify for the included benefit.

The included benefit may not be available if prohibited by law. The third-party vendor providing the service is solely responsible for providing and administering the included benefit. We are not liable for the third-party vendor’s failure to provide or its negligence in providing the included benefit. The included benefit is only available while we have a contract in effect with a third-party vendor to provide the included benefit.
# TABLE OF CONTENTS

GENERAL DEFINITIONS .................................................................................................................. 3
DEFINITIONS FOR LIFE INSURANCE ................................................................................................ 4
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU ............................................................. 6
  Exception to Effective Date ............................................................................................................... 6
  When Your Insurance Ends ............................................................................................................. 6
ELIGIBILITY AND TERMINATION PROVISIONS FOR DEPENDENTS .......................................... 7
  Eligible Dependents ...................................................................................................................... 7
  Dependent Effective Date ............................................................................................................ 7
  Exception to Dependent Effective Date ....................................................................................... 7
  When Dependent Insurance Ends ............................................................................................... 8
SPECIAL DEPENDENT INSURANCE CONTINUANCE PROVISIONS ............................................ 9
  Physically or Mentally Handicapped Dependent Children ............................................................ 9
CONTINUITY OF COVERAGE .......................................................................................................... 10
  Definitions .................................................................................................................................. 10
  Continuity of Coverage for You ................................................................................................... 10
  Prior Plan Credit for Life Insurance ............................................................................................ 10
  Continuity of Coverage for Your Dependents ............................................................................. 11
  Prior Plan Credit for Life Insurance for Your Dependents .......................................................... 11
LIFE INSURANCE FOR YOU .......................................................................................................... 12
  Insurance Provided ....................................................................................................................... 12
  Changes in Amounts of Insurance ............................................................................................... 12
  Proof of Good Health .................................................................................................................... 12
DISABILITY BENEFIT ....................................................................................................................... 12
  Amount ....................................................................................................................................... 12
  Proof of Disability ....................................................................................................................... 12
  Maximum Benefit Period ............................................................................................................. 13
  Extension of Benefits ................................................................................................................... 13
  Exclusions .................................................................................................................................... 13
  Conversion to an Individual Policy ............................................................................................... 13
  Porting to a Group Portability Policy .......................................................................................... 14
ACCELERATED BENEFIT ............................................................................................................... 14
  Amount of Accelerated Benefit ................................................................................................... 15
  Proof Required for the Accelerated Benefit ................................................................................ 15
  Effect of Accelerated Benefit ...................................................................................................... 15
  Exclusions ..................................................................................................................................... 15
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU ..................................... 17
  Accidental Death Insurance Provided ......................................................................................... 17
  Accidental Dismemberment Insurance Provided ......................................................................... 17
  Limitation ..................................................................................................................................... 17
  Exclusions ..................................................................................................................................... 17
AUTOMOBILE ACCIDENT BENEFIT ............................................................................................... 19
  Automobile Accident Benefit Provided ....................................................................................... 19
  Definitions ..................................................................................................................................... 19
  Limitation ..................................................................................................................................... 19
  Exclusions ..................................................................................................................................... 19
HIGHER EDUCATION BENEFIT ..................................................................................................... 20
  Higher Education Benefit Provided ............................................................................................ 20
  Definitions ..................................................................................................................................... 20
ADDITIONAL PROVISIONS FOR LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ........................................................................................................... 21
  Optional Payment Methods ........................................................................................................ 21
  Beneficiary .................................................................................................................................... 21
  Assignment ..................................................................................................................................... 21
  Incontestability .............................................................................................................................. 22

**TABLE OF CONTENTS (continued)**
GENERAL DEFINITIONS

These terms have the meanings shown here when italicized. The pronouns "we", "us", "our", "you", and "your" are not italicized.

Active work means working full-time for the policyholder or an associated company at your usual place of business.

Associated company means any company shown in the policy which is owned by or affiliated with the policyholder.

Contributory means you pay part or all of the premium.

Covered dependent means an eligible dependent who is insured under the policy.

Covered person means an eligible employee or member of the policyholder, or an associated company who has become insured for a coverage.

Doctor means a person, other than you, acting within the scope of his or her license to practice medicine and perform surgery.

Eligible class means a class of persons eligible for insurance under the policy. This class is based on employment or membership in a group.

Full-time means working at least 30 hours per week, unless indicated otherwise in the policy.

Home office means our office in Kansas City, Missouri.

Injury means accidental bodily injury. It does not mean intentionally self-inflicted injury while sane.

No-fault motor vehicle coverage means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident that occurs.

Noncontributory means the policyholder pays the premium.

Policy means the group policy issued by us to the policyholder that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the policy is issued.

Proof of good health means evidence acceptable to us of the good health of a person.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee or member of the policyholder or an associated company who has become insured for a coverage.
DEFINITIONS FOR LIFE INSURANCE

Accelerated benefit means the group term life accelerated benefit under the policy issued by us to the policyholder. Accelerated benefits do not apply to any insurance under the policy other than group term life insurance.

Accidental death and dismemberment insurance means the group accidental death and dismemberment insurance under the policy issued by us to the policyholder.

Activity of daily living or activities of daily living means:

- bathing – washing yourself by sponge bath or in a tub or shower, including the task of getting in and out of the tub or shower, with or without equipment or adaptive devices;
- dressing – putting on and taking off all of your items of clothing and any medically necessary braces or artificial limbs, with or without equipment or adaptive devices;
- toileting – getting to and from and on and off the toilet, with or without equipment or adaptive devices, and performing associated personal hygiene;
- transferring – moving into or out of a bed, chair or wheelchair, with or without equipment or adaptive devices;
- continence – the ability to maintain control of bowel or bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag); and
- eating – getting food or fluids into the body, with or without equipment or adaptive devices.

Assistance means hands-on, standby, or verbal assistance by another person without which you would be unable to safely and completely perform the activity of daily living.

