

CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: Columbia, South Carolina 29201
Administrative Office: P.O. Box 84075, Columbus, Georgia, 31993
Toll Free Telephone Number: 800.433.3036
Website: www.aflacgroupinsurance.com

Certificate of Insurance For Group Term Life Insurance

Policy Number:	C807010
Policy Effective Date:	MM/DD/YYYY
Policyholder:	ABC Company
Dependent Insurance:	Included
Type of Insurance:	Group Term Life Insurance

Coverage under this Certificate is underwritten by Continental American Insurance Company ("CAIC"), a stock company. This Certificate is issued to You under the Policy and it includes the terms and provisions of the Policy that describe Your insurance. If there is any conflict between the information in this Certificate and the Policy, the Policy will control in all respects.

We certify that each Certificateholder is insured for the benefits described in this Certificate, subject to the provisions of this Certificate. This Certificate is part of the Policy. The Policy is a contract between CAIC and the Policyholder. The terms and provisions of the Policy and this Certificate may be changed or ended without consent from You or anyone else with a beneficial interest in it. You have a right to inspect a copy of the Policy. The benefits under the Policy will not be less than as stated in this Certificate. Unless otherwise specified, You are entitled to exercise the rights and benefits granted under this Certificate.

This Certificate replaces any previous certificate issued under a Policy that was issued by CAIC.

WE PROVIDE A CERTIFICATE TO THE POLICYHOLDER FOR DELIVERY TO EACH CERTIFICATEHOLDER. PLEASE READ YOUR CERTIFICATE CAREFULLY. INSURANCE BENEFITS MAY BE SUBJECT TO CERTAIN REQUIREMENTS, REDUCTIONS, LIMITATIONS AND EXCLUSIONS.

THE POLICY HAS BEEN ISSUED UNDER THE AUTHORITY OF AND IN COMPLIANCE WITH THE INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS FOR DELIVERY IN INSERT NAME OF SITUS STATE. THE INSURANCE DEPARTMENT FOR THE STATE OF INSERT NAME OF SITUS STATE MAY BE REACHED BY CALLING 1-XXX-XXX-XXXX. INSURANCE UNDER THE POLICY IS NON-DIVIDEND PAYING.

NON-PARTICIPATING

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NOTICES

NOTICE FOR RESIDENTS OF ALL STATES

FRAUD NOTICE: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

LIFE INSURANCE BENEFITS WILL BE REDUCED IF AN ACCELERATED BENEFIT IS PAID

DISCLOSURE: The Accelerated Benefit Rider offered under this Certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If this benefit qualifies for such favorable tax treatment, the benefit will be excludable from Your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive an accelerated benefit excludable from income under federal law.

DISCLOSURE: Receipt of an Accelerated Benefit Rider payment may affect Your, Your Spouse's, or Your family's eligibility for public assistance through Medicaid, Children's Health Insurance Program Reauthorization Act (CHIPRA), Supplementary Social Security Disability Income (SSDI), or other state assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect Your, Your Spouse's, and Your family's eligibility for public assistance.

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SCHEDULE OF BENEFITS

GENERAL PLAN INFORMATION	
POLICYHOLDER:	ABC Company
Address	123 N Broad St, Philadelphia, PA 19393
Contact Information	Phone (866) 653-1212; Fax (215) 653-3891
POLICY NUMBER:	123456
POLICY EFFECTIVE DATE:	April 1, 2020
POLICY ANNIVERSARY DATE:	April 1, 2021 and each following April 1 to April 1
CERTIFICATE EFFECTIVE DATE:	07/01/2020

ELIGIBLE CLASSES

Class 1 – All Actively at Work, Full-Time hourly Employees

Minimum Hours Requirement: 20 hours per week.

WAITING PERIOD

Class 1

For Employees in an eligible class on or before the Policy Effective Date: None.

For Employees in an eligible class after April 1, 2020:

End of the month in which You complete a continuous period of 1 month(s) of Active Employment.

Waive the Waiting Period:

If You have been continuously employed by Your Employer for a period of time equal to Your waiting period,We will waive Your waiting period when You enter an eligible class.

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LIFE INSURANCE BENEFITS

This schedule shows the benefits that are available under this Certificate. You and Your Dependents are only covered for insurance:

- for which You become and remain eligible;
- which You elect, if subject to election;
- which is in effect at the time of a loss; and
- adjusted for any age reductions.

You are eligible for Dependent insurance only while You have a Dependent who qualifies.

EMPLOYEE LIFE INSURANCE	
	BENEFIT AMOUNTS
Contributory)	
Life Insurance Benefit Amount	
Portable Eligible Insurance Amount	The amount of life insurance terminated

SPOUSE LIFE INSURANCE	
	BENEFIT AMOUNTS
Contributory)	
Life Insurance Benefit Amount	
Spouse Portable Eligible Insurance Amount	The amount of Spouse life insurance terminated

CHILD TERM LIFE INSURANCE RIDER	
	BENEFIT AMOUNTS
Contributory)	
Life Insurance Benefit Amount	

ADDITIONAL RIDERS	
Contributory)	**PROVIDES COVERAGE FOR:**
Accidental Death Benefit Rider	Certificateholder and Spouse
Waiver of Premium Benefit Rider	Certificateholder and Spouse
Long-Term Care Accelerated Death Benefit Rider	Certificateholder and Spouse
Optional Protection Rider Extension of Long-Term Care Accelerated Death Benefit Restoration of the Death Benefit Inflation Protection Benefit	Certificateholder and Spouse

LIFE INSURANCE AGE BENEFIT REDUCTION RULE
Not Applicable for This Coverage.

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DEFINITIONS

The defined terms will appear in this Certificate with their initial letters capitalized. The plural use of a term defined in the singular will share the same meaning.

As used in this Certificate, the following definitions apply:

Actively at Work, Active Work or Active Employment means You are currently performing in the usual manner all of the usual and customary duties of Your job on a day that is one of Your scheduled work days for wage or profit. This performance of duties must be done at:

- Your usual place of employment;
- the Policyholder's place of business;
- an alternate place approved by the Policyholder; or
- a place to which the Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Policyholder approved vacations, holidays, business closures, or approved leaves of absence if You were Actively at Work on the last scheduled work day preceding such time off.

Actively at Work or Active Work does not include situations when a person is not at work due to Sickness, injury, unapproved leave of absence, strike or layoff whether or not the person's employment status has changed.

Beneficiary means the person(s) or entity to whom We will pay the insurance proceeds in accordance with the provisions of this Certificate.

CAIC means Continental American Insurance Company.

Certificateholder means an Employee who is eligible for benefits provided by the Policy**,** who has received a Certificate, and for whom Premium has been paid**.** Unless otherwise specified, the Certificateholder is entitled to exercise the rights and benefits granted under the Certificate attached to the Policy.

Child and ***Children*** mean the following:

- Your biological/natural child;
- Your adopted child or a child from the date of placement in Your home pending adoption;
- Your stepchild (this includes a child of a Civil Union, or Domestic Partner or marriage) if living in Your home;
- a foster child, if supported by You and if living in Your home;
- a child living in Your home for whom You are the court appointed legal guardian;
- Your adult child or stepchild to age 25;

And such Child, in each case, is:

- born alive and at least 14 days old, and under age 25,
- unmarried and not in a legally-sanctioned Civil Union or Domestic Partner relationship as recognized by applicable state law in the state where the Policy is delivered or issued for delivery;
- primarily dependent on You for support and maintenance;
- not employed on a full-time basis;
- residing with You; and
- eligible to be claimed by You or Your Spouse for federal income tax purposes.

