

LIBERTY UNION LIFE ASSURANCE –LIFE POLICY CERTIFICATE

**FOR YOUR BENEFIT AMOUNT: REFER TO THE GREEN CERTIFICATE COVERAGE PAGE
MAILED SEPARATELY TO YOU.**

DEFINITION OF WORDS AND TERMS USED IN THIS POLICY

1. The term “Company” means Liberty Union Life Assurance Company.
2. The Group Employer as used herein means the business or organization named as such on the Face Page of this Policy and deemed to Policyholder hereof.
3. The employees’ insurance provided by this Policy shall mean the types and amounts of coverage elected by the Group Employer for each Class of Eligible Employees.
4. The word “person” means an employee, and employee’s dependent or beneficiary.
5. The term “full-time employee” means an employee whose employment with the Group Employer constitutes his principal occupation and who is regularly scheduled to work at such occupation no less than thirty hours per week on a twelve-month basis.
6. “Actively at work” and “active full-time employment” with respect to any employee, means active full-time performance of all customary duties of the employee’s occupation at the Group Employer’s location(s) of business.
7. The terms “herein”, “hereunder”, “hereon”, and “hereof” refer to the Policy in its entirety.
8. “Evidence of Insurability”, as used herein, means the medical form completed by the employee or the employee’s dependent, when requested by the Company according to applicable Policy provisions.
9. Whenever a personal pronoun in the masculine gender is used, it shall be deemed to include the feminine also, unless the context clearly indicates the contrary.
10. “Certificateholder” means the individual named on the Coverage Validation sticker who is insured under the Master Policy.

STANDARD PROVISIONS

ENTIRE CONTRACT – This Policy, the application of the Group Employer and the individual applications, if any, of Persons insured shall constitute the entire contract between the parties. All statements made by the Group Employer, the Agent of Record or by the Persons insured shall be deemed representations and not warranties.

No provision of this Policy can be waived, changed, or modified by the Company or Group Employer except by an amendment hereon, signed and dated by a duly authorized Officer of the Company. No Agent or other individual except an Officer of the Company has the authority to extend the time for payment of any premium.

Subject to the laws of the state in which this Policy is delivered, this Policy may at any time be amended and changed by written agreement between the Company and the Group Employer. Any amendment to this Policy shall be binding on all persons insured hereunder, whether they become insured prior to, or on, or after the effective date of the signed amendment.

NOTICE OF CLAIM – Written notice of claim must be given within ninety (90) days after the date of loss or as soon thereafter as is reasonably possible. Written notice must be given to the Company's Home Office. It must be given by or on behalf of the Claimant.. Enough information to identify the Certificateholder is required.

PROOF OF LOSS – Written proof of loss for benefits under the Provision is required to be submitted to the Company within ninety (90) days after the date of loss. However, no claims will be reduced or denied if the Claimant is unable to furnish proof within the ninety (90) days allowed, and proof is furnished thereafter as soon as is reasonably possible. In any event, proof must be furnished no later than one year after the incurred date of the claim. No claim can be considered for payment if proof of loss is not furnished in the one year allowed. If the claimant is a minor or legally incompetent, he will be allowed extra time if proof is submitted as soon as is reasonably possible.

CLAIM FORMS – The Company upon receipt of a notice of claim will furnish to the Claimant, such forms as are customarily used by the Company, for filing proof of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the Claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, (within the time limits of this Policy for filing proof of loss), written proof covering the occurrence, the character and the extent of the loss for which claim is made.

INCONTESTABILITY – The validity of this Policy shall not be contested, except for non-payment of premiums, after it has been in force for two years from the date of issue. No statement made by the employee or employee's dependent(s), with respect to either person's insurability, shall be used to contest the validity of insurance coverage after such coverage has been in force, prior to the contest, for a period of two years during such person's lifetime; unless such statement is contained in a written instrument signed by the insured person, and provided a copy of the instrument is or has been furnished to the insured person, or in the event of his death or incapacity, to his beneficiary or personal representative.