Beneficiary means the person or entity you choose to receive your amount of insurance at your death.

Conversion policy means a policy of individual life insurance which may be issued to you by us when part or all of your group life insurance ends, as described in the “Conversion to an Individual Policy” provision.

Dependent accelerated benefit means the group term dependent life accelerated benefit under the policy issued by us to the policyholder. Dependent accelerated benefits do not apply to any insurance under the policy other than dependent life insurance for your covered dependent spouse.

Disabled and disability mean that you or your spouse is under the regular care and attendance of a doctor, and prevented by injury or physical or mental disease from performing the material and substantial duties of any occupation for which you or your spouse is qualified by education, training, or experience. If your spouse is not employed, he or she must be unable, due to injury or physical or mental disease, to perform 1 or more of the normal activities of daily living without the assistance of another person.

You will also be considered disabled for life insurance if you are disabled under any long term disability insurance policy issued by us to the policyholder under which you are insured.

Government plan means the United States Social Security Act, the Railroad Retirement Act, the Canadian Pension Plan, similar plans provided under the laws of other nations, and any plan provided under the laws of a state, province, or other political subdivision. It also includes any public employee retirement plan or any teachers’ employment retirement plan, or any plan provided as an alternative to...
any of the above acts or plans. It does not include any Workers’ Compensation Act or similar law, or the
Maritime Doctrine of Maintenance, Wages, or Cure.

Life insurance means the group term life insurance under the policy issued by us to the policyholder.

Period of disability means the time that begins on the day you become disabled and ends on the day
before you return to active work. If you satisfy the qualifying period and then:

- return to active work;
- become disabled again; and
- remain insured under the policy;
the same period of disability may continue. Your return to active work must be for less than:

- 6 months, if the later disability results from the same cause, or a related one; or
- 1 day, if the later disability results from a different cause.

If you return to active work for more than the time shown above, and then become disabled again, you
will start a new period of disability. You must satisfy the qualifying period again and the period outlined in
the Maximum Benefit Period provision will start over.

Any day which is not a scheduled working day for a covered person will be considered a day of active
work if the person would have been able to perform his or her normal duties on that day.

Port means to convert to a group portability policy.

Qualifying medical condition means you or your spouse has a medical condition which is diagnosed by a
doctor as life-threatening and which results in an expected life span of 12 months or less according to
prevailing medical standards.

Qualifying period means the length of time you must be disabled before your insurance will be continued
without further premium payment under the Disability Benefit. This time period is the earlier of your
Qualifying Period stated in any long term disability insurance policy issued by us to the policyholder under
which you are insured, or 180 days; or if none, 180 days.

Regular care and attendance means the regular and personal care of a doctor which, under prevailing
medical standards, is appropriate for your condition. We will no longer require the regular care of a
doctor if we receive acceptable proof that further care would be of no benefit.

Retire means you begin receiving retirement benefits from either:

- a retirement plan sponsored by your employer, the policyholder, or an associated
  company, or
- a government plan.

Retirement plan means a formal or informal retirement plan, whether or not under an insurance or annuity
contract.
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU

Exception to Effective Date

If you are not at active work on the day you would otherwise become insured, your insurance will not take effect until you return to active work. If the day your insurance would normally take effect is not a regular work day for you, your insurance will take effect on that day if you are able to do your regular job.

When Your Insurance Ends

Your insurance will end on the date:

- the policy ends;
- the policy is changed to end the insurance for your eligible class;
- you are no longer in an eligible class;
- you stop active work; however, if you renew your contract with the policyholder for the next school year, the policyholder may consider insurance to continue even though you stop active work during the summer recess; or
- a required contribution was not paid.
ELIGIBILITY AND TERMINATION PROVISIONS FOR DEPENDENTS

Eligible Dependents

Your eligible dependents are:

- your lawful spouse, and
- your children from live birth but less than age 26.

“Children” include any biological or adopted children. Stepchildren and foster children are also included if they depend on you for support and maintenance. A child will be considered adopted on the date of placement in your home. “Children” also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.

An eligible dependent will not include any person who is a member of an eligible class. An eligible dependent may not be covered by more than 1 covered person.

Dependent Effective Date

You must apply for dependent insurance on a form acceptable to us. You must also agree to pay your share of the premium.

- If you apply before the dependent becomes eligible, dependent insurance will take effect on the Entry Date shown in the Schedule in the policy.
- If you apply on the date the dependent becomes eligible, or within 31 days after that, dependent insurance will take effect on the Entry Date occurring on or after the date of your application.
- If you apply for insurance for yourself more than 31 days after you become eligible but during the first annual enrollment period occurring after you become eligible, and you were not eligible on the effective date of the policy, you may also apply at the same time for dependent insurance. Dependent insurance will take effect on the policy anniversary occurring on or after the date of your application.
- Except as provided above, if you apply more than 31 days after the dependent becomes eligible, application must be made during an annual enrollment period and you must give proof of good health for each eligible dependent. Proof of good health is also required if you apply after dependent insurance ended because the premium was not paid.

If the proof is acceptable, dependent insurance will take effect on the policy anniversary, or, if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the eligible dependent’s proof of good health.

You cannot apply for dependent insurance if your coverage is being continued under the Disability Benefit provision of the policy.

Exception to Dependent Effective Date

Dependent insurance will not take effect until your insurance for the same coverage under the policy takes effect.

If an eligible dependent is in a hospital or similar facility on the day insurance would otherwise take effect, it will not take effect until the day after the eligible dependent leaves the hospital or similar facility. This exception does not apply to a child born while dependent insurance is in effect. If an eligible dependent
spouse is disabled on the day insurance would otherwise take effect, it will not take effect until the spouse is no longer disabled.

