

IMPORTANT NOTICES

Arizona residents:

This Certificate of Insurance may not provide all benefits and protections provided by law in Arizona. Please read this certificate carefully.

Florida Residents:

The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

Maryland Residents:

The Group Insurance Policy providing coverage under this Certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

North Carolina residents:

This Certificate of Insurance provides all of the benefits mandated by the North Carolina Insurance Code, but it is issued under a group master policy located in another state and may be governed by that state's law.



The Union Labor Life Insurance Company

Incorporated Under the laws of the State of Maryland
WASHINGTON, D.C.

(the Company)

Administrative Office: 8403 Colesville Road, Silver Spring, MD 20910
(Phone: (202) 682-0900 or 1-800-431-5425)

**Certifies that it has issued Life Policy No. G-3122
and Health Policy No. C-4406**

**TRUSTEES OF THE NECA – LOCAL NO. 145 I.B.E.W. WELFARE PLAN
(the Policyholder)**

This Certificate describes the benefits and main points of the Policy for individuals who are eligible for insurance under the Policy. The benefits described in this Certificate apply to individuals only if they are eligible, become insured, and remain insured in accordance with all the terms and conditions of the Policy. If there is a discrepancy between the terms of the Policy and this Certificate, the Policy will control.

This Certificate replaces any prior Certificates issued by the Company to individuals covered under the Policy.

READ YOUR CERTIFICATE CAREFULLY!

THE UNION LABOR LIFE INSURANCE COMPANY



PRESIDENT

**CERTIFICATE OF GROUP INSURANCE
(The Certificate)**

COMPLAINT NOTICE: Should any dispute arise about your premium or about a claim that you have filed, write to:

The Union Labor Life Insurance Company
8403 Colesville Road
Silver Spring, MD 20910

If the problem is not resolved, you may also write the Illinois Department of Insurance, Consumer Division or Public Services Section, Springfield, Illinois 62767. This notice of complaint procedure is for information only and does not become a part or condition of the Policy or certificate.

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SECTION 1 - SCHEDULE OF BENEFITS
(Effective April 1, 2022)

THE AMOUNT OF INSURANCE OF ANY PERSON SHALL BE BASED UPON THE FOLLOWING:

FORMS OF INSURANCE

AMOUNT OF INSURANCE

LIFE INSURANCE BENEFIT

Class 1	\$ 20,000.00
Class 2	\$ 10,000.00

ACCELERATED LIFE INSURANCE BENEFIT

An amount chosen by the Person which shall not be: (1) less than \$5,000; or (2) more than 50% of the amount of life insurance.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT
(Principal Sum)**

Class 1	\$ 20,000.00
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SECTION 2 - DEFINITIONS

Defined terms are shown in the Policy with an initial capital letter. The following definitions apply to these terms when used in the Policy, unless otherwise defined where such term is used.

Claims Administrator

The entity assigned to pay claims in accordance with the terms and conditions of the Policy. The Claims Administrator may be the Company, the Policyholder, or a third party with whom the Company or the Policyholder has a valid contract to pay claims.

Company

The Union Labor Life Insurance Company, 8403 Colesville Road, Silver Spring, MD 20910.

Doctor

An individual licensed as a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.). The term "Doctor" shall also include any licensed or certified health care provider as required by state law, for services which are within the scope of the health care provider's license or certificate.

Illness

A disorder or disease of the body or mind. Illness shall include: (a) pregnancy; (b) childbirth; and (c) related medical conditions.

Injury

Bodily harm that: (a) the Person sustains while this benefit is in force; and (b) is not the result of an Illness.

Officer of the Company

The Chairman, Chief Executive Officer, President, a Vice President, the Secretary or Assistant Secretary of the Company.

Person

An individual who qualifies for insurance under the Policy, as determined under PERSONS in the **Eligibility** Section.

Policy

The contract, the application, and any subsequent amendment that the Company issues to the Policyholder.

SECTION 3 - ELIGIBILITY

PERSONS

Classes of Eligible Persons

The following classes of Persons are eligible for insurance under the Policy:

All employees as defined by the Welfare Plan Document, including those covered by the Welfare Plan Document under the terms of a valid Participation Agreement, and who are classified as follows:

- Class 1 - Active Employees
- Class 2 - Retired Employees

Welfare Plan Document – The term “Welfare Plan Document” means the written plan of benefits maintained by the Trust.