This provision is not intended to preclude the assertion at any time of defenses based upon the provisions in this Policy which relate to the ineligibility of an employee or his dependent for coverage.

EMPLOYEES' CERTIFICATE OF INSURANCE – The Company will furnish the Group Employer an individual Certificate for delivery to each employee insured. The essential features of such person's insurance, including dependents' insurance, and stating to whom the benefits are payable, are set forth in summary form.

Any Certificate of Insurance issued to any employee who, for any reason, is not entitled to insurance under this Policy will be NULL AND VOID. This Certificate replaces all Certificates and Booklets previously issued under the Group Policy.

The Certificates of Insurance are issued as a means of general information and will not constitute a part of the Policy.

ASSIGNMENT – When permitted by state law, an employee may make an absolute assignment of his insurance hereunder, and the Certificate thereof, on a form and in the manner prescribed by the Company. No assignment shall be binding on the Company unless and until the original assignment, or a duplicate thereof, has been filed with the Company at its Home Office. The Company assumes no responsibility as to the validity or effect of any assignment, and any such assignment shall be without prejudice to the Company on account of any payment it may make prior to receipt of notice of said assignment.

INFORMATION TO BE FURNISHED – The Group Employer shall furnish such information as is necessary to administer this Policy whenever required by the Company. Clerical error on the part of the Group Employer in furnishing such information shall not invalidate insurance in force, nor continue insurance otherwise terminated, nor create insurance for a person otherwise ineligible for insurance. Upon discovery of such error, an equitable adjustment shall be made in the premium.

Premium adjustments, whether the result of error, administrative delay or any other cause, which involves a return of unearned premium to the Group Employer, shall be limited to the period of twelve months immediately preceding the date of receipt by the Company of evidence that such adjustments should be made.

The Group Employer's payroll and other personnel records which have a bearing on the insurance hereunder shall be open for inspection by the Company at any reasonable time.

MISSTATEMENT OF AGE – If the age of any person insured by this Policy has been misstated, an equitable adjustment shall be made in the premiums. If the amount of such person's insurance in accordance with the Schedules of Insurance is dependent upon age, the amount of insurance shall be the amount, said person would have been entitled at his correct age, and the adjustment in premiums shall be based on the corrected amount of insurance.

FACILITY OF PAYMENT – The Company may, at its option, pay an amount up to two hundred-fifty dollars of the Certificateholder's life insurance benefit to any person or persons appearing to the Company to be equitably entitled by reason of having incurred funeral or other expenses incident to the last illness or death of the Certificateholder.

PHYSICAL EXAMINATION AND AUTOPSY – The Company will have the right and opportunity to have physicians designated by it, examine the Certificateholder in respect to whom a claim under this Provision is made. The Company may request it so often as may reasonably be required and in the case of death, the Company will have the right to cause an autopsy to be made where it is not forbidden by law. Any such examination or autopsy will be at the Company's expense.

NOT IN LIEU OF WORKER'S COMPENSATION – This policy is not in lieu of and does not affect requirements for coverage under Worker's Compensation laws.

PREMIUM PAYMENTS

1. All premiums under this Policy are payable on the due date of the Policy by the Group Employer to the Company at its Home Office in Madison Heights, Michigan. The amount payable shall be the aggregate of the several amounts payable in respect to all employees insured by this Policy on the date such premiums fall due.
2. Premium adjustments will be made by the Company for changes in Classification, addition of new Eligible Employees, and the termination of employees. Refunds and charges resulting from adjustments shall be calculated on a pro rata basis in respect to the period elapsing between the date of changes, additions, or terminations and the date when the next premium falls due.
3. Thirty-One Days of Grace are allowed for the payment of any premium due after the initial premium, during which period this Policy shall remain in force. If any premiums are not paid within the Period of Grace, the Policy shall immediately be automatically cancelled and become VOID on the expiration of the Days of Grace. The Group Employer shall be liable to the Company for the payment of all premiums then due and unpaid, together with the premium for the Days of Grace. Upon payment of all premiums due and unpaid, the Policy may be reinstated at the option of the Company.
4. If the Group Employer gives written notice to the Company that the Policy is to be cancelled as of the due date of any premium, or during the Days of Grace the Policy will be cancelled as applicable on the date of receipt of such notice or as of the date requested by the Group Employer. The Group Employer will be liable to the Company for the pro rata premium for the period, if any, elapsing from the due date of premium to the date of cancellation and termination of insurance coverage.