When Dependent Insurance Ends

A dependent's insurance will end on the date:

- the policy ends;
- the policy is changed to end dependent insurance;
- that dependent is no longer eligible;
- your insurance for the same coverage under the policy ends; or
- a required contribution for dependent insurance was not paid.
SPECIAL DEPENDENT INSURANCE CONTINUANCE PROVISIONS

As specified below, dependent insurance may continue, subject to the provisions that describe when insurance ends, and all other terms and conditions of the policy. Premiums are required for any coverage continued.

Physically or Mentally Handicapped Dependent Children

Dependent insurance for an eligible dependent child will continue beyond the date a child attains an age limit, if, on that date, he or she:

- is unable to earn a living because of physical or mental handicap; and
- is chiefly dependent upon you for support and maintenance.

We must receive proof of the above within 120 days after the child attains the age limit and each year after that, beginning 2 years after the child attains the age limit. There will be no increase in premium for this continued coverage.

Dependent insurance will end when the child is able to earn a living or is no longer dependent on you for support and maintenance.
CONTINUITY OF COVERAGE

Definitions

Prior plan means the policyholder’s plan of group life insurance, if any, (including any accidental death and dismemberment insurance and/or dependent life insurance) under which you and your eligible dependents, if any, were insured on the day before the Effective Date of the policy.

Prior plan benefits mean the benefits, if any, that would have been paid to you or your beneficiary under the prior plan had it remained in effect, and had you or your dependent continued to be insured under the prior plan.

Continuity of Coverage for You

We will provide continuity of coverage if you were covered under the prior plan.

If you are not at active work on the Effective Date of the policy due to a disability, you are not eligible to become insured under the policy. However, we will cover you for the prior plan benefits until the earlier of:

- the date you return to active work; or
- the end of any period of continuance or extension of the prior plan.

If you are not at active work on the Effective Date of the policy due to a reason other than a disability, and would otherwise be eligible to become insured under the policy, we will cover you for the prior plan benefits until the earliest of:

- the date you return to active work;
- the end of any period of continuance of the prior plan; or
- the date coverage would otherwise end, according to the provisions of the policy.

Any benefits payable under the conditions described above will be paid by us:

- as if the prior plan had remained in effect; and
- will be reduced by any benefits paid or payable by the prior plan.

If you are at active work on the Effective Date of the policy, you will be insured under the policy.

Prior Plan Credit for Life Insurance

We will give you credit for time periods which were met under the prior plan for the same provision(s). This credit will apply to the time-insured requirement, if any, shown in the following section(s) of the Life Insurance for You provision in the policy:

- Insurance Provided. However, for any contributory insurance, this credit will not apply to any increase in your amount of insurance under the policy.
- Accelerated Benefit, but only if you had a similar Accelerated Benefit under the prior plan.
- Conversion to an Individual Policy.
CONTINUITY OF COVERAGE (continued)

If we accept a copy of the enrollment card you submitted under the prior plan, this credit will also apply to the Incontestability section(s) shown in Additional Provisions for Life Insurance and Accidental Death and Dismemberment Insurance and the Claims Provisions for Accidental Death and Dismemberment Insurance Only.

Continuity of Coverage for Your Dependents

We will provide continuity of coverage for your eligible dependents, if any, who were covered under the prior plan.

If an eligible dependent is in a hospital or similar facility on the Effective Date of the policy, or if an eligible dependent spouse is disabled on the Effective Date of the policy, we will cover the dependent for the prior plan benefits until the earliest of:

- the day after the eligible dependent leaves the hospital or similar facility;
- the date the eligible dependent spouse is no longer disabled;
- the end of any period of continuance or extension of the prior plan; or
- the date coverage would otherwise end, according to the provisions of the policy.

Any benefits payable will be paid by us:

- as if the prior plan had remained in effect; and
- will be reduced by any benefits paid or payable by the prior plan.

If an eligible dependent is not in a hospital or similar facility on the Effective Date of the policy, or if an eligible dependent spouse is not disabled on the Effective Date of the policy, the dependent will be insured under the policy.

Prior Plan Credit for Life Insurance for Your Dependents

We will give your dependents credit for time periods which were met under the prior plan of group dependent life insurance for the same provision(s). This credit will apply to the time-insured requirement, if any, shown in the following section(s) of the Life Insurance for Your Dependents provision of the policy:

- Insurance Provided. However, for any contributory insurance, this credit will not apply to any increase in the amount of dependent insurance provided under the policy.
- Accelerated Benefit, but only if your dependent had a similar Accelerated Benefit under the prior plan.
- Conversion to an Individual Policy.
- Incontestability. However, this will apply only if we accept a copy of the enrollment card you submitted under the prior plan.
LIFE INSURANCE FOR YOU

Insurance Provided

We will pay your beneficiary the amount of insurance shown in the Schedule when we receive all the required proof of covered loss, including written proof of your death, acceptable to us, and a completed claim form. Your amount of insurance may be reduced by the amount of any conversion policy and any group portability policy issued by us.

For any contributory insurance, if you take your own life within 1 year after you become insured under the policy, the amount of insurance we pay will be the sum of all contributions for this insurance.

For any contributory insurance, if you take your own life within 1 year after you elect an increase in your amount of insurance under the policy, the amount of the increase will be limited to the sum of all contributions for the increase.

Changes in Amounts of Insurance

If your amount of insurance changes for any reason, the change will take place on the Change Date shown in the Schedule. But in the case of an increase, if you are not at active work on that day, no increase will take effect until you return to active work.

Proof of Good Health

If you are eligible for more than the Maximum Amount Without Proof of Good Health shown in the Schedule, you will be limited to that Maximum until you give us proof of good health. If the proof is accepted, the additional amount of insurance will take effect (i) for initial amounts on the first of the month occurring on or after the date of our correspondence notifying you of our approval of your proof of good health, and (ii) for future amounts on the Change Date shown in the Schedule. Once insured for more than that Maximum, future increases will also require proof of good health.

If both noncontributory and contributory insurance are provided under the policy, your contributory amount will be affected by this provision before your noncontributory amount.