For the purposes of determining whether a Child may become an Insured Person, the term Child does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard;
- is insured under the Policy in any other capacity such as an Employee;
- resides outside the United States or, its territories or possessions or

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- is insured pursuant to the exercise of any conversion right.

Civil Union means a Civil Union established according to applicable law.

Contribution means any amount the Policyholder may require You to pay toward the total Premium that We charge for the insurance provided by the Policy.

Contributory Insurance means any insurance for which the Policyholder requires a Certificateholder to pay any part of the Premium. The maximum amount that a Certificateholder may be required to contribute to the cost of insurance may not exceed the Premium charged for such insurance.

Death Benefit means the life insurance amount paid at an Insured Person's death.

Dependent means Your insured Spouse or Your Child(ren).

Domestic Partner means an individual who is eligible for coverage as a domestic partners as that term is defined in the policyholder's Medical Plan.

Eligibility Date means the date a person becomes eligible for insurance under the Policy.

Employee means a person defined as such by the Policyholder who resides within the United States or, its territories or possessions

Employee excludes in any case, part-time Employees, temporary Employees and Employees who work for the Employer less than the number of hours per week indicated in the *SCHEDULE OF BENEFITS*.

Employee does not include any person who resides outside of the United States, its territories or possessions

Employer means the entity that has been approved by Us for coverage under the Policy issued to the Policyholder

Guaranteed Issue Amount means the amount of insurance that will be issued to an Insured Person without Evidence of Insurability. The Guaranteed Issue Amount for an Insured Person's life insurance is shown in the *SCHEDULE OF BENEFITS*.

Institution of Higher Learning means any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, community college or trade school.

Insured means an Employee who is eligible for benefits provided by the Policy**,** who has received a Certificate, and for whom Premium has been paid**.** Unless otherwise specified, an Insured is entitled to exercise the rights and benefits granted under this Certificate.

Insured Person means You and an insured Dependent whose life or person is the subject of insurance under this Certificate.

Insured Spouse means Your Spouse or Domestic Partner/Civil Union partner, as defined in this section and for whom Premium is paid while covered under the Policy.

Policy means the group insurance policy issued by Us to the Policyholder and identified by the Policy Number.

Policy Anniversary means the specified period of time (such as one year) following the effective date of the Policy and each subsequent period. The Policy Anniversary is also the renewal date of the Policy.

Policyholder means the Employer entity to whom the Policy is issued.

Premium means the amount that must be paid to Us for the insurance provided under the Policy.
Prior Plan means a group term life insurance plan sponsored by the Policyholder which was in effect on the day before the

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Policy Effective Date of the Policy and which is replaced by the Policy. However, if You enter an eligible class because Your former employer was purchased by the Policyholder or because You were transferred to work for the Policyholder as part of an asset purchase, Prior Plan includes Your former employer's group life insurance plan, if any, in effect on the day before You entered the eligible class.

Prior Plan means the plan of insurance providing similar benefits sponsored by the Policyholder in effect directly prior to the Policy Effective Date with Us.

Proof means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for eligibility for any benefit described in this Certificate or any attached rider. When a claim is made for any benefit described in this Certificate or any attached rider, Proof must establish:

- the nature and extent of the loss or condition;
- our obligation to pay the claim; and
- the claimant's right to receive payment.

Sickness means an illness, disease or physical condition. Total Disability resulting from a Sickness must begin while You are covered under the Policy.

Signed or Signature means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper, electronic, or telephonic media and which is acceptable to Us and consistent with applicable law.

Spouse means a person to whom You are legally married. The term Spouse also includes any other person who is required to be treated as Your Spouse for purposes of insurance under the Civil Union or Domestic Partnership laws of the Policy's situs state or the state in which You resided on the day this Certificate was issued.

For the purposes of determining whether a Spouse is an Insured Person, the term Spouse does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard;
- You have divorced, or from whom You have terminated a Domestic Partner or Civil Union relationship;
- resides outside the United States or, its territories or possessions or
- is insured under the Policy as an Employee.

We, Us and Our (with or without initial capital letters), means Continental American Insurance Company, and in connection with the making of all benefit determinations under the plan means Continental American Insurance Company,acting directly or through their agents and delegates.

Written or In Writing means a record which is on or transmitted by paper, electronic, or telephonic media, and which is consistent with applicable law.

You, Your (with or without initial capital letters) means the Certificateholder:

- who is a member of an eligible class;
- who is eligible for benefits;
- for whom Premium has been paid while covered under the Policy; and
- who has received a Certificate.

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ELIGIBILITY AND ENROLLMENT

INSURANCE ON YOU

What Are The Eligible Classes?
You may only become eligible for the insurance available if You are a member of an eligible class shown in the *SCHEDULE OF BENEFITS.*

When Are You Eligible For Insurance?
You will be eligible for such insurance on the later of:

- the Policy Effective Date;
- Your date of hire;
- the date You enter an eligible class; or
- the day after You complete the required Waiting Period, if any.

Waiting Period means the continuous period of time that You must be a member in an eligible class before You are eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the Waiting Period that applies to such insurance. The Waiting Period is shown on the *SCHEDULE OF BENEFITS* for each eligible class.

When And How Do You Enroll?
Newly eligible persons may be enrolled for insurance under the Policy up to 31 days following a person's Eligibility Date **,** or during an enrollment period. This is Your eligibility period. If You are required to enroll for insurance, You will need to enroll within this eligibility period.

Eligible persons may enroll as follows:

Contributory Insurance
For Contributory and Dependent Insurance You must contribute toward the cost. You may enroll by completing the enrollment process as instructed by the Policyholder. The Policyholder will provide the forms needed to enroll.

If You do not enroll for Contributory Insurance or You declined coverage during Your eligibility period, You may apply for coverage:

- at any time;
- at the next enrollment period; or
- after a Life Status Change.

What Is The Effective Date Of Your Insurance?
Your insurance will become effective as determined in this section.

Coverage for eligible persons insured under the Prior Plan will be effective on the Policy's Effective Date.

For persons who were not insured under the Prior Plan, and all new or newly eligible persons, coverage under the Policy will become effective on the latest of the following dates:

Rules for Contributory Insurance

Contributory Insurance will become effective the later of:

- the date You become eligible for insurance for any amount of insurance that does not require Evidence of Insurability, if You apply on or before that date;
- the first day of the month following the date You apply for insurance for any amount of insurance that does not require Evidence of Insurability, if You apply within 31 days after Your Eligibility Date;
- the date for which the first Premium for Your coverage is paid;
- the Policy Effective Date;

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- the date the enrollment period ends **-or-** date the next plan year begins following the date You apply,if You apply during the enrollment period as defined by the Policyholder;or
- the first day of the month following the date We state In Writing that Your Evidence of Insurabilitybeen approved for any amount of insurance that requires You to give Evidence of Insurability.

INSURANCE FOR DEPENDENTS

What Are The Eligible Classes For Dependent Insurance?
Class 1

What Is The Date You Are Eligible For Dependent Insurance?
You may only become eligible for the Dependent insurance shown as available to Your eligible class in the *SCHEDULE OF BENEFITS*.

You will be eligible for Dependent insurance on the latest of:

- the date Your coverage under the Policy begins;
- the date You enter a class eligible for Dependent insurance; or
- the date You first obtain a Dependent.

In order for Your Dependent's coverage to begin, You must be Actively at Work.

For Dependent life insurance You do not contribute toward the cost. Your Dependent's coverage is subject to payment of full Premium when due.