EFFECTIVE DATE OF CERTIFICATEHOLDER INSURANCE

ELIGIBILITY DATES – An employee may enroll for coverage as follows:

As determined by each Group Employer and shown on the Participation Agreement.

If contributions are not required by a Group Employer, insurance will take effect on the Group Employer's effective date for all employees who are then eligible. All employees who later become eligible will be covered on the date they become eligible.

If contributions are required by a Group Employer, insurance will go into effect on the Group Employer's effective date, for all employees who have enrolled by then. An employee who later becomes eligible may be insured as follows:

- a. If he enrolls before he becomes eligible, his coverage will begin on the date he becomes eligible.
- b. If he enrolls within 31 days after he becomes eligible, his coverage will begin on the date he became eligible.
- c. If enrollment is applied for following 31 days after an employee becomes eligible, Evidence of Insurability will be required. Coverage will not go into effect until the first of the month following approval of the individual's Evidence of Insurability.

If you are not Actively At Work on a full-time basis on the effective date shown on the Coverage Validation Sticker, your insurance under this Certificate will be postponed until the first day immediately following your return to active full-time work for five consecutive working days. You are considered actively at work on a full-time basis if you are actually working for the Group Employer at least 30 hours per week, performing all the normal duties of your job at the Group Employer's business location(s), other than your residence, where his business requires you to be.

TERMINATION OF CERTIFICATEHOLDER INSURANCE

TERMINATION OF CERTIFICATEHOLDER INSURANCE – The insurance of any Certificateholder under this Policy will terminate on the earlier of:

1. The date of termination of this Policy;
2. The date he is no longer a member of a class of person eligible for coverage under this Policy;
3. On the ninety-first (91st) date of active full time duty as a member of an armed force of any country or international organization;
4. The date of payment cessation of any portion of premiums made on the person's behalf;

5. The date of termination of Certificateholder's employment or active service;
6. The date this Policy is amended to exclude, as an eligible class, the class to which the Certificateholder belongs.

Failure to report termination of a Certificateholder's insurance will not continue his coverage beyond the date his coverage would otherwise terminate.

LIFE INSURANCE BENEFIT PROVISION

DEATH BENEFIT – Upon receipt of proof of the death of a Certificateholder while insured under this Policy, the Company will pay the death benefit to the Certificateholder's beneficiary last legally designated in writing. The death benefit for any Certificateholder shall be the amount of life insurance benefit for which he was insured on the date of his death. Such amount is shown on the Cover Page of this Policy. (See Coverage Validation Sticker).

BENEFICIARY – The Certificateholder or his assignee, if any, shall have the right to designate the beneficiary to receive the death benefit. If more than one beneficiary is designated, and the Certificateholder failed to specify their respective interests, the beneficiaries will share equally.

If any designated beneficiary predeceases the Certificateholder, the interest of such beneficiary shall terminate and his share will be payable in equal portions to other beneficiaries as survive the Certificateholder, unless the Certificateholder has made written request to the contrary.

In the event a beneficiary is not designated under this group Policy, the latest written beneficiary designation of the Certificateholder under a previous group policy will be accepted as a beneficiary designation under this group policy. However, the previous policy must relate to the same Policyholder group insurance program as this group policy and the insurance under this group policy must replace all or part of the insurance previously in force under that program.

If at the death of the Certificateholder no beneficiary was named under this or a previous group insurance program, or if no named beneficiary survives the Certificateholder, the amount of the insurance will be paid in a single sum to his spouse, if living; otherwise in equal shares to the then living children of the person insured, if any; or if none, in equal shares to the father and/or mother of the Certificateholder or to the survivor of them, or if none then to the estate of the Certificateholder.