When A Person First Becomes Eligible

A Person, who is in a Class of Eligible Persons on or after the Policy Effective Date, will be eligible for the insurance provided by the Policy on the later of the:

1. Policy Effective Date; or
2. as set forth by the Trustees in the Welfare Plan Document.

Welfare Plan Document – The term “Welfare Plan Document” means the written plan of benefits maintained by the Trust.

Effective Date of Person’s Insurance

A Person’s insurance will become effective on the date he or she is eligible.

When a Person’s Insurance Terminates

A Person’s insurance under the Policy will terminate upon the earliest of:

1. the date the Policy terminates;
2. the date the Person is no longer in a Class of Eligible Persons under the Policy;
3. the date premium payments on behalf of the Person cease;
4. the date the Person fails to pay the required premium, if any, when due;
5. the date of the Person’s death; or
6. the date indicated in the Welfare Plan Document.

SECTION 3 - ELIGIBILITY
(Continued)

Exception To Termination

If a Person is absent from work because of an Illness, Injury, temporary layoff, or approved leave of absence, his or her coverage may continue subject to the rules governing self contributions and the SCAF, provided the Person makes any required contributions.

Reinstatement of Insurance

1. If a Person's insurance terminates because he or she enters into full-time active duty with the armed forces of any country, it will be reinstated on the date he or she returns to active work:
 - a. for a Participating Employer; and
 - b. within 90 days of discharge from military service.
2. If a Person's insurance terminates for any other reason, he or she may again become eligible for the insurance by satisfying the requirement of eligibility as a new employee under the provision titled *When a Person First Becomes Eligible* in this Section of the Policy.

CONTINUATION OF INSURANCE

Life Insurance

Continuation During Total Disability

A Person who is totally disabled and ceases active employment with a Participating Employer due to the total disability may continue coverage under the Policy. Coverage will be continued until the earliest of:

1. 6 months from the date on which the total disability began; or
2. the date the Person ceases to make the required contributions for coverage, if any; or
3. the date the total disability ends; or
4. the date the Company approves continuation of coverage for the Person under any other disability provision of the Policy, if any; or
5. the date the Policy terminates.

SECTION 4 - LIFE INSURANCE BENEFIT

PERSONS

The Life Insurance Benefit will be paid if a Person dies while insured under this benefit.

Benefit Determination

The amount of benefit to be paid will be the Amount of Insurance as shown in the **Schedule of Benefits** Section which is in force for the Person on the date of his or her death, subject to all the terms and conditions of the Policy.

Benefit Payment

The benefit will be paid to the Person's named Beneficiary, upon receipt of due proof of death, as provided in the **Claim Payment** Section.

Assignment of Benefits

A Person may make an assignment of all the incidents of ownership of his or her Life Insurance Benefit, but only if the Company is given actual notice of the assignment. Any such assignment will not take effect with the Company prior to the date a copy of the assignment is received at its Administrative Office. The Company assumes no responsibility for the validity or sufficiency of any such assignment. Collateral assignments, by whatever name, are not permitted.

CONVERSION PRIVILEGE

If an individual's Life Insurance Benefit, or any portion thereof, terminates, he or she is entitled to convert all or a portion of the Amount of Insurance which has been terminated. This conversion will be to an individual policy of life insurance ("Conversion Policy"). The individual will not be required to submit proof of good health to convert.

Conversion Rights for Persons

Conversion Rights, upon Individual Termination or Class Change

If a Person's Life Insurance Benefit, or any portion thereof, terminates because he or she:

1. ceases to be eligible under "Classes of Eligible Persons" appearing under PERSONS in the **Eligibility** Section; or
2. transfers from one Class of Eligible Persons to another, and the class to which he or she has transferred, offers lesser benefits;

he or she may convert up to the Amount of Insurance which terminated, less any amount for which he or she becomes eligible under the Life Insurance Benefit of the Policy or under any other group policy within 31 days from the date of termination.

**SECTION 4 - LIFE INSURANCE BENEFIT
(Continued)**

Conversion Rights Upon Individual Reduction due to Age or Retirement

If a Person's Life Insurance Benefit is reduced because of the individual's:

1. age; or
2. retirement;

he or she may convert up to the amount of the reduction.