The following rules apply to Dependent coverage:

- You must be covered for insurance to be eligible to elect Dependent insurance.
- You may NOT cover Your Spouse as a Dependent even if Your Spouse is enrolled for coverage as an Employee.
- No person may be insured as a Dependent of more than one Employee of the Policyholder.
- If an Employee and Spouse are both eligible to enroll for coverage under the Policy as Employees, one, but not both, may purchase Dependent coverage. The other Spouse may elect Employee coverage only.
- No Child may be insured as a Dependent of more than one Insured Person**.**
- No Child may be insured as an Employee and as a Dependent of an Employee.
- Your Dependent is not eligible for coverage while on active military duty in the armed forces of any country or subdivision thereof.

When Is Dependent Enrollment?
If You become eligible for Dependent insurance, You may enroll for such insurance by providing the Policyholder with the information required for each Dependent to be insured.

Newly eligible Dependents may be enrolled for insurance under the Policy up to 31 days following a Dependent's Eligibility Date or during an enrollment period. This is Your Dependent's eligibility period. If Your Dependent is required to enroll for insurance, You will need to enroll the Dependent within this eligibility period.

If You do not enroll for Dependent life insurance or You declined Dependent coverage during Your or Your Dependent's eligibility period, You may apply for coverage:

- at the next Annual Enrollment Period; or
- after a Life Status Change.

What Is The Effective Date Of Dependent Insurance?

Insurance will become effective for a Dependent the later of:

- Your Effective Date of insurance;
- the date Your Dependent is eligible for coverage, if You apply for insurance on or before that date;

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- the date You apply for Dependent insurance, if You apply within 31 days after Your Dependent's Eligibility Date; or
- the date We approve Your Dependent's Evidence of Insurability, if Evidence of Insurability is required.

LIFE STATUS CHANGES

You may elect to enroll for or change insurance within 31 days after You have a Life Status Change. A Life Status Change is an event that qualifies You to make changes in benefit selections at a time other than an enrollment period. Life Status Changes include:

- marriage, Civil Union, or Domestic Partnership;
- divorce, annulment, or legal separation;
- dissolution of a Civil Union or a Domestic Partnership agreement;
- birth or placement for adoption of a Child, or becoming a legal guardian of a Child;
- death of Your Spouse;
- the death or emancipation of a Child;
- a change in the benefit plan available to Your Spouse;
- a change in Your or Your Spouse's employment status that affects either person's eligibility for benefits; or
- a change in classification from part-time to full-time, or from full-time to part-time.

A change in insurance due to a Life Status Change will be effective the latest of:

- the first day of the month following the date of the change in status, if You apply on or before that date;
- the first day of the month following the date You apply, if You apply within the eligibility period; or
- the first day of the month following the date We state In Writing that We approved any required Evidence of Insurability.

You must be Actively at Work on the date a Life Status Change becomes effective.

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DATE INSURANCE ENDS

What Is The Date Insurance Ends For You?

Your life insurance under this Certificate will end on the earliest of:

1. the date the Policy ends;
2. the date insurance ends for Your class;
3. the date You cease to be a member of an eligible class;
4. the date You request to end Contributory Insurance unless prohibited by federal or state law, or the Policyholder's plan;
5. the end of the period for which the last Premium has been paid for You;
6. the date Your Employer ceases to be a Participating Employer**;**
7. the date of Your 121st birthday;
8. the date You retire;
9. the date You cease Active Work in an eligible class, unless insurance is continued under the section entitled *EXCEPTIONS TO END OF INSURANCE*
10. the date Your employment ends;or;
11. the date the maximum life insurance benefit has been paid.

When insurance ends, You will be given notice of Your conversion rights and any other rights provided under this Certificate by the Policyholder or the Policyholder's designee. Life insurance benefits may be converted in accordance with the section entitled *LIFE INSURANCE CONVERSION OPTION*.

Instead of the conversion option, You may be able to transfer Your coverage as provided in the portability provision. Refer to the section entitled *LIFE INSURANCE PORTABILITY OPTION*.

If insurance ends for You, insurance will also end for any insured Dependents**.**

The ending of coverage will not prejudice any claim for benefits arising from a loss occurring while such coverage was in effect.

What Is The Date Insurance Ends For A Dependent?

All Dependent Insurance will end on the earliest of:

1. the date Your life insurance ends;
2. the date You die;
3. the date the Policy ends;
4. the date insurance for Your Dependent ends under the Policy;or
5. the date You request to discontinue Dependent's insurance.

Insurance on a Dependent will end on the earliest of:

1. the date a person ceases to be a Dependent;
2. the end of the period for which the last Premium has been paid for a Dependent;
3. for a Spouse the date the Spouse attains age 121; or
4. for a Child the date the Child attains age 26.

The ending of coverage will not prejudice any claim for benefits arising from a loss occurring while such coverage was in effect.

Dependent life insurance may be converted as described in the section entitled "Is There A Conversion Option For Dependent Life Insurance." Instead of the conversion option, You or Your Spouse may be able to transfer Spouse coverage as provided in the portability provision. Refer to the section entitled *LIFE INSURANCE PORTABILITY OPTION*.

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Can Life Insurance Be Reinstated?
If Your Life Insurance ends, You may become eligible to reinstate insurance; however, the following will apply:

If insurance ends because You cease to be eligible for coverage as defined in this Certificate, coverage may be reinstated and no additional Waiting Period will apply if, within 30 days after the date the insurance ends, You become a member of an eligible class.

If Your Life Insurance ends because You fail to make a required Premium Contribution, You must provide Evidence of Insurability to become insured again. You must also pay all Premiums from the date of default.

Evidence of Insurability will not be waived for amounts over the Guaranteed Issue Amount when reinstating insurance.

EXCEPTIONS TO END OF INSURANCE

Is Continuation of Coverage While On Leave During Military Service Available?
We may continue Your insurance, and that of any Dependents, if applicable, in accordance with the Policyholder's policies regarding leave of absence for military service under the Uniformed Services Employment and Reemployment Rights Act (USERRA). Premiums must be paid for continued coverage for You and Your Dependents, if applicable. Coverage may be continued until the end of the period required by USERRA.

When Is The End Of A Continuation Period?
Continuation Insurance will end on the earliest of the following:

- the date Your continuation leave ends;
- the date the Policyholder ceases to pay Your Premiums, or otherwise terminates Your insurance;
- the date You cease to pay Your Premiums, or You terminate Your insurance;
- the date the maximum continuation period has been reached; or
- the date the Policy terminates.

At the end of any continuation period if You resume Active Work in an eligible class, You will continue to be covered under the Policy.

If You do not resume Active Work in an eligible class at this time, Your employment will be considered to end, and all insurance will end in accordance with the provision "What Is The Date Insurance Ends For You."

If Your insurance ends, Your Dependents' insurance will also end in accordance with the provision "What Is The Date Insurance Ends For A Dependent."

If You or Your Dependent die during the continuation period, We will pay the Death Benefit to the Beneficiary upon receipt of Proof establishing that You or Your Dependent died during the continuation period.

In no event will Your and Your Dependent's coverage under the Policy be continued beyond the date Your and Your Dependent's coverage would otherwise end according to the terms of the When Coverage Ends provision.

In addition to the continuation of coverage options described above, You may have the right to convert to a policy of individual life insurance or elect life insurance portability coverage. Refer to the section entitled *LIFE INSURANCE CONVERSION OPTION* or the section entitled *LIFE INSURANCE PORTABILITY OPTION*.

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LIFE INSURANCE BENEFITS

How Is Life Insurance For You Paid?

If You die, Proof of Your death must be sent to Us.

Upon receipt of Proof with the claim, We will review the claim. If We approve the claim, We will pay the Beneficiary the Death Benefit in effect on the date of Your death, subject to the terms and conditions of this Certificate and any attached riders.

Payment will be made in one lump sum.