If the beneficiary is a minor or is legally incompetent of giving a valid release of any payment due, the Company may at its option and until claim is made by a duly appointed guardian of such beneficiary, make payments of the amount payable to such beneficiary at a rate not exceeding fifty dollars per month. Such payment may be made to any relative by blood or connection by marriage appearing to the Company to have assumed the custody and principal support of such beneficiary. The Company shall be discharged from all liability to the extent of such payment.

CHANGE OF BENEFICIARY – The right reserved to each Certificateholder to change his beneficiary at any time by written request, subject to legal restrictions which may affect such rights. This written notice must be submitted directly to the Home Office of the Company. Any such change will take effect on the date of such request. Any such change will be without prejudice to the Company on account of any payment made by it prior to such request.

PAYMENTS OF PROCEEDS – The death benefit shall be paid to beneficiary in a lump sum. However, the Certificateholder may request the Company to pay the proceeds under a settlement option indicated below. In the event no such request is made, a request for a settlement option may be made by a beneficiary after the death of the Certificateholder. The amount to be applied under any settlement option must be at least five thousand dollars. The amount must provide a periodic payment under the option selected of at least fifty dollars.

- OPTION 1. INTEREST OPTION** – Left on deposit with the Company with interest payable at the rate of not less than three percent per year. The deposit and withdrawal rights shall be agreed to at the time of election.
- OPTION 2. INSTALLMENT OPTION, FIXED PERIOD** – Payable in monthly installments for the number years elected. The amount will be determined by the Settlement Option Table offered by the Company. The number of years elected cannot be more than thirty.
- OPTION 3. LIFE INCOME OPTION, TEN OR TWENTY YEARS CERTAIN** – Payable in monthly installments during the lifetime of the beneficiary. Payments are based on the beneficiary's sex and age, nearest birthday, on the date of the Certificateholder's death. Proof of age satisfactory to the Company will be required.

The first payment due under Option 2 and 3 will be payable from the date of the Certificateholder's death. Under Option 1, the first payment will be made one, three, six or twelve months after his death. This depends on whether payments are to be made monthly, quarterly, semi-annually or annually, respectively.

No beneficiary shall have any right to make any change in the provisions elected by the Certificateholder, except to lengthen the payment period.

If a beneficiary dies while receiving payments under Option 1 or 2 or during the guaranteed period under Option 3, the commuted value of any unpaid installments will be paid to the estate of the beneficiary.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT PROVISIONS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT – The Company will pay in one sum the Benefit Amount shown below upon receipt of proof that the Certificateholder sustained any of the losses shown. However, such loss must result from accidental bodily injury directly and independently of all other causes, or from accidental drowning. The loss must occur within ninety (90) days after the date of the accident. No payment will be made for any of the exclusions listed on page 11 of this section.

SCHEDULE OF LOSSES AND AMOUNT PAYABLE

For Loss of	Benefit Amount
Life.....	The principal sum
Both hands.....	The principal sum
Both feet.....	The principal sum
Sight of both eyes.....	The principal sum
One hand and one foot.....	The principal sum
One hand and the sight of one eye.....	The principal sum
One foot and the sight of one eye.....	The principal sum
One hand.....	One half of the principal sum
One foot.....	One half of the principal sum
Sight of one eye.....	One half of the principal sum

The term “principal sum” means the amount the Certificateholder is insured for Accidental Death and Dismemberment benefit at the date of loss, and is shown on the Cover Page of this Policy. (See Coverage Validation Sticker). The “principal sum” does not include supplemental life insurance coverage.

Loss of hands or feet shall mean loss by severance at or above the wrist or ankle joint.

The loss of sight must be total and irrecoverable.

The aggregate amount payable under this Provision for all losses suffered by the Certificateholder will in no event exceed the Principal Sum.