Conversion Rights upon Policy or Class Termination

If a Person's Life Insurance Benefit terminates because the Policy:

1. terminates; or
2. is amended to terminate coverage for a Class of Eligible Persons under which the Person was insured;

he or she may convert to an amount that does not exceed the lesser of the following, provided the Person has been continuously insured under the Life Insurance Benefit of the Policy (or the plan which the Policy replaced) for at least 5 years:

1. the amount of Life Insurance Benefit in effect for the Person on the date of termination, less any amount for which he or she is or becomes eligible under the Policy or any other group policy (which replaces the Policy) within 31 days after the date of termination; or
2. \$10,000.

Notice of Conversion Privilege

The Policyholder must notify an individual of his or her right to convert. If the notice is not given by the 16th day of the 31-day Conversion Period, the individual will have an additional period in which to convert. The additional period will expire 15 days from the date he or she is notified, but in no event will the right to convert be extended more than 91 days beyond the date the individual's insurance terminated under the Policy. Written notice presented to the individual, or mailed to his or her last known address, shall constitute notice for purposes of this provision.

In no event is the individual's Life Insurance Benefit extended beyond the end of the 31-day Conversion Period, whether or not notice is given.

Conversion Period

To qualify for a Conversion Policy, an individual must submit a written application to the Company and pay the first premium due within 31 days from the date his or her Life Insurance Benefit terminates under the Policy, unless an additional period in which to convert has been granted as shown in *Notice of Conversion Privilege* in this Section.

**SECTION 4 - LIFE INSURANCE BENEFIT
(Continued)**

Conversion Policy

An individual who is eligible to convert is entitled to convert to any individual policy which is then being offered by the Company, other than term insurance, or insurance which provides disability or other supplemental benefits.

Premium Rates

The premium rates for the Conversion Policy will be the Company's premium rates in effect for the amount and type of policy elected and based on the individual's class of risk and attained age (age nearest birthday at the date of issue of the Conversion Policy) on the effective date of the Conversion Policy.

Effective Date

The individual life insurance Conversion Policy will take effect at the end of the 31-day period provided the premium has been paid before the end of such period.

Death Within the Conversion Period

If an individual dies during the 31-day Conversion Period, the maximum Amount of Insurance which he or she was entitled to convert under the Life Insurance Benefit will be paid as a benefit under the Policy, to the last Beneficiary named by the individual, whether or not conversion was applied for, and premium paid.

If a Conversion Policy was applied for, such Conversion Policy will be null and void even if the Conversion Policy had been issued; and no death claim will be payable under the Conversion Policy. The Company will return any premium paid for the Conversion Policy.

Limitation on Amount Converted

No individual who is insured or who becomes insured under the Policy and who holds an individual life insurance policy obtained through exercise of the Conversion Privilege of the Policy, shall again be entitled to exercise the Conversion Privilege for which he or she is otherwise eligible as long as such individual policy of life insurance remains in effect.

WAIVER OF PREMIUM (Active Persons Only)

A Person under the age of 60:

1. who becomes Totally Disabled while insured under the Policy;
2. who has been Totally Disabled for at least 9 months; and

SECTION 4 - LIFE INSURANCE BENEFIT
(Continued)

3. for whom premium payments continue to be made or whose coverage is terminated for failure to meet the Eligibility requirements stated in the Policy because of Total Disability;

may apply to continue his or her life insurance under this Waiver of Premium provision. The initial continuation of insurance under this provision will be for 12 months from the date premium payments on behalf of the Person cease, but in no event longer than 24 months from the date Total Disability began.

Waiver of Premium will continue until the earlier of:

1. the date the Person's Total Disability ends; or
2. the end of the 12-month period.

"Totally Disabled" and "Total Disability" mean the Person's complete inability; due to Injury or Illness; to engage in any business, occupation or employment for which the Person is qualified, or becomes qualified by reason of education, training, or experience, for pay; profit; or compensation.

The Person must submit satisfactory written proof (the "Initial Proof") of Total Disability within 12 months from the date premium payments on behalf of such Person cease; but in no event more than 24 months from the date Total Disability began.

The Initial Proof must show that the Total Disability:

1. began while the Person was insured under the Policy;
2. began before the attainment of age 60; and
3. has rendered the Person Totally Disabled for at least 9 consecutive months.