Refer to the *CLAIM INFORMATION* section in this Certificate for information on how to file a claim.

How Is Life Insurance On Your Dependents Paid?

If a Dependent dies, Proof of the Dependent's death must be sent to Us. Upon receipt of Proof with the claim, We will review the claim. If We approve the claim, We will pay the Death Benefit in effect on the life of the Dependent on the date of death subject to the terms and conditions of this Certificate.

The Dependent's Death Benefit will be paid to You, if living, unless another Beneficiary has been elected In Writing. Otherwise, We may at Our option pay the benefit to Your surviving Spouse or to Your estate.

Payment will be made in one lump sum.

Is There A Benefit Reduction Due To Age?

All benefit amounts are subject to age reductions as described in the *SCHEDULE OF BENEFITS*. Insurance benefit amount(s) payable with respect to an Insured Person will be shown in the *SCHEDULE OF BENEFITS*. An age reduction that reduces a life insurance benefit below the Minimum Amount shown on the *SCHEDULE OF BENEFITS* will be applied, and Your benefit will be reduced below the Minimum Amount. The reduction will not affect Your eligibility for coverage or end insurance under the Policy.

These reductions will also apply to:

- any insurance that is extended in accordance with a continuation provision in the Policy; and
- Spouse insurance.

If You are the minimum age stated in the *AGE REDUCTIONS TABLE* or older on Your Effective Date of insurance, Your lifeinsurance benefit will be reduced by the percentage shown in the *AGE REDUCTIONS TABLE* for Your age.

Any decrease in the amount of insurance due to age will take place on the first day of the month following the Insured Person's birthday.

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EXCLUSIONS

We will not pay any benefit under this Certificate for an Insured Person if the loss of life is caused by, contributed to by, or results from:

1. active participation in war, declared or undeclared, or any act of war, whether civil or international, and anysubstantial armed conflict between organized forces of a military nature;
2. active participation in a riot, act of insurrection, rebellion or civil commotion, or act of terrorism;
3. the commission of or attempt to commit a felony or a crime;
4. travel or flight in any aircraft, vehicle, or device for aerial navigation, or space travel as a passenger,, including boarding or alighting from it, owned, leased, or operated by or on behalf of the Policyholder or by Your employer**;**
5. travel or flight in or on, any aircraft, caused by or resulting from riding in, getting into or out of any aircraft unless a) the Insured Person is a passenger; and b) is in a tested and approved civilian aircraft being operated as passengertransport in compliance with the then current rules of authority having jurisdiction over its operation.
6. travel in an aircraft, including boarding or alighting from it, if the Insured Person acted in a capacity other than as a passenger.
7. travel or flight in or on, any aircraft, vehicle, or device used for aerial navigation or space travel, including gettingin or out of, or on or off of it, while:
   - it is being used for test or experimental purposes;
   - the Insured Person is operating, learning to operate or serving as a member of the crew;
   - it is being used for travel or designed for travel beyond the earth's atmosphere;
   - travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
   - parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self- preservation;
   - it is being operated by or for or under the direction of any military authority.

   This exclusion does not apply to:
   - transport type aircraft operated by the Military Airlift Command of the United States; or
   - similar air transport service of any other country.
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation on a regular schedule between established airports, if the Insured Person is:
   - riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
   - performing, learning to perform, or instructing others to perform as a pilot or crew member of any aircraft.
9. travel to a country or an area where the U.S. State Department advises against "all travel" there, and a claim for benefits under the Policy arises either directly, or indirectly, as a consequence of war, invasion, act of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to popular uprising, military uprising, insurrection, rebellion, riot, military or usurped power or any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow or to the influencing of any Government or ruling body by force or violence;
10. nuclear fission, fusion, or radioactivity;
11. the use of nuclear, biological and chemical weapons and/or devices; or
12. attacks on or sabotage of facilities and storage depots, which lead to the release of radioactivity or nuclear,biological, or chemical warfare agents.

No benefit is payable under this Certificate for an Insured Person if the loss of life is caused by, contributed to by, or results from the Insured Person's:

- active engagement in an act or threat of violence or an act harmful to human life, tangible or intangible property,or infrastructure;
- travel to war zones not declared;
- a harmful act with the intent or effect of influencing any government or of putting the public or any section ofthe public in fear;
- active participation in war or terrorism due to the insured's active involvement in:
  (i) an invasion, act of foreign enemies, hostilities or war-like operation (whether war be declared or not),
  (ii) civil war, mutiny, civil commotion assuming the proportions of or amounting to popular uprising,

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military uprising, insurrection, rebellion, riot, military or usurped power; or

(iii) any act on behalf of or in connection with any organization actively directed towards the overthrow or to the influencing of any Government or ruling body by force, terrorism, or violence.

LIFE INSURANCE CONVERSION OPTION

Is There A Conversion Option For Your Life Insurance?

If group life insurance on You ends, or is reduced, for any of the reasons stated in the "Entitled To Convert" provisions, and the amount lost is not replaced by the Policyholder with new group life insurance, You may have the option to buy an individual policy of life insurance ("new policy") during the Conversion Period.

Your right to convert is subject to the conditions and requirements of this section. Evidence of Your Insurability will not be required.

Eligibility

You are eligible to convert if:

- You reside in a state or territory of the United States where a conversion policy is authorized to be issued on the date Your group life insurance ends or is reduced; and
- Your life insurance ends for any of the reasons stated in the "Entitled To Convert" provisions.

Entitled to Convert When the Policy or Your Eligible Class Has Been Terminated

You are entitled to a limited conversion right if your coverage under the Policy ends due to:

- termination of the Policy or the certificate,
- termination of coverage for your eligible class

You may only convert if You have been covered under the Policy for at least 5 years. You must apply for the individual policy in the same manner as described in your certificate in the section *CONVERSION PERIOD AND ENROLLMENT*.

Entitled to Convert When the Policy or Your Eligible Class Has Not Been Terminated

You are entitled to convert if:

1. Your life insurance ends because:
   - You cease to be in an eligible class;
   - Your employment ends; or
   - Your portability coverage, if any, ends.
2. Your life insurance is reduced:
   - on or after You attain an age specified in the *SCHEDULE OF BENEFITS*;
   - because You change from one eligible class to another; or
   - due to a change to the Policy.

If the Policy is cancelled and the Policyholder replaces it with another group life insurance policy for which You are eligible to enroll, You may only convert the maximum amount of group life insurance that was not replaced, if any.

A reduction in the amount of life insurance as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

In no event will You be entitled to convert if Your coverage under the Policy ceased due to non-payment of the required premium. Additional benefits or riders provided under the Policy will not be converted to the new policy.

If You have ported insurance as described in the Portability Option section, the new certificate will include a conversion provision that allows for the conversion of ported insurance if and when the ported insurance ends.

Maximum Benefit

If You are entitled to convert due to one of the reasons listed in the "Entitled to Convert When the Policy or Your Eligible Class Has Been Terminated" paragraph above, then the maximum amount of life insurance that may be converted for You under this provision is limited to:

- the amount of your group life coverage in force under the Policy on the date of termination, reduced by the amount of any other group life coverage that You become eligible for within 31 days of termination of coverage under the Policy

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If You are entitled to convert due to one of the reasons listed in the "Entitled to Convert When the Policy or Your Eligible Class Has Not Been Terminated" paragraph above, then the maximum amount of insurance that You may elect to convert to the new policy is the amount of life insurance that ends under this certificate, minus any other group life insurance for which You become eligible during the Conversion Period.

Conversion Period and Enrollment
You have the right to convert coverage when life insurance for You ends or is reduced. Conversion rights will be sent to You by the Policyholder or by the Policyholder's designee. Notice will be sent to Your last known address at least 15 days prior to the date coverage ends or is reduced.