EXCLUSIONS – Payment under the Accidental Death and Dismemberment Provision will not be made for loss resulting directly or indirectly, wholly or partially from any of the following:

1. Suicide or intentionally self-inflicted injury or illness, while sane or insane.
2. Voluntary taking of poison or ptomaine's, or voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 as now, or hereafter amended, unless prescribed for the Certificateholder by a licensed physician and taken in the dosage of manner instructed by a licensed physician.
3. Voluntary inhalation of gas.
4. Participation in, or as a result of having participated in committing an assault or felony.
5. Insurrection or active participation in civil commotion, war or the hostile action of the armed forces of any country. War includes declared or undeclared war, whether civil or intentional, and any armed conflict with any organized forces of a military nature.
6. Disease or bacterial infection other than infection occurring with and as a result of an accidental cut or wound.
7. Flight in or on, a descent from, any aeronautical device or participating in any operation thereof, except as a fare-paying passenger on a commercial aircraft, making a regularly scheduled flight.
8. Loss caused by a sickness.

LIMITATIONS – The benefits under the Accidental Death and Dismemberment Benefit Provision apply only to an injury sustained by a Certificateholder while his insurance under the Policy is in force.

DEPENDENT LIFE INSURANCE PROVISIONS

ELIGIBILITY REQUIREMENTS – The Certificateholder's eligibility for Dependent Life Insurance is determined as follows:

1. Any Certificateholder who has a dependent on the date he becomes eligible for insurance under this Policy is eligible on that date for dependent insurance.
2. If a Certificateholder has no dependent on the date he becomes eligible for insurance under this Policy, he will become eligible for dependent insurance on the date he acquires a dependent.

ELIGIBLE DEPENDENTS – The eligible dependents of a Certificateholder are:

1. His spouse.
2. His unmarried children fourteen days of age but under age nineteen years who are dependent upon him for their principal support, and who are not confined to a medical facility nor totally disabled on such date his/her coverage would otherwise become effective.
3. His unmarried children who are incapable of supporting themselves because of mental or physical handicap. However, the children must have become so incapable before age nineteen years.

Insurance coverage on any additional dependent commences automatically on the date the Certificateholder acquires additional eligible dependents. When a dependent who is covered according to the terms of this Provision for Dependent Life Insurance no longer satisfies the definition of an Eligible Dependent, his coverage under this Provision shall cease.

LIMITATIONS – No Dependent will be considered an eligible dependent of the Certificateholder if he is also covered as a dependent of the Certificateholder's spouse under this Policy. No spouse will be considered an eligible dependent of the Certificateholder if such spouse is also insured as a Certificateholder under this Policy.

COMMENCEMENT OF DEPENDENT LIFE INSURANCE

1. Dependent Life Insurance will commence for eligible dependents when the Certificateholder is not required to contribute all or part of the premium as follows:
 - a. On the date the Certificateholder's insurance commences under this Policy, if he has a dependent on that date; or
 - b. On the date that the Certificateholder acquires a dependent.
2. Dependent Life Insurance will commence when eligible dependents of the Certificateholder, and for which the Certificateholder is required to contribute all or part of the premium as follows:

- a. On the date the Certificateholder's insurance commences under this Policy, if he has a dependent on that date, and if written notice of the Certificateholder's desire for dependent insurance is received by the Company prior to that date;
or
- b. On the date the Company receives written request by the Certificateholder of his desire for dependent insurance if a person becomes a dependent after the effective date of the Certificateholder's insurance. However, request for dependent insurance must be received within thirty-one (31) days after the Certificateholder acquires a dependent.
- c. If any notice is received by the Company later than is specified in paragraphs a. and b. above, Evidence of Insurability satisfactory to the Company will be required before the Dependent Life Insurance under this Policy commences.
- d. In the event of hospital confinement and/or total disability of a dependent, coverage will not be effective until discharge from such confinement or, on the date the dependent is no longer totally disabled.

TERMINATION OF DEPENDENT LIFE INSURANCE

TERMINATION OF DEPENDENT LIFE INSURANCE – The Certificateholder's Dependent Life Insurance will terminate on the earlier of:

1. The date the Certificateholder no longer has eligible dependents;
2. The date the Certificateholder's insurance terminates under this Policy;
3. The date of termination of the Dependent Life Insurance Provision under this Policy;
4. The date a Certificateholder is no longer in a class of persons eligible for dependent insurance;
5. The date cessation of any portion of premium payments for Dependent Life Insurance;
6. The date of the Certificateholder's written notice that he no longer desires dependent insurance coverage.