DISABILITY BENEFIT

If you stop active work before age 65 because you become disabled while insured under the policy and remain disabled for the qualifying period, your life insurance will continue for the period outlined in the Maximum Benefit Period provision. Once the qualifying period is satisfied, no further premium is due for you while you remain disabled for the amount of life insurance that is being continued. We will refund premiums paid during your disability.

Amount

The amount of insurance continued will be the amount for which you were insured on the day before you became disabled. However, it is subject to any reduction in amount contained in the policy, on that day, and may be reduced by the amount of any conversion policy.

Proof of Disability

You must give us proof of your disability as stated in the Claim Provisions. You must submit all proof to our home office at no expense to us. If you die while disabled, we require proof that you were continuously disabled until death.
LIFE INSURANCE FOR YOU (continued)

Maximum Benefit Period

If you become disabled before your 60th birthday, your insurance will continue as long as you are disabled, but not past the earlier of age 65, or the date you retire. If you become disabled on or after your 60th birthday, but before age 65, your insurance may continue for up to 1 year, but not past the earlier of age 65, or the date you retire.

If you are no longer disabled, your insurance will end unless you re-enter an eligible class and premium payments begin again. If you become disabled again during the same period of disability, you do not have to satisfy the qualifying period again. The maximum benefit period will not start over but will continue on the day you become disabled again.

If your amount of insurance reduces or ends while you are disabled, you can apply for an individual policy. See the Conversion to an Individual Policy provision.

Extension of Benefits

Your insurance will continue even if the policy ends, if you meet the proof requirements as stated in the Claim Provisions.

Exclusions

Your insurance will not continue under the Disability Benefit if your disability results directly or indirectly from:

- intentionally self-inflicted injury, while sane;
- war or any act of war, whether declared or not;
- service in the armed forces of any country, combination of countries or international organization at war, whether declared or not; or
- taking part in a riot or insurrection, or an act of riot or insurrection.

Your insurance will not continue if your disability starts:

- after you are no longer in an eligible class;
- after the policy ends; or
- during the time allowed for conversion to an individual policy.

If you have converted to an individual policy after part or all of your group life insurance ended, no group insurance for the amount that ended will be paid unless the individual policy is returned without claim. Then we will refund all premiums paid for the individual policy, less any payments we made.

Conversion to an Individual Policy

If any or all of your group life insurance ends, you can apply for any individual policy offered by us (conversion policy). You must apply and pay the premium within 31 days. The individual policy may be any we offer for conversion. No proof of good health is required.

You may convert up to the full amount that ended.
LIFE INSURANCE FOR YOU (continued)

If you die within 31 days after your life insurance ends, we will pay to your beneficiary the amount you could have converted, whether or not you applied or paid the premium.

You cannot apply for a conversion policy if your group life insurance or insurance under a group portability policy ends because you did not pay your share of the premium.

Porting to a Group Portability Policy

If all of your group life insurance ends because you are no longer a member of an eligible class, you may be eligible to port your total amount of any life insurance and dependent life insurance coverage currently in force, subject to a maximum for life insurance of $500,000. You must port your life insurance in order to port any dependent life insurance. The group portability policy will not include any Disability Benefit.

You are not eligible to port if:

- your amount of life insurance is less than $10,000;
- you convert your life insurance under Conversion to an Individual Policy;
- you are disabled;
- you qualify and are approved for the Disability Benefit or your Disability Benefit ends;
- the policy ends;
- you are age 65 or older; or
- your life insurance ends because you did not pay your share of the premium.

If you die within 31 days after your life insurance ends, but before you have applied to port, we will pay to your beneficiary the amount you could have converted under the Conversion to an Individual Policy, whether or not you applied or paid the premium.

You must apply and pay the premium within 31 days after you are no longer a member of an eligible class. No proof of good health is required.

The insurance can be continued under the group portability policy until the day before your 65th birthday. The amount(s) cannot be increased. You can decrease your amount(s) of insurance to any multiple of $1,000. Your minimum amount of life insurance must be at least $10,000. Any amount of dependent life insurance may not exceed your amount of life insurance. If you decrease your amount of life insurance, the amount of any dependent life insurance must be decreased proportionately, rounded to the next higher multiple of $1,000, if not already an exact multiple.

We will notify you of the amount of premium due, the frequency of premium payments and the premium due dates. If any premium is not paid when due, you will have a 31-day grace period. Insurance will end at the end of the grace period if you fail to make the required premium payment within that time. We will not change the premium rate more than once in any period of 6 consecutive months and we will give you 31 days advance written notice of any change in rates.

The Conversion to an Individual Policy provision will apply if your insurance ends under the group portability policy.

ACCELERATED BENEFIT

If, while you are a covered person, you have a qualifying medical condition, you have the right to receive a portion of your life insurance during your lifetime, payable as an accelerated benefit. You must have at least $10,000 of life insurance in force to be eligible to receive an accelerated benefit.
RECEIPT OF AN ACCELERATED BENEFIT MAY AFFECT ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. A TAX ADVISOR SHOULD BE CONSULTED.

We are not responsible for any effect on your state or federal taxes, or loss of eligibility for any state or federal program.

Unless otherwise indicated, all provisions of the policy shall apply to the accelerated benefit.

**Amount of Accelerated Benefit**

You may receive an accelerated benefit of your life insurance, as shown in the Schedule.

If the amount of your life insurance is scheduled to reduce due to age within 12 months following the date you apply for the accelerated benefit, your accelerated benefit will be based on the reduced amount.

An accelerated benefit may be paid only once during your lifetime. Benefits will be paid in a single sum to you. If you are not living when benefits are payable, they will be paid to your beneficiary.

Once an accelerated benefit is paid to you, we will notify you of the remaining life insurance in force.

**Proof Required for the Accelerated Benefit**

You must submit a claim form and any other information we find necessary to decide our liability.

We may ask you to be examined in connection with your claim for an accelerated benefit. We will pay for any exam we require.