The Conversion Period is the 31-day period beginning on the date life insurance ends or is reduced. During the Conversion Period, life insurance on You will continue under the terms of this Certificate.

Your right to convert will begin on the date life insurance ends or is reduced and will expire on the later of 16 days after notice is given or the end of the Conversion Period, but in no event will the right to convert extend beyond 60 days after the end of the Conversion Period.

The right to convert is subject to Our receipt within the Conversion Period of:
- a completed Written conversion application form; and
- the first premium due for the new policy.

If You elect not to convert the full amount of life insurance available during the Conversion Period, You will not have the right to convert that amount at a later date.

In the event evidence of Your insurability is required for the Portability Option, and it is not approved, We will give You a new Written notice of Your right to convert Your insurance without providing Evidence of Insurability and that right will expire 31 days after the date such notice was given.

Conditions and Limitations of the New Policy
1. The new policy:
   - may be on any form then customarily issued or administered by Us or a company of Our choosing, excluding term life insurance;
   - will take effect on the day after the Conversion Period ends, provided You are alive on that date; this will be the case regardless of the duration of the Conversion Period.
   - will be issued without any additional benefits that may be provided in this plan.
2. Premium rates for the new policy will be based on:
   - Our customary rates then in use;
   - the type and amount of insurance;
   - the class of risk to which You belong; and
   - Your age on the effective date of the new policy.
3. If the new policy contains a provision which restricts the time within which benefits would be payable as a result of suicide or restricts the time within which coverage under the new policy can be contested, such timeperiods will be deemed to have begun at the time You were first covered under this Certificate.
4. To continue insurance under the new policy, the premium must continue to be paid as required under the terms of the new policy. Premium may be paid in any mode of payment customarily offered.

Death Benefit Payable During the Conversion Period
If You die during the Conversion Period, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if approved, We will pay the Beneficiary the amount You were entitled to convert.

The amount of the benefit is equal to the amount of life insurance benefit under the Policy that You were entitled to convert exclusive of additional benefits. It is payable even if You did not apply for conversion or pay the premium for conversion.

If application has been made for a conversion policy and premium was submitted, the submitted premium will be refunded to Your Beneficiary as determined under the provisions of this Certificate. It is payable when We receive

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Proof of Your death and We approve the claim.

In no event will We be liable to pay a Death Benefit under both the conversion policy and this plan.

In no event will We be liable to pay a Death Benefit for both the coverage that You were entitled to convert and the coverage You were entitled to Port, if any.

If You die during the Conversion Period and You have applied and paid premium for portability coverage, We will pay the amount of life insurance, exclusive of additional benefits, that You were entitled to convert under the terms of this Certificate. Any premiums paid for the portability coverage will be refunded to Your Beneficiary as determined under the provisions of this Certificate. The refund is payable when We receive Proof of Your death and We approve the claim.

In no event will We be liable to pay a Death Benefit under both the new Portability Policy and this plan.

If You die during the Conversion Period and an application has been sent for portability coverage in an amount greater than the amount You were entitled to convert under this Certificate, premium was paid and Your application was approved by Us, We will pay the amount of insurance for which You were approved under the terms of the Portability Policy, exclusive of additional benefits. In no event will We be liable to pay a Death Benefit for the amount You were entitled to convert and the amount You ported to the new Portability Policy.

If the portability application is not approved, We will pay the amount You were entitled to convert under this Certificate, exclusive of additional benefits. Any premiums paid for portability coverage will be refunded. In no event will We be liable to pay a Death Benefit for both the coverage that You were entitled to convert and the coverage that You were entitled to port, if any.

Is There A Conversion Option For Dependent Life Insurance?

If life insurance on a Dependent ends or is reduced for any of the reasons stated in the "Entitled To Convert" provisions, You or Your Dependent may have the right to buy an individual policy of life insurance ("new policy") on the Dependent on whose life insurance ended or was reduced. A person's right to convert is subject to the conditions and requirements of this section. Evidence of the Dependent's insurability will not be required.

Eligibility

A Dependent is eligible to convert if:

- The Dependent resides in a state or territory of the United States where a conversion policy is authorized to be issued on the date Your group life insurance ends or is reduced; and
- the Dependent qualifies under the "Entitled To Convert" provisions.

Entitled to Convert When the Policy or Your Eligible Class Has Been Terminated

Your Dependent is entitled to a limited conversion right if your Dependent's coverage under the Policy ends due to:

- termination of the Policy or the certificate,
- termination of coverage for your eligible class

Your Dependent may only convert if Your Dependent has been covered under the Policy for at least 1-5 years. You or Your Dependent must apply for the individual policy in the same manner as described in Your certificate in the section "Conversion Period and Enrollment."

Entitled to Convert When the Policy or Your Eligible Class Has Not Been Terminated

1. You will have the right to convert life insurance on a Dependent that ends for any reason other than:
    - Nonpayment of premium;
    - a Spouse ceasing to be a Spouse as defined in this certificate; or
    - a Child attaining the limiting age for coverage under this certificate;
2. You may convert a Dependent's life insurance if it is reduced:
    - on or after the Dependent attains a specified age shown in the *SCHEDULE OF BENEFITS*;
    - because You changed from one eligible class to another; or
    - due to a Policy change.

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3. A Dependent will have the right to convert when life insurance on such Dependent ends because:
    - With respect to life insurance on a Spouse, You die, or such Spouse ceases to be a Spouse as defined in this certificate; or
    - With respect to life insurance on a Child, You die, or such Child attains the limiting age for coverage under this certificate.

A reduction in the amount of Dependent life insurance as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

Additional Dependent benefits or riders provided under the Policy will not be converted to the new policy.

If You have Ported Spouse life insurance as described in the Portability Option section, the new certificate will include a conversion provision that allows for the conversion of ported Spouse life insurance if and when the ported insurance ends.

Maximum Benefit

If your Dependent is entitled to convert due to one of the reasons listed in the "Entitled to Convert When the Policy or Your eligible class Has Been Terminated" paragraph above, the maximum amount of Dependent life insurance that may be converted under this provision is limited to:

- the amount of your group life coverage in force under The Policy on the date of termination, reduced by the amount of any other group life coverage that you become eligible for within 31 days of termination of coverage under the Policy

If Your Dependent is entitled to convert due to one of the reasons listed in the "Entitled to Convert When the Policy or Your eligible class Has Not Been Terminated" paragraph above, then the maximum amount of insurance that may be elected to convert to the new policy is the amount of life insurance on that Dependent that ends under this certificate, minus the amount of any other group life insurance for which You become eligible for during the Conversion Period.

If any portion of a Dependent's life insurance is not converted during the Conversion Period, You or the Dependent will not have the right to convert additional insurance at a later date.

Conversion Period and Enrollment

You or Your Dependent have the right to convert Dependent coverage when life insurance for Your Dependent ends or is reduced. Conversion rights will be sent to You or Your Dependent by the Policyholder or by the Policyholder's designee. Notice will be sent to Your or Your Dependent's last known address at least 15 days prior to the date coverage ends or is reduced.

The Conversion Period is the 31-day period beginning on the date Dependent life insurance ends or is reduced. During the Conversion Period, life insurance on Your Dependent will continue under the terms of this Certificate.

Your Dependent's right to convert will begin on the date life insurance ends or is reduced and will expire on the later of 16 days after notice is given or the end of the Conversion Period, but in no event will the right to convert extend beyond 60 days after the end of the Conversion Period.

The right to convert is subject to Our receipt within the Conversion Period of:

- a completed Written conversion application form; and
- the first premium due for the new policy.