CONTINUATION OF DEPENDENT LIFE INSURANCE DURING TOTAL DISABILITY OF THE CERTIFICATEHOLDER – If the Insurance on the life of a Certificateholder is extended in accordance with the provisions entitled Waiver of Premium in the event of Permanent and Total Disability, the insurance on his dependents may be continued only by the payment of premiums for Dependent Life Insurance and only during the period Dependent Life Insurance under this Policy remains in effect for the class of Certificateholders to which the Certificateholder belongs on his last day of active service.

Such Dependent child must also comply with the requirements listed in a. through f. in the section **CONVERSION OF DEPENDENT LIFE INSURANCE ON SPOUSES**.

DEATH BENEFIT – Upon receipt of proof of death of an eligible Dependent of a Certificateholder who is insured under this provision, while covered under this Policy, the Company will pay the death benefit shown on the Cover Page. (See Coverage Validation Sticker). The death benefits will be paid to the Certificateholder in one sum.

ASSIGNMENT – Dependent Life Insurance cannot be assigned.

CONVERSION OF DEPENDENT LIFE INSURANCE ON SPOUSES – Upon the death of the Certificateholder and the consequent termination of that Certificateholder's Dependent Life Insurance Benefits Provision, and eligible spouse of the Certificateholder has the right to convert the dependent spouse coverage to an individual policy. The coverage under this Policy will be maintained in force for thirty-one (31) days after such termination of coverage. The following conditions must be satisfied for conversion:

- a. The new individual policy must be applied for within thirty-one (31) days after termination of coverage.
- b. Payment of the first premium for the individual policy selected must be paid in advance.
- c. The new policy may be an individual life or endowment policy, other than term insurance, currently being issued by the Company.
- d. Disability benefits or any other supplementary benefits may not be included in the new individual policy.
- e. The face amount of the new individual policy may not exceed the amount of Dependent Life Insurance that is terminated.
- f. The premium for the new individual policy will be the premium charged by the Company for the individual policy selected and the amount applied for. The premium will be according to his age nearest birthday for the class risk to which he belongs on the effective date of the new individual policy.

A spouse will not have the conversion right for any reason other than the death of the Certificateholder.

CONVERSION OF DEPENDENT LIFE INSURANCE ON CHILDREN – Upon the death of the Certificateholder and the consequent termination of that Certificateholder's Dependent Life Insurance Provision, an eligible dependent child has the right to convert his life coverage to an individual policy. A dependent child will also have the right to convert his coverage to an individual policy if he becomes ineligible for coverage as a dependent under this Provision for the following reason:

1. he has attained age nineteen (19).

A dependent child's coverage under this Policy will remain in force until he converts it to an individual policy. In no event, will his coverage under this Policy remain in force for more than thirty-one (31) days after termination of coverage. Such dependent child must also comply with a. through f. under Conversion of Dependent Life Insurance on Spouses.

DEATH BENEFIT – Upon receipt of proof of death for a Certificateholder's eligible Dependent who is insured under this provision, while covered under this Policy, the Company will pay the death benefit shown on the Coverage Validation Sticker. The death benefits will be paid to the Certificateholder in one sum.

ASSIGNMENT – Dependent Life Insurance cannot be assigned.

**WAIVER OF PREMIUM BENEFIT
IN THE EVENT OF PERMANENT AND TOTAL DISABILITY**

WAIVER OF PREMIUM – If a Certificateholder becomes permanently and totally disabled while covered under this Policy and prior to the date of his sixtieth birthday, the Company will continue his life insurance coverage under this Policy without further payment of premiums on his behalf; provided he has been disabled for nine consecutive months. The Certificateholder must submit written notice and proof of his disability to the Company as specified below. If the Certificateholder qualifies for this benefit, his life insurance premium under this Policy will be waived beginning with the first full premium due following the nine consecutive months of disability.