Notice of Application for Waiver Determination

The Company will give written notice to the applicant within 10 days of receipt of an application for waiver. The notice will state whether or not the application is approved and give the reasons for any disapproval. If the application for waiver is disapproved, the Person may continue eligibility under the Policy for Life Insurance only if the Policyholder continues the Person on a premium-paying basis.

A Person who is denied continuation of his or her group Life Insurance through Waiver of Premium and:

1. is not continued by the Policyholder on a premium-paying basis; or
2. did not exercise his or her right to convert to an individual policy of life insurance;

may be entitled to the same conversion rights that applied to the Person on the date his or her Life Insurance would have terminated in the absence of this Waiver of Premium provision.

SECTION 4 - LIFE INSURANCE BENEFIT
(Continued)

A Person who holds an individual conversion policy and who has been denied continuation of his or her group Life Insurance through Waiver of Premium, may continue his or her coverage under the individual conversion policy.

Death of Person Before or While Waiver of Premium is in Effect

If a Person applies for waiver under this provision and dies before this Waiver of Premium is in effect, the Beneficiary must submit written proof that Total Disability continued without interruption from the date the Person became Totally Disabled to the date of death. Except that if at the time of death, Life Insurance on the Person has been continued on a premium paying basis, the Amount of Insurance in force under the Policy will be paid to the beneficiary, subject to the all the terms and conditions of the Policy.

If a Person dies while this Waiver of Premium is in effect, the Beneficiary must submit written proof that Total Disability continued without interruption from the last anniversary of the Company's receipt of proof Total Disability to the date of death.

Benefit Amount

The amount of Life Insurance continued under this Waiver of Premium, will be the Amount of Insurance in force for the Person on the date insurance would otherwise have terminated in the absence of this waiver provision. The amount of Life Insurance continued under this Waiver of Premium is subject to any reduction or termination in the Amount of Insurance, as shown on the Schedule of Benefits.

Any Person who:

1. is approved for waiver under this provision and
2. holds an individual policy of life insurance through exercise of the Conversion Privilege under the Policy;

is not entitled to receive benefits under both the Policy and the individual conversion policy for the same amounts of insurance. At the time of the Person's death, payment will be made under the Policy only if the individual policy is surrendered to the Company without claim other than for return of the premiums paid, less dividends.

Continuance of Waiver of Premium

A Person who has applied for and received approval of Waiver of Premium for the Life Insurance Benefit under the Policy, may continue the Waiver of Premium for additional 12-month periods, provided the Person:

1. remains Totally Disabled and
2. submits written proof of continued Total Disability each year within 3 months of the anniversary of the Company's receipt of Initial Proof. Such proof must be sent to the Company at the Person's own initiative; the Company shall not be required to request such proof.

SECTION 4 - LIFE INSURANCE BENEFIT
(Continued)

Right to Require Examination

The Company, at its own expense, may require a Person whose Life Insurance has been continued by this Waiver of Premium to be examined by a Physician of its choice, at any reasonable time during the Person's first two years of Total Disability. After two years, the Company will not require such examination more than once a year.

Conversion Privilege

A Person, whose Life Insurance was continued by this Waiver of Premium, may be entitled to the same conversion rights that applied to the Person on the date his or her Life Insurance would have terminated in the absence of this Waiver of Premium provision.

SECTION 5 - ACCELERATED LIFE INSURANCE BENEFIT

The following Accelerated Life Insurance Benefit shall apply to the Life Insurance Benefit of the Policy only. This benefit does not apply to any supplemental life insurance benefit, to any Accidental Death and Dismemberment Benefit, nor to any other benefits provided by the Company to the Policyholder.

Definitions

The following definitions are applicable only to this Accelerated Life Insurance Benefit provision:

"Accelerated Benefit" means the amount of life insurance that will be paid in accordance with the terms and conditions of the Policy prior to a Person's death if the conditions of the Accelerated Life Insurance Benefit provision are met.

"Person" is the individual who: (1) is eligible as a Person under the Classes of Eligible Persons under the Policy; (2) is an active employee; (3) has been insured under the Policy for a minimum of 2 years; and (4) is not Totally Disabled, or on Waiver of Premium or Extended Death Benefit, on the effective date of the Policy, or the provision if added later.