If You or Your Dependent elect not to convert the full amount of life insurance available during the Conversion Period, You or Your Dependent will not have the right to convert that amount at a later date.

In the event evidence of Your Spouse's insurability is required for the Portability Option, and it is not approved, We will give You a new Written notice of Your right to convert Your Spouse's insurance without providing Evidence of Insurability and that right will expire 31 days after the date such notice was given.

Conditions and Limitations of the New Policy

1. The new policy:
    - may be on any form then customarily issued or administered by Us or a company of Our choosing,

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excluding term life insurance;
- will take effect on the day after the Conversion Period ends, provided the Dependent is alive on that date; this will be the case regardless of the duration of theConversion Period.
- will be issued without any additional benefits that may be provided in this plan or any other rider or additional benefit.

2. Premium rates for the new policy will be based on:
   - our customary rates then in use;
   - the type and amount of insurance elected;
   - the Dependent's class of risk; and
   - the Dependent's age on the effective date of the new policy;
3. If the new policy contains a provision which restricts the time within which benefits would be payable as a result of suicide or restricts the time within which coverage under the new policy can be contested, such timeperiods will be deemed to have begun at the time Your Dependent was first covered under this Certificate.
4. To continue insurance under the new policy, the premium must continue to be paid as required under the termsof the new policy. Premium may be paid in any mode of payment customarily offered.

Dependent Death Benefit Payable During the Conversion Period
If a Dependent dies within the Conversion Period, Proof of the Dependent's death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it will pay the Beneficiary the amount that could have been converted.

The amount of the benefit is equal to the amount of life insurance benefit under this plan that You were entitled to convert exclusive of additional benefits. It is payable even if You did not apply for conversion. It is payable even if You did not pay the premium for conversion.

If application has been made for a conversion policy and premium was submitted, the submitted premium will be refunded to the Beneficiary as determined under the provisions of this Certificate. The refund is payable when We receive Proof of Your Dependent's death and We approve the claim.

If Your Spouse dies during the Conversion Period and they have applied and paid premium for portability coverage, We will pay the amount of life insurance, exclusive of additional benefits, that Your Spouse was entitled to convert under the terms of this Certificate. Any premiums paid for the portability coverage will be refunded to You as determined under the provisions of this Certificate. The refund is payable when We receive Proof of Your Spouse's death and We approve the claim. In no event will We be liable to pay a Death Benefit under the new Portability Policy and this plan.

If Your Spouse dies during the Conversion Period and an application has been sent for portability coverage in an amount greater than the amount Your Spouse was entitled to convert under this Certificate, premium was paid and the application was approved by Us, We will pay the amount of insurance for which Your Spouse was approved under the terms of the Portability Policy, exclusive of additional benefits. In no event will We be liable to pay a Death Benefit for the amount Your Spouse was entitled to convert and the amount ported to the new Portability Policy.

If the portability application is not approved, We will pay the amount Your Spouse was entitled to convert under this Certificate, exclusive of additional benefits. Any premiums paid for portability coverage will be refunded. In no event will We be liable to pay a Death Benefit for both the coverage that Your Spouse was entitled to convert and the coverage that Your Spouse was entitled to port, if any.

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LIFE INSURANCE PORTABILITY OPTION

What Are The Eligible Classes For The Portability Option? Class 1

How Is Portable Eligible Insurance Continued Under the Portability Plan?

This Section describes when and how You may continue Portable Eligible Insurance under a Portability Plan when all or part of Your coverage under This Plan ends. Enrollment in the Portability Plan is voluntary. When discussing the act of continuing Your insurance under This Plan, the terms "Port", "Portable", "Ported", or "Porting" may be used. Evidence of Insurability is not required for portability coverage.

Portability coverage will be provided under the group Policy. The terms and conditions of Your continued insurance will be the same as those in effect on the date You became eligible for portability coverage, except that You will no longer have the right to add Dependent coverage.

Any reference made herein to Spouse coverage will only apply if Spouse coverage was in force under this certificate on the date Your Spouse becomes eligible to Port.

If You become covered under another group life insurance policy or plan issued by Us, then all coverage under this Portability Option will end.

What Benefits Are Available For Continuation Under the Portability Plan?

For purposes of this section, the term "Portable Eligible Insurance" means:

- Insurance shown as "Portable Eligible Insurance" in the *SCHEDULE OF BENEFITS* ;and
- Insurance shown as "Spouse Portable Eligible Insurance" in the *SCHEDULE OF BENEFITS*.

What Are The Portable Eligible Insurance Amounts?

1. The maximum amount of insurance available to Port is shown on the *SCHEDULE OF BENEFITS*.
2. At the time of election, a person can elect a lesser amount of insurance, as long as the amount is:
   - not less than the minimum amount available under This Plan for Your eligible class; or more than the amount for Your Spouse**;** and
   - permitted by any applicable law.

When Will You Have The Right To Apply For Coverage Under The Portability Plan?

A right under this section is subject to the rest of this provision. You will have the right to elect Portable Eligible Insurance if You meet the Eligibility Criteria and:

1. Your Portable Eligible Life Insurance ends because:
   - Your employment ends for any reason, including Your retirement;
   - You cease to be in an eligible class for such insurance; or
   - This Plan is terminated, unless it is replaced by similar insurance under another policy issued to the Policyholder, or its successor, for which You are, or become eligible.
2. You may elect to Port insurance for Your Spouse under this provision only if You elect to Port Your own Portable Eligible Insurance, except, Your Spouse may choose to Port his or her own insurance if Spouse Portable Eligible Insurance ends because:
   - You die;
   - Your marriage ends in divorce or annulment; or
   - Your Domestic Partnership or Civil Union relationship ends.

What Are The Eligibility Criteria For The Portability Plan?

Eligibility Criteria for You

1. You may be eligible to Port if This Plan is in effect and on the date You qualify to Port, You meet all of the followingconditions:
   - be Actively at Work, or on an approved leave of absence;
   - be under age 98;
   - the amount of Your life insurance in effect is at least $1,000;

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- reside in a jurisdiction that permits this portability feature; and
- be covered under This Plan for 1 month**.**

2. You may **NOT** elect to continue any insurance under this provision if, on the date You would qualify to Port, insurance under This Plan ended because:
   - Your life insurance has been converted to an individual life policy in accordance with This Plan's conversion privilege.
   - You are in active military service;
   - Your life coverage is being continued in This Plan, or You have applied to have Your coverage continuedunder This Plan for any reason;
   - You failed to pay any premium due under This Plan;

Spouse Eligibility Criteria
You are eligible for portability coverage for Your insured Spouse if You are eligible for, and elect, portability coverage for Yourself subject to the following conditions:

1. Your Spouse must meet the following condition(s):
   - be covered under This Plan for 1 months**;**
   - reside in a jurisdiction that permits this portability feature; and
   - be under age 98;
   - the amount of life insurance in effect under This Plan is at least $1,000.
2. A Spouse is **NOT** eligible to Port if:
   - This Plan is terminated by the Policyholder prior to Your Spouse's enrollment in the Portability Plan;
   - coverage under This Plan is terminated and replaced by like coverage under another group insurance policyfor which Your Spouse is eligible;
   - coverage has been converted to an individual life policy in accordance with This Plan's conversion privilege.
   - coverage ended because You failed to pay the required Spouse premium under the terms of This Plan; or
   - Your Spouse is in active military service.

When Can You Elect Portability?
An eligible person may elect coverage within 31-90 days after Portable Eligible Insurance under This Plan ends. This timeframe is the Portability Election Period. Evidence of Insurability is not required for amounts up to the Portable Eligible Insurance Amount shown in the *SCHEDULE OF BENEFITS*.
To elect coverage, a person must submit to Us:
- a completed portability election form obtained from the Policyholder or Us;
- the first premiums due as shown in the enrollment form.