**Effect of Accelerated Benefit**

After an accelerated benefit is paid, premium is due only for the remaining life insurance, unless the premium is waived under the Disability Benefit provision. The life insurance payable at your death to your beneficiary equals:

- the amount of your life insurance as if an accelerated benefit payment has not been made, minus
- the accelerated benefit payment, minus
- the interest charge.

The interest charge equals the accelerated benefit amount times the number of days from the accelerated benefit payment to your date of death, times an annual interest rate divided by 365. The rate of interest is determined quarterly by us.

Your amount of dependent life insurance or accidental death and dismemberment insurance, if any, is not affected by the payment of the accelerated benefit. The amount of any conversion policy or group portability policy will be based on your reduced amount of life insurance after the payment of the accelerated benefit.

**Exclusions**

An accelerated benefit will not be paid if:
LIFE INSURANCE FOR YOU (continued)

- you have assigned all or part of your *life insurance*, unless the assignee consents, in writing.

- you have named an irrevocable *beneficiary* for all or part of your *life insurance*, unless the *beneficiary* consents, in writing.

- all or a part of your *life insurance* is payable to a former spouse as part of a divorce decree or property settlement.

- you have previously received an *accelerated benefit* of your *life insurance*.

- your *life insurance* is less than $10,000.

- the *policy* issued by us to the *policyholder* has not been in force for at least six months.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU

Accidental Death Insurance Provided

If you die as the direct result of an injury, we will pay your beneficiary the amount of Accidental Death and Dismemberment Insurance shown in the Schedule.

The insurance will be paid only if death occurs within 365 days after the injury. This 365-day limit will not apply if you are in a coma or being kept alive by an artificial life support system at the end of the 365 days.

Accidental Dismemberment Insurance Provided

If you suffer one or more of the following losses as the direct result of an injury, we will pay the benefit shown:

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hand, 1 foot, or the sight of 1 eye</td>
<td>½ the amount of Accidental Death and Dismemberment Insurance</td>
</tr>
<tr>
<td>Any 2 or more of the above</td>
<td>The full amount of Accidental Death and Dismemberment Insurance</td>
</tr>
</tbody>
</table>

Loss of a hand or foot means permanent severance at or above the wrist or ankle. Loss of sight of the eye means total and permanent loss of sight.

The loss must occur within 365 days after the injury.

Limitation

We will not pay more than the amount of Accidental Death and Dismemberment Insurance shown in the Schedule for any 1 accident. We will pay benefits only for an injury occurring while you are covered under the policy.

Any time your life insurance is continued under the Disability Benefit, your accidental death and dismemberment insurance will also continue, for up to 1 year from the date you became disabled. No premium is due when no premium is due for life insurance.

You cannot convert your accidental death and dismemberment insurance to an individual policy.

Exclusions

We will not pay benefits if the loss results directly or indirectly from:

- war or any act of war, whether declared or not;
- taking part in a riot or insurrection, or an act of riot or insurrection;
- service in the armed forces of any country, combination of countries, or international organization at war, whether declared or not;
- any physical or mental disease;
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU (continued)

- any infection, except:
  - a pyogenic infection that occurs from an accidental wound; or
  - a bacterial infection that occurs from accidental ingestion of a contaminated substance;
- an assault or felony you commit;
- suicide or attempted suicide, while sane;
- intentionally self-inflicted injury, while sane;
- the use of any drug, unless you use it as prescribed by a doctor; or
- your intoxication; this includes but is not limited to operating a motor vehicle while you are intoxicated.

"Intoxication" and "intoxicated" mean your blood alcohol level at death or dismemberment exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the loss occurs.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU (continued)

AUTOMOBILE ACCIDENT BENEFIT

Automobile Accident Benefit Provided

If you die as the direct result of an automobile accident injury while you are properly wearing an unaltered seat belt installed by the automobile's manufacturer, we will pay your beneficiary the amount of the Automobile Accident Benefit, which is shown in the Schedule.

The insurance will be paid only if death occurs within 365 days after the automobile accident. This 365-day limit will not apply if you are in a coma or being kept alive by an artificial life support system at the end of the 365 days.

Definitions

"Automobile" means a four-wheel car of the private passenger type including pick-up trucks and vans with a load capacity of one ton or less.

"Automobile accident" means an accident that occurs when you are driving or riding in an automobile.

Limitation

We will pay an Automobile Accident Benefit only for an automobile accident injury occurring while you are covered under the policy.

Exclusions

We will not pay benefits if the automobile accident:

- occurs when the automobile is being used for racing, stunting, exhibition work, sport, or test driving;
- occurs when you are breaking any traffic laws of the jurisdiction in which the automobile is being operated; or
- occurs when you are not properly wearing an unaltered seat belt installed by the automobile's manufacturer.

The Exclusions listed under the Accidental Death and Dismemberment Insurance Coverage for You will also apply to the Automobile Accident Benefit.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU (continued)

HIGHER EDUCATION BENEFIT

Higher Education Benefit Provided

If you die as the direct result of an injury, and an Accidental Death Insurance benefit is payable, we will pay the annual Higher Education Benefit shown in the Schedule to each eligible dependent student.

The Higher Education Benefit will be payable at the beginning of each school year for a maximum of 4 consecutive years if there is an eligible dependent student who continues to be enrolled for each consecutive term.

Definitions

"Dependent student" means each of your unmarried children who is less than 25 years of age and who (i) is already enrolled on a full-time basis in an accredited school at your death or (ii) enrolls on a full-time basis in an accredited school within one year of your death.

"Accredited school" means a state accredited institution of higher learning, including but not limited to a college, university, trade school or vocational school.

"Children" include any biological or adopted children, stepchildren and foster children, each of whom must depend on you for support and maintenance. A child will be considered adopted on the date of placement in your home. "Children" also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.

The term "full-time basis" means full-time as defined by the accredited school.
Optional Payment Methods

You or your beneficiary may choose to have all or part of your insurance paid in installments. You can request this at any time. Your beneficiary may request this within 31 days after your death.