"Totally Disabled and Total Disability" mean the Person's complete inability, due to Injury or Illness, to engage in any business, occupation or employment for which the Person is qualified or becomes qualified by reason of education, training or experience, for pay, profit or compensation.

"Terminal Illness or Terminally Ill" means a determination is made by a Doctor that the Person, while insured under the Policy, has a life expectancy of 6 months or less as the result of a medical condition caused by Injury or Illness.

Payment of the Accelerated Benefit

Payment of the Accelerated Benefit shall be made in one lump sum to the Person, or to the entity or party so designated in writing by the [Person], and will not exceed the maximum benefit and limitations shown in the **Schedule of Benefits** Section. Only one Accelerated Benefit shall be payable per Person.

Effect on Amount of Insurance under the Life Insurance Benefit

Once the Accelerated Benefit has been paid, the Amount of Insurance under the Life Insurance Benefit on the Person shall be reduced by the amount of the Accelerated Benefit payment. The remaining Amount of Insurance Amount will remain in effect, subject to any reduction or termination and all other conditions and terms of the Policy. The Amount of Insurance available for conversion under the Life Insurance Benefit shall be reduced by the amount of the Accelerated Benefit payment.

Conditions for which Benefits are Payable

"Condition(s)" means any of the medical conditions and circumstances for which benefits are payable under the Policy.

SECTION 5 - ACCELERATED LIFE INSURANCE BENEFIT
(Continued)

Benefits shall be payable under the Policy for the following Condition(s):

1. the Terminal Illness which results in a life expectancy of not more than 6 months; and
2. a medical condition which requires extraordinary medical intervention, such as, but not limited to, major organ transplant or conditions for artificial life support, without which death would result; and
3. a medical condition which requires continuous confinement in an eligible Institution if the Person has been confined a minimum of 6 months, and such Person is expected to remain in such or similar Institution for the remainder of his or her life:
 - a. after the Person's effective date of coverage under the Policy; and
 - b. while the Policy is in effect as to such Person.

"Institution" means a nursing home or skilled nursing facility, which is licensed as such by the state, and which provides skilled nursing care by registered graduate nurses, under the direction of at least one Doctor; and

4. a medical condition which would, in the absence of extensive or extraordinary medical treatment, result in a drastically limited life span. Such conditions may include, but are not limited to, one or more of the following: (a) coronary artery disease which results in acute infarction or which requires surgery; (b) permanent neurological deficit which results from cerebral vascular accident; (c) end stage renal failure; (d) Acquired Immune Deficiency Syndrome; or (e) Alzheimer's Disease.

Conditions for Payment

Payment of an Accelerated Benefit is subject to the following:

1. the request for payment of the benefit must be made to the Company in writing by the insured Person or such Person's legal representative.
2. the diagnosis of a Condition must be made:
 - a. by a licensed qualified Doctor who is other than the Person or a member of such Person's family;
 - b. after the Person's effective date of coverage under the Policy; and
 - c. while the Policy is in effect as to such Person.
3. the written consent of an assignee or irrevocable beneficiary, if any, must be given to the Company.
4. the Person, at his or her own expense, must provide proof satisfactory to the Company of the diagnosis and effect on life expectancy; such proof shall include, but is not limited to, clinical, radiological and laboratory evidence.

SECTION 5 - ACCELERATED LIFE INSURANCE BENEFIT
(Continued)

If a Person dies after a request is made for the Accelerated Benefit, but before such benefit is paid, the Accelerated Benefit is not payable. The Amount of Insurance under the Life Insurance Benefit of the Policy will be paid to the Beneficiary as if no request for an Accelerated Benefit had been made.

Medical Determination

If the Person and the Company do not agree on the diagnosis of the Condition or its effect on life expectancy, either may request, in writing, an additional medical determination. The procedure shall be as follows:

1. the Person and the Company shall each select an independent Doctor;
2. both Doctors will: (a) examine the Person and all his or her medical records; and (b) submit a written opinion;
3. if both Doctors do not agree, they will choose a third disinterested Doctor acceptable to both;
4. the third Doctor will examine the Person and his or her medical records, and submit a written opinion as to a final determination;
5. if the opinion of the third Doctor is in favor of the Person, the Company will pay the expenses of the Doctors involved; and
6. if the opinion of the third Doctor is in favor of the Company, the Company will pay the expenses of its Doctors and of the third Doctor; and the Person shall pay the expenses of his or her Doctor.