Is Evidence of Insurability Required?
An eligible person is not required to provide Evidence of Insurability to Port the existing amount of Portable Eligible Insurance.

What Is The Portability Effective Date?
Insurance will become effective on the day following the last day You were insured under This Plan. The effective date of coverage under the portability feature is called the Portability Effective Date.

What If Death Occurs During The Portability Election Period?
The right to elect coverage under the Portability Plan does not affect Your coverage under the "Death Benefit Payable During the Conversion Period" provision of This Plan.

If You **,** or Your Spouse die within the first 31-90 days of the Portability Election Period and:
- We have not received a portability election form, We will pay the insurance benefit in accordance with the "Death Benefit Payable During the Conversion Period" provision under This Plan.
- a portability election form is received by Us during the first 31-90 days of the Portability Election Period,We will determine if the insurance qualifies for payment under the section entitled "Death Benefit Payable During

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the Conversion Period." If it qualifies, the amount We will pay will be limited to the amount the deceased person was entitled to convert.

If a Death Benefit is not payable under the Portability Plan, any premiums paid for portability on behalf of the deceased person will be refunded. In no event will We be required to pay the Death Benefit under the conversion, portability, and thecontinuation provisions under both a new Ported certificate and This Plan**.**

What Is The Effect Of Portability On Other Provisions Of This Certificate?
The portability option is not available for any amount of life insurance which was continued, enrolled, or is being appliedfor under provisions of This Plan in accordance with the conversion privilege.

Coverage amounts NOT eligible to Port, or that You elect NOT to Port, may be converted to an individual policy in accordance with This Plan's conversion privilege.

When And Where Do You Pay Premiums for the Portability Certificate?
All premium payments must be made directly to Us. When We issue the new certificate, We will also provide a schedule of premiums and payment instructions.

The first premiums must be paid in accordance with the instructions on the portability election form. Coverage will not become effective until the first full premium due is received by Us.

What Definitions Apply?
Terms used throughout this section have the following meanings:

Former Spouse means Your prior spouse or domestic or Civil Union partner, who is Porting coverage as the certificateholder.

Late Enrollee**:** means a person who elects to enroll during the Late Enrollment Period and is subject to Evidence of Insurability for any amount of insurance requested.

Port, Ported, and Porting mean to continue eligible insurance from This Plan under a Portability Plan in accordance withthe stated conditions and requirements in This Plan.

Portability Election Period**:** means the timeframe permitted for an eligible person to enroll in portability coverage without Evidence of Insurability up to the Portable Eligible Insurance Amount.

Portable Eligible Insurance means as shown on the *SCHEDULE OF BENEFITS*, the amount of life insurance in effect under This Plan an Insured Person is eligible to Port**.**

Portability Plan means the group term life plan in which You may be eligible to enroll when coverage ends under This Plan.

Portability Policy means the group insurance policy under which You may elect to continue This Plan's group term life insurance.

This Plan means the insurance provided under this Certificate by the Policyholder.

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GENERAL PROVISIONS

What Is The Entire Contract?

Insurance is provided for Insured Persons under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

- the Policy**,** any amendments and/or endorsements to the Policy**,** and its Exhibits,
- the Certificate(s) attached to the Policy and any amendments and endorsements to the Certificate(s);
- the Policyholder's Signed application
- The Policyholder's Signed participation agreements

For purposes of Effective Dates and ending dates under the Policy, all days begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address where the Policy was issued.

No document may be incorporated by reference.

Who Can Approve Policy Changes or Waivers?

The terms and provisions of the Policy, this Certificate, and an Exhibit issued under the Policy may be changed, at any time, without the consent of the Insured Persons or anyone else with a beneficial interest in it.

Only the president and secretary of CAIC can approve a change. We will only make changes that are consistent with Interstate Insurance Product Regulation Commission standards. The waiver or change must be In Writing and signed by oneof Our officers. No other person, including an agent, may change or waive any part of the Policy. We may issue riders, endorsements, or amendments signed by one of Our officers to affect such changes, subject to prior approval by the Interstate Insurance Product Regulation Commission. No rider, endorsement, or amendment will affect the insurance provided under Certificates until the Effective Date of the change, unless retroactivity is required by the Interstate Insurance Product Regulation Commission. Any rider, endorsement, or amendment added to the Policy after the date of issue that diminishes rights, benefits, or coverage in the Policy will require signed acceptance by the Policyholder. A copy of any rider, amendment, or endorsement issued will be provided to the Policyholder for attachment to the Policy and provided to the Certificateholder if the change affects the Certificate.

How Do You Designate Or Change The Beneficiary?

Choosing A Beneficiary

It is important that You name Your Beneficiary and keep Your designation current. You may name a person or entity as Your Beneficiary. A primary Beneficiary is the person(s) or entity You designate In Writing to receive insurance benefits if You should die while You are insured under the Policy.

You may name more than one primary Beneficiary. If You name more than one primary Beneficiary, benefits will be paidout equally unless You stipulate otherwise In Writing.

You may also name a contingent Beneficiary. A contingent Beneficiary will receive the life insurance benefit if there is noliving primary Beneficiary at the time of Your death.

If no Beneficiary is named, or if no named Beneficiary survives You, We may, at Our option, pay:

- the executors or administrators of Your estate; or
- Your surviving relatives in the following order:
  a) all to Your surviving Spouse; or
  b) if no Spouse, or if Your Spouse does not survive You, in equal shares to Your surviving children;or
  c) if no Child survives You, in equal shares to Your surviving parents; or
  d) Your sibling(s).

We will be released from further liability for any amount so paid.

If Your Beneficiary Is A Minor Or Lacks Legal Capacity

The method of payment will differ if Your Beneficiary is a minor or a person who lacks legal capacity to give Us a validrelease for payment of any Death Benefit. We will issue the payment, as permitted by applicable state law as

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follows:

- to the guardian of Your Beneficiary's estate; or
- the custodian of the Beneficiary's estate under the Uniform Transfer to Minors Act; or
- an adult caretaker/legal guardian.

We will be fully discharged of Our duties once We have paid Your benefit. We are not responsible for how the payment isused.

Changing A Beneficiary

You may change a Beneficiary at any time while You are living. The change must be made by Written request using a form satisfactory to Us. Your Written request to change the Beneficiary must be on file with the Policyholder. When the Policyholder receives the change, it will take effect as of the date You Signed it whether You are living or not, unless otherwise specified by You. The change will be subject to any payments We have made or actions taken by Us prior to receipt of this notice.

You are the only person who can name or change Your Beneficiary. No other person may change Your Beneficiary on Yourbehalf, including, but not limited to, any agent under power of attorney, whether durable or non-durable, or other power ofappointment unless the appointment specifically states that the agent may change the Beneficiary under this Certificate. You do not need a Beneficiary's consent to make a change unless an irrevocable designation (one that cannot be changed withoutthe consent of the irrevocable Beneficiary) has been made.

We will pay the Death Benefit in accordance with the Beneficiary designation on record. Any payment made before the Policyholder receives a request for a Beneficiary change will be made to the previously designated Beneficiary. The change will not apply to any payment made in good faith by Us before the change request was recorded by the Policyholder.

Beneficiary For Dependent Insurance

We will pay You as the Beneficiary for Dependent life insurance, if You are alive. If You are not alive, at Our option, We may pay Your surviving Spouse if living, or Your estate. Any payment made in good faith will discharge Our liability to the extent of such payment.