This option is not available if the beneficiary is an estate, corporation, partnership, association, or trustee.

Beneficiary

You may change the beneficiary at any time. Any request to name or change the beneficiary must be in writing on a form acceptable to us and signed by you. After we receive the request at our home office, the change will take effect on the date you signed it. A beneficiary change will be without prejudice to us for any payment we made before we received notice in our home office.

You may also send a request to change the beneficiary to the main office of the policyholder. The change must be made in a manner acceptable to us.

Any application to convert all your group life insurance which names a beneficiary different from the last beneficiary you named under the policy will be considered a change of beneficiary to the person named in the application. The change will take effect on the date of the application.

If you named more than 1 beneficiary, your amount of insurance will be divided among them equally, unless you specified otherwise.

If a beneficiary dies before you do, the rights and interest of that beneficiary will end.

If no beneficiary is living or existing when you die, or if none was named, or if the beneficiary is disqualified by operation of law, your insurance will be paid to the first qualified surviving class of the following classes in this order:

- your lawful spouse;
- your living children, in equal shares;
- your living parents, in equal shares; or
- your estate.

Assignment

If you assign your interest under the policy to another person, all your rights under the policy are permanently transferred. This includes the right to name and change the beneficiary and the right to convert to an individual policy or group portability policy. You may assign your insurance to only 1 of the following:
ADDITIONAL PROVISIONS FOR LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

- your lawful spouse;
- your child, parent, brother, or sister; or
- the trustee of a trust you set up for the benefit of your lawful spouse, children, parents, brothers, or sisters.

We are not responsible for the validity of any assignment. An assignment will not affect us until we receive written notice at our home office.

Incontestability

(This provision applies to life insurance only.)

The validity of the policy cannot be contested after it has been in force for 2 years. The validity of your coverage under the policy cannot be contested after you have been insured under the policy for 2 years during your lifetime. However, if the premiums are not paid, the validity of the policy or your coverage can be contested at any time.

No statement you made regarding proof of good health can be used in a legal dispute unless it was in writing, it was signed by you, and a copy was given to you or your beneficiary.

Spendthrift

As permitted by law, the benefits under the policy are not subject to commutation, encumbrance or alienation. They are not subject to the claim of, or legal process by, any creditor of you or your beneficiary.
LIFE INSURANCE FOR YOUR DEPENDENTS

Insurance Provided

If a covered dependent dies, we will pay you the amount of that dependent’s life insurance shown in the Schedule. If you are not living or are disqualified by operation of law, we will pay the deceased dependent’s estate. We will pay it in 1 sum when we receive all the required proof of covered loss, including written proof of death, acceptable to us, and a completed claim form. The amount of insurance may be reduced by the amount of any conversion policy and any group portability policy issued by us.

For any contributory insurance, if a covered dependent takes his or her own life within 1 year after becoming insured under the policy, the amount of insurance we pay will be the sum of all contributions for this insurance.

For any contributory insurance, if a covered dependent takes his or her own life within 1 year after you elect an increase in the amount of dependent insurance under the policy, the amount of the increase will be limited to the sum of all contributions for the increase.

Changes in Amounts of Insurance

Any change in a covered dependent’s amount of insurance will take place on the Dependent Change Date shown in the Schedule. But in the case of an increase, if the eligible dependent is in a hospital or similar facility on that day, no increase will take effect until the day after the eligible dependent leaves the hospital or similar facility. If an eligible dependent spouse is disabled on the date of an increase, it will not take effect until the spouse is no longer disabled.

Proof of Good Health

If a covered dependent is eligible for more than the Dependent Maximum Amount Without Proof of Good Health shown in the Schedule, the dependent will be limited to that Maximum until the dependent gives us proof of good health. Once insured for more than that Maximum, future increases will also require proof of good health.

Disability Benefit

Any time your life insurance is continued under the Disability Benefit, your dependent life insurance will also continue. No premium is due when no premium is due for life insurance.

Conversion to an Individual Policy

If any or all of a dependent’s life insurance ends, you or your dependent can apply for an individual policy issued by us (conversion policy). You or your dependent must apply on a form acceptable to us and pay the premium within 31 days. The individual policy may be any we offer for conversion. No proof of good health is required.

You or your dependent may convert up to the full amount that ended.

Neither you nor your dependent can apply for a conversion policy if your dependent’s group life insurance or insurance under a group portability policy ends because you did not pay your share of the dependent’s premium.

If your dependent dies within 31 days after dependent life insurance ends, we will pay you the amount that could have been converted, whether or not an application was made or any premium was paid for the conversion policy.
LIFE INSURANCE FOR YOUR DEPENDENTS (continued)

Porting to a Group Portability Policy

If you die while a covered person under the policy, your covered dependents may be eligible to port their total amount of any dependent life insurance coverage currently in force.

A covered dependent is not eligible to port if:

- the dependent converts his or her dependent life insurance under Conversion to an Individual Policy;
- the policy ends; or
- the covered dependent spouse is age 65 or older.

If your dependent dies within 31 days after dependent life insurance ends, but before he or she has applied to port, we will pay to the dependent's beneficiary the amount that could have been converted under the Conversion to an Individual Policy, whether or not an application was made or any premium was paid.

Your dependent must apply and pay the premium within 31 days after your death. No proof of good health is required.

The dependent should name a beneficiary under the same terms and conditions that apply to the covered person, as set forth in the ADDITIONAL PROVISIONS FOR LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.

The insurance can be continued under the group portability policy until the earlier of the day before the surviving spouse’s 65th birthday or the date the surviving spouse dies. If there is no covered dependent spouse when you die, the insurance can be continued under the group portability policy until there are no eligible dependent children. The amount(s) cannot be increased. A dependent can decrease his or her amount of insurance to any multiple of $1,000. A dependent child's amount of insurance may not exceed a surviving spouse's amount of insurance.