It is agreed that this will be the sole remedy for resolving any differences of medical opinion and determination for purposes of the Policy.

Waiver of Premium

The request for an Accelerated Benefit and the submission of supporting medical evidence may be used to comply with the requirements for submission of written proof of Total Disability under the provision titled Waiver of Premium. In all other respects, all other conditions of the Waiver of Premium provision shall remain in full force and effect, and shall apply only to those Persons as outlined therein.

Conversion

Regardless of anything to the contrary in the Policy, this Accelerated Life Insurance Benefit may not be converted to an individual policy. Refer to *Effect on Amount of Insurance under the Life Insurance Benefit* in this Section of the Policy.

SECTION 5 - ACCELERATED LIFE INSURANCE BENEFIT
(Continued)

Exceptions to Applicability of an Accelerated Benefit

This Accelerated Life Insurance Benefit provision provided herein shall not apply:

1. to any Life Insurance Benefit with a face amount of less than \$10,000;
2. to request for payment of the benefit for any other reason other than a Condition as described in the Policy;
3. if the required premium for the Life Insurance Benefit under the Policy is due and unpaid;
4. to any supplemental life benefit, Accidental Death and Dismemberment benefit or to any other benefit provided by the Company to the Policyholder except for the Life Insurance Benefit provided under the Policy;
5. when all or a portion of the Person's Life Insurance Benefit is to be paid as part of a divorce settlement;
6. if the Person's life insurance under the Policy has been in force for less than 2 years, or if the Person is Totally Disabled, or on Waiver of Premium on the effective date of the Policy or this Accelerated Life Insurance Benefit provision, whichever is later;
7. if the Person is required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise;
8. if the Person is required by a government agency to use this benefit to apply for, obtain or keep a government benefit or entitlement; or
9. if the Illness or Injury which caused the medical condition is caused by intentional self-inflicted Injury or attempt at suicide.

Termination of the Accelerated Benefit

The Accelerated Benefit for all Persons shall terminate on the earliest of:

1. the date the Policy is terminated; or
2. the date the Accelerated Life Insurance Benefit provision is terminated.

The Accelerated Benefit, with respect to an individual Person, shall terminate on the earliest of:

1. the date the Person's Life Insurance Benefit under the Policy terminates;
2. the date the Person retires;
3. the date of death of the Person; or
4. the date of payment of the Accelerated Benefit made on behalf of the Person.

SECTION 5 - ACCELERATED LIFE INSURANCE BENEFIT
(Continued)

Tax Implications

The Company shall not be responsible for any tax or any other effects of any Accelerated Benefit payment. The receipt of an Accelerated Benefit will reduce the death benefit, and may be taxable income to the Person or to the Person's Beneficiary. The Person and the Beneficiary must consult with a personal tax advisor.

SECTION 6 - ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Upon receipt of due proof of loss, the Accidental Death and Dismemberment Benefit will be paid if:

- 1. a Person while insured under this benefit, suffers an accidental Injury; and
- 2. as the direct result of the accident, and independent of all other causes, the Person suffers a Covered Loss within 180 days after the accident.

A "Covered Loss" means permanent loss of:

- 1. life;
- 2. a hand, by complete severance at or above the wrist joint;
- 3. a foot, by complete severance at or above the ankle joint;
- 4. an eye, involving irrecoverable and complete loss of sight in the eye;
- 5. 4 or more fingers from one hand by complete severance;
- 6. 2 or more phalanges of both the thumb and the index finger from one hand by complete severance;
or
- 7. speech and hearing, involving total and irrecoverable loss thereof;

except as excluded under *Exclusions* in this Section, and subject to all the terms and conditions of the Policy. The amount of benefit to be paid for a Covered Loss is determined as follows:

SCHEDULE OF LOSSES

FOR LOSS OF:

THE BENEFIT IS:

LIFE	THE PRINCIPAL SUM
TWO HANDS.....	THE PRINCIPAL SUM
TWO FEET.....	THE PRINCIPAL SUM
SIGHT OF TWO EYES.....	THE PRINCIPAL SUM
ONE HAND AND ONE FOOT.....	THE PRINCIPAL SUM
ONE HAND AND SIGHT OF ONE EYE	THE PRINCIPAL SUM
ONE FOOT AND SIGHT OF ONE EYE	THE PRINCIPAL SUM
ONE HAND OR ONE FOOT.....	ONE-HALF THE PRINCIPAL SUM
SIGHT OF ONE EYE.....	ONE-HALF THE PRINCIPAL SUM
FOUR OR MORE FINGERS (ONE HAND).....	ONE-HALF THE PRINCIPAL SUM
THUMB AND INDEX FINGER.....	ONE-FOURTH THE PRINCIPAL SUM
SPEECH OR HEARING	ONE-HALF THE PRINCIPAL SUM

If the Person suffers more than one loss in any one accident, payment shall be made only for that loss for which the largest amount is payable.

SECTION 6 - ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT
(Continued)

Exclusions

No benefit will be paid for any loss that is caused directly by any of the following:

1. bodily or mental illness or disease of any kind;
2. ptomaines or bacterial infections (except ptomaine and bacterial infections occurring as a result of accidental ingestion or infections caused by accidental injury);
3. suicide or attempted suicide while sane or insane;
4. intentional self-inflicted Injury;
5. participation in, or the result of participation in, the commission of an assault, or a felony, or a riot, or a civil commotion;
6. war or act of war, declared or undeclared; or any act related to war, or insurrection;
7. medical or surgical treatment of an illness or disease;
8. service in the armed forces of any country while such country is engaged in war;
9. police duty as a member of any military, naval or air organization;
10. travel or flight as pilot or crew member in any kind of aircraft;
11. travel or flight in or descent from any kind of aircraft as a passenger, pilot, crew member or participant in training that is owned, operated, or leased by or on behalf of the Policyholder or a Participating Employer;
12. intake of any drug, medication or sedative unless prescribed by a Doctor, or the intake of any alcohol in combination with any drug, medication or sedative; or
13. any poison or gas voluntarily, but not involuntarily, taken, administered, absorbed, or inhaled.

SECTION 7 - CLAIM PAYMENT

BENEFICIARY (Life Insurance and Accidental Death and Dismemberment Benefits)

For Persons

A Person's Beneficiary is the party or parties named by the Person, as shown on the Company's records, to receive the benefits payable under the Policy upon the Person's death. The Person may name one or more Beneficiaries to receive the death benefit.

The Person may change the Beneficiary at any time, without the consent of the previously named Beneficiary. Such change must be requested in writing on a form furnished by or satisfactory to the Company. Such change will take effect upon receipt of the signed form at the Administrative Office of the Company.

Upon receipt of Satisfactory Proof of Claim, the Claims Administrator will pay the death benefit due under the Life Insurance and Accidental Death and Dismemberment Benefits to the Person's named Beneficiary as follows:

1. If the Person has named more than one Beneficiary, each surviving Beneficiary will share equally, unless otherwise indicated by the Person when the Beneficiaries were named.
2. If there is no named Beneficiary, or if no named Beneficiary is surviving at the time of death of the Person, payment will be made to the first surviving class in the following order of preference:
 - a. the surviving spouse;
 - b. the Person's children, in equal shares;
 - c. the Person's parents, in equal shares;
 - d. the Person's brothers and sisters, in equal shares; or
 - e. the executors or administrators of the Person's estate.

In order to determine which class of individuals is entitled to the death benefit, the Claims Administrator may rely on an affidavit made by any individual listed above. If payment is made based on such affidavit, the Company will be discharged of its liability for the amount so paid, unless written notice of claim by another individual listed above is received before payment is made.

3. If the Beneficiary is a minor or someone not able to give a valid release for payment, the Claims Administrator will pay the benefit to his or her legal guardian. If there is no legal guardian, the Claims Administrator may pay the individual or institution who has, in its opinion, custody and principal support of such Beneficiary. The Company will be fully discharged of its liability for any amount of benefit so paid in good faith.

SECTION 7 - CLAIM PAYMENT (Continued)

LIFE INSURANCE

Proof of Claim

Satisfactory Proof of Claim will include a certified copy of the individual's death certificate and any other data that the Claims Administrator may require to establish the validity of the claim.