AMOUNT OF INSURANCE EXTENDED – The amount of insurance which will be extended without payment of premium shall be that amount for which the employee was insured on the date his employment was terminated due to total and permanent disability, **EXCEPT THAT:**

If any provision of the Policy provides for reduction or termination at a specified age or at any other specified time, the amount of life insurance on such employees shall be reduced or terminated in accordance with such provision upon his reaching such age or at such time. A totally and permanently disabled employee will not be eligible for any increase in the amount of insurance since the actively employed requirement is not being satisfied by the employee.

In no event will the Certificateholder's life insurance be increased for any reason while totally and permanently disabled under the terms of this Policy.

There will be no extension of Insurance under the Provision of this section if an individual policy of life insurance is issued to the Certificateholder under the Conversion of Life Insurance Provision, unless the individual policy is surrendered to the Company without claim except for the return of any premium paid.

PERMANENT AND TOTAL DISABILITY – Permanent and total disability as used in this Policy Provision shall mean any disability which results solely from accidental bodily injury or disease which permanently and totally prevents the Certificateholder from engaging in any business or occupation or performing any work for wage or profit for which he is reasonably qualified by training, education or experience. A period of total disability is deemed to be permanent if it meets the requirements of this Provision and presumably will be continuous during the Certificateholder's further lifetime.

NOTICE OF DISABILITY – initial written notice of the Certificateholder's disability must be submitted to the Company within three months following the completion of nine consecutive months of continuous disability; otherwise the continuance described in the first paragraph of this Waiver of Premium Provision will not apply to such disability.

NOTICE OF PROOF OF DISABILITY – Proof of disability and the continuance thereof, as herein required, must be furnished to the Company on the initiative of the disabled employee, or by someone on his behalf, without obligation on the part of the Company to request such proof. Any notification to employees regarding rights to this benefit shall be the

responsibility of the Group Employer except that such benefit shall be described in the employee's Certificate of Insurance issued under this Policy.

Once a Certificateholder has become permanently and totally disabled as defined by this Policy Provision, the Company will extend the insurance of such Certificateholder without requiring payment of premiums on his behalf, during the continuance of such permanent and total disability, for a period of one year beginning at the completion of nine consecutive months following the commencement of such disability, and for further successive periods of one year, each subject to the submission of due proof of continued permanent and total disability. Proof of continuing disability must be submitted within the period of three months immediately preceding the date to which the insurance has been extended. If such notice is not provided within the time prescribed, the Company will not be liable for any payment of death benefit on account of such death.

If an employee dies within one year after the date of termination of his insurance under this Policy, but before written proof of total disability has been received by the Company, the Company will still pay the life insurance benefit, as long as such proof is given not more than 12 months after he became disabled.

UNTIL YOUR WAIVER OF PREMIUM IS APPROVED –Life insurance under the group plan may end after you have become totally disabled but before the Insurance Company has approved you as permanently disabled. If this happens, refer to the section “Conversion of Life Insurance”.

Converting does not stop you from claiming your rights under the Waiver of Premium section. If you convert and the Company later approves you as permanently disabled, the Company will cancel the converted policy and refund premiums. If you die during the first year of this extension, benefits will be paid to the beneficiary under the Waiver of Premium section, not the converted policy. The beneficiary will be refunded the premiums paid for the converted policy.

MEDICAL EXAMINATION – The Company, at its own expense, may have the Certificateholder examined by a physician of its own choice.

NOTICE OF DEATH – Written notice of the death of a Certificateholder while covered under this Waiver of Premium Benefit provision must be given to the Insurance Company at its Home Office within twelve months following the date of Certificateholder's death. If such notice is not provided, the Company will not be liable for any payment of death benefit on account of such death.

LIMITATIONS – Permanent and total disability is not a risk assumed if it results directly or indirectly from intentionally self-inflicted injury of any kind; war, or any act incident thereto; service in the armed forces of any country, combination of countries or international organization at war, whether declared or undeclared; or participation in a riot or insurrection of any act incident thereto.