We will notify the dependent of the amount of premium due, the frequency of premium payments and the premium due dates. If any premium is not paid when due, the dependent will have a 31-day grace period. Insurance will end at the end of the grace period if the dependent fails to make the required premium payment within that time. We will not change the premium rate more than once in any period of 6 consecutive months and we will give the dependent 31 days advance written notice of any change in rates.

The Conversion to an Individual Policy provision will apply if the dependent's insurance ends under the group portability policy.

Assignment

You cannot assign dependent life insurance.
LifeDp97 as modified by PC-ALL-184, PC-ALL-262

LIFE INSURANCE FOR YOUR DEPENDENTS (continued)

Incontestability

The validity of the Dependent Life Insurance provisions of the policy cannot be contested after they have been in force for 2 years. The validity of the insurance on any dependent cannot be contested after the dependent has been insured under the policy for 2 years during that dependent’s lifetime. However, if the premiums are not paid, the validity of the Dependent Life Insurance provisions or of any dependent’s insurance can be contested at any time.

No statement you or a dependent made regarding a dependent’s proof of good health can be used in a legal dispute unless it was in writing, it was signed by you or your dependent, and a copy was given to you or your dependent.

DEPENDENT ACCELERATED BENEFIT

If, while your spouse is a covered dependent, he or she has a qualifying medical condition, you have the right to receive a portion of your dependent life insurance during your lifetime, payable as a dependent accelerated benefit. You must have at least $10,000 of dependent life insurance in force on your spouse to be eligible to receive a dependent accelerated benefit.

RECEIPT OF A DEPENDENT ACCELERATED BENEFIT MAY AFFECT ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. A TAX ADVISOR SHOULD BE CONSULTED.

We are not responsible for any effect on your state or federal taxes, or loss of eligibility for any state or federal program.

Amount of Dependent Accelerated Benefit

You may receive a dependent accelerated benefit of your spouse’s dependent life insurance, as shown in the Schedule.

If the amount of your dependent life insurance for your spouse increased within 12 months before the date you apply for the dependent accelerated benefit, your dependent accelerated benefit will be based on the lesser amount.

If the amount of your dependent life insurance for your spouse is scheduled to reduce within 12 months following the date you apply for the dependent accelerated benefit, your dependent accelerated benefit will be based on the reduced amount.

A dependent accelerated benefit may be paid only once during the lifetime of your spouse. Benefits will be paid in a single sum to you. If you are not living when benefits are payable, they will be paid to your estate.

Once a dependent accelerated benefit is paid to you, we will notify you of the remaining dependent life insurance in force for your spouse.

Proof Required for the Dependent Accelerated Benefit

You must submit a claim form and any other information we find necessary to decide our liability.

We may ask your spouse to be examined in connection with the claim for a dependent accelerated benefit. We will pay for any exam we require.
LIFE INSURANCE FOR YOUR DEPENDENTS (continued)

Effect of Dependent Accelerated Benefit

After a dependent accelerated benefit is paid, premium is due only for the remaining dependent life insurance for your spouse. The dependent life insurance payable to you at your spouse’s death equals:

- the amount of your dependent life insurance as if a dependent accelerated benefit payment has not been made, minus
- the dependent accelerated benefit payment, minus
- the interest charge.

The interest charge equals the dependent accelerated benefit amount times the number of days from the dependent accelerated benefit payment to your spouse’s date of death, times an annual interest rate divided by 365. The rate of interest is determined quarterly by us.

Your amount of dependent accidental death and dismemberment insurance, if any, is not affected by the payment of the dependent accelerated benefit. The amount of any conversion policy or group portability policy will be based on your reduced amount of dependent life insurance after the payment of the dependent accelerated benefit.

Exclusions

A dependent accelerated benefit will not be paid if:

- you have previously received a dependent accelerated benefit of your dependent life insurance.
- your dependent life insurance for your spouse is less than $10,000.
- the dependent life insurance for your spouse has not been in force for at least six months.
- all of your spouse’s dependent life insurance will end within 31 days from the date you apply for a dependent accelerated benefit.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOUR DEPENDENTS

Accidental Death Insurance Provided

If a covered dependent dies as the direct result of an injury, we will pay you the amount of Accidental Death and Dismemberment Insurance shown in the Schedule. If you are not living or are disqualified by operation of law, we will pay the deceased dependent’s estate.

The insurance will be paid only if death occurs within 365 days after the injury. This 365-day limit will not apply if the covered dependent is in a coma or being kept alive by an artificial life support system at the end of the 365 days.

Accidental Dismemberment Insurance Provided

If a covered dependent suffers one or more of the following losses as the direct result of an injury, we will pay the benefit shown below. If you are not living or are disqualified by operation of law, we will pay the covered dependent.

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hand, 1 foot, or the sight of 1 eye</td>
<td>½ the amount of Accidental Death and Dismemberment Insurance</td>
</tr>
<tr>
<td>Any 2 or more of the above</td>
<td>The full amount of Accidental Death and Dismemberment Insurance</td>
</tr>
</tbody>
</table>

Loss of a hand or foot means permanent severance at or above the wrist or ankle. Loss of sight of the eye means total and permanent loss of sight.

The loss must occur within 365 days after the injury.

Limitation

We will not pay more than the amount of Accidental Death and Dismemberment Insurance shown in the Schedule for any 1 accident. We will pay benefits only for an injury occurring while the dependent is covered under the policy.

Any time your life insurance is continued under the Disability Benefit, your dependent accidental death and dismemberment insurance will also continue, for up to 1 year from the date you become disabled. No premium is due when no premium is due for life insurance.

Neither you nor any covered dependent can convert dependent accidental death and dismemberment insurance to an individual policy.