Facility of Payment

If an individual appears to the Claims Administrator to be equitably entitled to compensation because he or she has incurred expenses on behalf of the Person's burial, the Claims Administrator may pay to such individual the expenses incurred up to \$2,000. Such payment, however, shall not exceed the amount due under the Policy. The Company will be fully discharged of its liability for any amount of benefit so paid in good faith.

Mode of Payment

Death benefit proceeds will be paid to the Beneficiary in one lump sum.

Maximum Payment of Benefits

The total benefit payable under the Policy for Life Insurance will never exceed the Amount of Insurance shown in the **Schedule of Benefits** Section. In no event will payment be made under more than one of the following Life Insurance provisions:

1. Life Insurance Benefit;
2. Waiver of Premium; or
3. Conversion Privilege.

SECTION 7 - CLAIM PAYMENT (Continued)

ACCIDENT AND HEALTH INSURANCE

Notice and Claim Forms

In order to receive a claim form for filing a claim, written notice of a claim must be given to the Claims Administrator within 90 days after the date of a loss which is covered under the Policy. Otherwise, the Claims Administrator must be notified as soon as it is reasonably possible to do so. If claim forms are available from the Policyholder, written notice of a claim is not required in order to receive a claim form.

Upon receipt of the written notice of claim, the Claims Administrator or Policyholder will provide claim forms for filing proof, to the Person making a claim. If the Person does not receive the claim forms within 15 days after he or she sent notice of a claim, the Person can file a claim without a claim form by sending the Claims Administrator written proof of claim which includes the information required under *Proof of Loss* as described below.

Proof of Loss

Proof of the loss for which a claim is made must be given to the Claims Administrator no later than 90 days after the date of loss. A claim will not be reduced or denied for failure to provide proof within this time, if it is shown that it was not reasonably possible to furnish proof, and that proof was provided as soon as it was reasonably possible.

The proof of the loss must include all information necessary for the Claims Administrator to determine the:

1. nature of the loss; and
2. date of the loss.

The Claims Administrator may require, as part of the proof, authorization to obtain medical and non-medical information. The Claims Administrator will notify the Person of any additional information required to process a claim.

Payment of Claims

For a covered loss, benefits shall be paid directly to the Person. In case of loss of life, benefits will be made to the Person's Beneficiary.

Facility of Payment

If any benefit is payable to the Person's estate or to a person who is a minor or someone who lacks the capacity to give a valid release for payment, the Claims Administrator may pay the benefit, up to an amount of \$1,000, to any relative by blood or connection by marriage of the Person who is deemed by the Company to be equitably entitled to the benefit. The Company will be fully discharged of its liability for any amount of benefit so paid in good faith.

SECTION 7 - CLAIM PAYMENT
(Continued)

Right to Examination and Autopsy

The Claims Administrator, at its own expense, has the right to have:

1. the Person whose claim is pending examined, by a Doctor of its choice; and
2. an autopsy performed, if it is not prohibited by law.

Legal Actions

A claimant, or the claimant's authorized representative cannot start any legal action with respect to a claim:

1. until 60 days after proof of claim, as required above, has been given; nor
2. more than 3 years after the time proof of claim is required.

SECTION 8 - GENERAL PROVISIONS

Statements; Incontestability of Insurance

All statements made by the Policyholder or a Person are considered, except for fraud, to be representations and not warranties. No such statements may be used to contest the validity of the Policy, or a Person's insurability unless:

1. it is in writing and signed by the Policyholder or the Person; and
2. a copy of the statement is given to the Policyholder, the Person or his or her Beneficiary.

A Person's insurance, for which proof of good health was required, will not be contested after such insurance has been in force for 2 years during his or her lifetime. This provision does not preclude the Company from asserting defenses based upon the Person's ineligibility for insurance, non-payment of premium, or fraud.

Misstatement of Age

If the age of a Person has been misstated, the Company will use the Person's true age to determine:

1. the effective date or termination date of the Person's insurance under the Policy;
2. the amount of insurance; and
3. any other rights or benefits affected by age.

Based on true age, the Company may make an adjustment to the premiums, the benefits, or both.

Policy Not in Lieu of Workers' Compensation Insurance

The Policy is not in lieu of, and does not affect any requirements for insurance by state Workers' Compensation Insurance laws.

Conformity with State Statutes

Any provision of the Policy that is in conflict with the laws of the state in which the Policy is delivered, or issued for delivery, is amended to conform to the minimum requirements of those laws.