TERMINATION OF THE WAIVER OF PREMIUM BENEFIT – The life insurance benefit provided under this Policy Provision shall automatically cease on whichever of the following dates occur first:

1. The date the Certificateholder ceases to be permanently and totally disabled, or returns to any Employment in any capacity.
2. The date the Certificateholder fails to furnish due proof of continued permanent and total disability as required under the Proof of Disability Provision of this section, irrespective of the continuance of disability.
3. The date the Policy is amended to eliminate the Certificateholder's benefit classification as shown on the Coverage Validation page from eligibility for the life insurance benefit.
4. The date the Certificateholder becomes entitled to receive income under any employer, or policyholder-sponsored retirement or pension plan.
5. The date the Certificateholder refuses to be examined as required, as defined in the applicable section above, or fails to report for a medical examination as requested by the Company.
6. The date the Certificateholder attains age 65.
7. On termination of this Policy.

When the Certificateholder's life insurance protection terminates in accordance with the preceding provisions of this section, the Certificateholder will be entitled to the rights and benefits under the conversion of Life Insurance Provision during the thirty-one day period following termination, provided this Policy is then in force and conversion is requested by the Certificateholder within such thirty-one day period.

CONVERSION OF LIFE INSURANCE

An employee shall be entitled to have issued to him, without Evidence of Insurability, an individual policy of life insurance, except Term Insurance, and without Disability, Accidental Death and Dismemberment or other Supplementary Benefits, provided written application and payment of the first premium for said individual policy is made to the Company within 31 days after:

- a. The date the employee's life insurance under the Group Policy is terminated because of termination of employment, or of membership in a Class eligible for insurance;
- b. The date an employee becomes totally disabled after attaining 60 years of age, at which age the employee is not entitled to the Waiver of Premium Benefit;
- c. The date of cessation of total disability for which an employee has been approved by the Company for the Waiver of Premium benefit, unless the employee again becomes insured under the Group Policy within 31 days after the cessation of total disability; or
- d. The date the Policy terminates or is amended so as to terminate, the insurance of any Classification of employees who have been insured hereunder for at least 5 years immediately prior to the termination or amendment of the Policy.

A Certificateholder shall not have the right to convert any amount of insurance reduced according to the terms of the Group Policy.

TERMINATION OF EMPLOYMENT – If the insurance is terminated as outlined in a., b. or c. above, the employee shall have the right to convert the amount of life insurance in force as of the date of such termination, less the amount of any life insurance for which he is, or becomes, eligible under the same or any other group policy within 31 days after such termination.

TERMINATION OF POLICY – if the insurance is terminated or amended as outlined in d. above, the employee will have the right to convert the smaller of: (1) the amount of life insurance in force as of the date of such termination or amendment, less the amount of any life insurance for which such person become eligible under the same or any other group policy within 31 days after such termination or amendment of the Group Policy; or 2) two thousand dollars, (\$2,000.00).

DEATH PENDING CONVERSION – If the Certificateholder dies during a period when he would have been entitled to have an individual policy issued to him as outlined above, and if he dies before such an individual policy became effective;

- a. The company will pay to the beneficiary as a death benefit the maximum amount for which an individual policy could have been issued to him under the provision whether or not the Certificateholder had made application for an individual policy.
- b. If he had made application for an individual policy, the designation in that application of a beneficiary different from the beneficiary under this Policy will, notwithstanding any other provision of this Policy affect a change of beneficiary under the Policy to the beneficiary designated in that application. Any such change will be without prejudice to the Company on account of any payment made by it prior to such request.

INDIVIDUAL POLICY – The request for conversion of the Employee Life Insurance must be made by the employee, and the individual policy shall be issued by the Company for the class of risk to which the employee belonged when initially enrolled in the Group Policy. The premium for such individual policy shall be at the Company’s customary rate applicable to the amount of the individual policy, to the class at risk to which the employee belonged when initially enrolled in the Group Policy, and to the employee’s attained age on the effective date of the individual policy.

To obtain a Converted Policy the Certificateholder must:

- a. apply within 31 days after his coverage under this policy ends; and
- b. Pay the required premium, based on the Company’s table of rates for such policies, his age and class of risk.

Evidence of Insurability will not be required.