Exclusions

We will not pay benefits if the loss results directly or indirectly from:

- war or any act of war, whether declared or not;
- taking part in a riot or insurrection, or an act of riot or insurrection;
- service in the armed forces of any country, combination of countries, or international organization at war, whether declared or not;
• any physical or mental disease;

• any infection, except:
  □ a pyogenic infection that occurs from an accidental wound; or
  □ a bacterial infection that occurs from accidental ingestion of a contaminated substance;

• an assault or felony the *covered dependent* commits;

• suicide or attempted suicide, while sane;

• intentionally self-inflicted injury, while sane;

• the use of any drug, unless the *covered dependent* uses it as prescribed by a *doctor*, or

• the *covered dependent*'s intoxication; this includes but is not limited to operating a motor vehicle while the *covered dependent* is intoxicated.

"Intoxication" and "intoxicated" mean the *covered dependent*'s blood alcohol level at death or dismemberment exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the loss occurs.
AUTOMOBILE ACCIDENT BENEFIT FOR YOUR DEPENDENTS

Automobile Accident Benefit Provided

If a covered dependent dies as the direct result of an automobile accident injury while he or she is properly wearing an unaltered seat belt installed by the automobile's manufacturer, we will pay you the amount of the Automobile Accident Benefit, which is shown in the Schedule. If you are not living or are disqualified by operation of law, we will pay the deceased dependent's estate.

The insurance will be paid only if death occurs within 365 days after the automobile accident. This 365-day limit will not apply if the covered dependent is in a coma or being kept alive by an artificial life support system at the end of the 365 days.

Definitions

"Automobile" means a four-wheel car of the private passenger type including pick-up trucks and vans with a load capacity of one ton or less.

"Automobile accident" means an accident that occurs when the covered dependent is driving or riding in an automobile.

Limitation

We will pay an Automobile Accident Benefit only for an automobile accident injury occurring while the covered dependent is covered under the policy.

Exclusions

We will not pay benefits if the automobile accident:

- occurs when the automobile is being used for racing, stunting, exhibition work, sport, or test driving;
- occurs when the covered dependent is breaking any traffic laws of the jurisdiction in which the automobile is being operated; or
- occurs when the covered dependent is not properly wearing an unaltered seat belt installed by the automobile's manufacturer.

The Exclusions listed under the Accidental Death and Dismemberment Insurance Coverage for Your Dependents will also apply to the Automobile Accident Benefit for Your Dependents.
CLAIM PROVISIONS

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay your *life insurance* and accidental death benefits according to the Beneficiary provision. For any other benefits we will follow the provisions applicable to such benefits, if any. Otherwise, all other benefits will be paid to you, if you are living. If not, we will pay your estate.

If no *beneficiary* is living at your death, we may pay part of your life insurance to any person we decide is entitled to it because of expenses incurred during your last illness or for your funeral.

Any amount we pay in good faith releases us from further liability for that amount.

Filing a Life Disability Benefit Claim

Within 30 days of the start of your *disability*, you should give us proof that you are currently *disabled* and have been continuously *disabled* since your last day of *active work*. Proof must be given within 90 days after the end of your *qualifying period*. If it is not reasonably possible to give proof on time, it must be given no later than 1 year after the time proof is otherwise required, except in the absence of legal capacity.

Continuing proof of *disability* must be given as often as we may reasonably require. Continuing proof must be given within 60 days of our request.

You must furnish whatever items we decide are necessary as proof of *disability*. You must agree to be examined by a *doctor* we choose, as often as needed to decide the existence or extent of *disability*. We will pay for any exam we require. If, within a reasonable time, you do not furnish any required items or do not have any required exam, your coverage will end.

Authority

We have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the *policy*. All determinations and interpretations made by us are conclusive and binding on all parties.

Review Procedure

You must request, in writing, a review of a denial of your claim within 60 days (180 days for Life Disability Benefit) after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision within 60 days (45 days for Life Disability Benefit) after we receive your request, or within 120 days (90 days for Life Disability Benefit) if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the *policy*. We will also advise you of your further appeal rights, if any.
CLAIM PROVISIONS FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
ONLY

Filing a Claim

1. You or your beneficiary must send us notice of the claim. We must have written notice of any insured loss within 30 days after it occurs, or as soon as reasonably possible. You can send the notice to our home office, or to one of our regional group claims offices, or to one of our agents. We need enough information to identify you as a covered person.

2. Within 15 days after the date of the notice, we will send you or your beneficiary certain claim forms. The forms must be completed and sent to our home office or to one of our regional group claims offices. If you or your beneficiary do not receive the claim forms within 15 days, we will accept a written description of the exact nature and extent of the loss.

3. The time limit for filing a claim is 90 days after the date of the loss.

4. If it is not reasonably possible to give proof on time, we will not deny or reduce your claim if you give us proof as soon as reasonably possible.

Physical Exam

We may ask you to be examined as often as we require at any time we choose. For an accidental death claim, we may have an exam or autopsy performed, before or after burial, where allowed by law. We will pay for any exam we require.

Limit on Legal Action

No action at law or in equity may be brought against the policy until at least 60 days after you file proof of loss. No action can be brought after the statute of limitations in your state has expired, but, in any case, not after 6 years from the date of loss.

Incontestability

The validity of the policy cannot be contested after it has been in force for 2 years, except if premiums are not paid.

Any statement made by the policyholder or a covered person will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the covered person or the beneficiary.

No statement, except fraudulent misstatement, made by a covered person about insurability will be used to deny a claim for a loss incurred or disability starting after coverage has been in effect for 2 years.

No claim for loss starting 2 or more years after the covered person’s effective date may be reduced or denied because a disease or physical condition existed before the person’s effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.
GENERAL PROVISIONS

Entire Contract

The policy and the policyholder's application attached to it are the entire contract. Any statement made by you or the policyholder is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you or your beneficiary.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about a person is misstated, the facts will determine whether insurance is in effect and in what amount. We will equitably adjust the premium.

Individual Certificates

We will send certificates to the policyholder to give to each covered person. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the policy.

Workers' Compensation

The policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency

Neither the policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.