Simultaneous Death

If a Beneficiary dies on the same day You die, or within 24-120 hours of Your time of death, the claim will be paid as if that Beneficiary had died before You.

If You and Your Dependent die within a 24-168 hour period, We will pay all payable benefits under the Policy to Your Beneficiary, or We may pay Your estate.

We will be fully discharged of Our duties once We have paid a benefit. We are not responsible for how the payment is used.

Is There A Benefit Limitation If An Insured Person Commits Suicide?

The suicide exclusion applies only to any amounts of insurance for which You pay part of the premium.

If You commit suicide before life insurance on You has remained in effect without interruption for a period of 2 years under this and any predecessor group policy, We will not pay such insurance and Our liability will be limited as follows:

- any Premium paid by You will be returned to the Beneficiary.
- any Premium paid by the Policyholder will be returned to the Policyholder.

If You commit suicide before an increase in life insurance on You has remained in effect without interruption for a period of 2 years under this and any predecessor group policy, We will pay the Beneficiary the amount of life insurance in effect on the day before the increase, provided such insurance was in effect without interruption for a period of 2 years prior to Your suicide. Any Premium You paid for the increase will be returned to the Beneficiary. Any Premium paid by the Policyholder for the increase will be returned to the Policyholder.

If Your Dependent commits suicide before life insurance on such person has remained in effect without interruption for

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a period of 2 years under this and any predecessor group policy, We will not pay such insurance and Our liability will be limited as follows:

- any Premium paid by You will be returned to the Beneficiary.
- any Premium paid by the Policyholder will be returned to the Policyholder.

If Your Dependent commits suicide before an increase in life insurance on such person has remained in effect without interruption for a period of 2 years under this and any predecessor group policy, We will pay to the Beneficiary the amount of life insurance in effect on the day before the increase provided such insurance was in effect without interruption for a period of 2 years prior to such person's suicide. Any Premium You paid for the increase will be returned to You. Any Premium paid by the Policyholder for the increase will be returned to the Policyholder.

Can You Assign Benefits Under This Certificate?

You may assign all of Your rights, privileges, and benefits under the Policy without the consent of a Beneficiary, unless an irrevocable Beneficiary has been named. The right of any beneficiary to receive the Death Benefit under the Policy is subject and subordinate to the rights of any assignees.

We will recognize the assignee(s) under such assignment as owner(s) of Your right, title, and interest in the Policy if:

- a Written form satisfactory to Us, affirming this assignment, has been completed;
- the Written form has been Signed by You and the assignee(s);
- the Policyholder acknowledges that the insurance being assigned is in force on the life of the assignor;
- the assignment is not prohibited by applicable law; and
- the Written form is received and registered by Us at Our Home Office.

The assignment will take effect as of the date the Written form has been Signed by You, unless otherwise specified by You.We will not be bound by an assignment until We receive and file a Signed copy. The assignee only takes such rights as theassignor possessed and such rights are subject to state and federal laws and the terms of the Policy.

We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the Policy's provisions before receiving and registering an assignment. We will also not be responsible for the validity of any assignment. If You have made an irrevocable Beneficiary designation, the irrevocable Beneficiary must consent In Writing to the assignment.

Does This Certificate Conform With Interstate Insurance Product Regulation Commission Standards?

This Certificate was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this Certificate that on the provision's effective date is in conflict with Interstate Insurance Product Regulation Commission standards is amended to conform to the Interstate Insurance Product Regulation Commission standards as of the provision's effective date.

If the terms and provisions of this Certificate do not conform to any applicable federal law or regulation, this Certificate will be interpreted to so conform.

Is There A Time Limit on Legal Actions?

No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after Proof has been furnished in accordance with the requirements of the Policy. No such action may be brought after the expiration of the time period provided by the state or jurisdiction in which the Policy was delivered.

What If Insurance Fraud Occurs?

We have the right and will to use all means available to Us to detect, investigate, deter, and prosecute those who commit insurance fraud. We also have the right to pursue all legal remedies if You and/or the Policyholder perpetrate insurance fraud.

Insurance fraud occurs when You or the Policyholder knowingly and with intent to defraud or deceive Us, provide Us with false information or file a claim for benefits that contains any false, incomplete or misleading information, or conceals for the purpose of misleading, information concerning any material fact concerning the coverage sought or payment of benefits.

It is a crime if You or the Policyholder commit insurance fraud, and You or the Policyholder may be guilty of a criminal offense and subject to penalties under state law.

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What Happens If There Is Noncompliance With Policy Requirements?
Any express waiver by Us of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of thatprovision.

What Happens If A Clerical Error Is Made?
A purely clerical error, which arises from other than a failure to perform administrative duties hereunder, whether by the Policyholder or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect; nor will it extend insurance of such person if that insurance would otherwise have ended or been reduced as providedin the Policy. Clerical error may be, by illustration but not limitation, errors in transcription or computation, but is not, by illustration but not limitation, a failure to advise Insured Persons of procedural requirements.

What If There Is A Misstatement Of Facts Or Age?
If the material facts, including age, of the Insured Person were not accurate in the application to the Policy:

- a fair adjustment of premium will be made; and
- the true facts, including true age, will decide whether and in what amount insurance is in force under the Policy.

Can This Certificate Be Contested?
Any statement made by an Insured Person**,** will be considered a representation and not a warranty.

No statement made by an Insured Person will be used to reduce or deny any claim or to cancel an Insured Person's coverage unless:

- the statement is In Writing on an enrollment form or Evidence of Insurability form that is Signed by the Insured Person; and
- a copy of that statement is given to the Insured Person, the Beneficiary or legally authorized representative.

No statement made by an Insured Person relating to his or her insurability will be used to contest the insurance for which the statement was made after the coverage has been in force for two years. For any applied for increases in coverage or reinstatement of coverage, a new two year contestability period is applicable to the amount of the applied for increase or reinstated coverage. Fraudulent statements will be used to contest the insurance for which the fraudulent statement was made if the state where this Certificate was delivered or issued for delivery permits such contests.

No statement will be used to contest the insurance under the policy unless the statement is material to the risk accepted by Us.

On Whose Behalf Does The Policyholder Act?
For the purposes of the Policy, the Policyholder acts on its own behalf or as the agent of the Insured Person. Under no circumstances will the Policyholder be deemed the agent of Ours without Written authorization.

Can Electronic Transactions Be Used?
Any transaction relating to the Policy may be conducted by electronic means if performance of the transaction is consistent with applicable state and federal law. Any notice required by the provisions of the Policy given by electronic means will have the same force and effect as notice given In Writing.

Is Coverage Provided In Compliance With Economic Sanctions Law Or Regulation?
Notwithstanding any other terms under the Policy, We will not provide coverage nor will We make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under the Policy to the extent that such coverage, payment, service, benefit, or any business or activity of an Insured Person would violate any applicable trade or economic sanctions law or regulation.

What If Premiums Are Paid Directly To Us?

Premium Payments
All premiums payable directly to Us must be paid to Our Home Office, or to an agent authorized by Us to collect premiums.

Grace Period When Premiums are Paid Directly to Us
Each Premium due directly from You for insurance provided under the Policy may be paid up to 45 days after its

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premium due date. This period is known as the grace period.

The insurance provided by this Certificate for which Premium has not been paid will stay in effect during the grace period. We will notify You In Writing that, if the Premium is not paid by the end of the grace period, such insurancewill end at the end of the last day of the grace period. If We fail to give Written notice by the end of the grace period, such insurance will continue in effect until the date notice is given.

If You End Insurance During a Grace Period
You may notify Us In Writing prior to the end of a grace period of Your intent to end insurance coverage provided underthis Certificate before the end of such grace period. In this case, such insurance will end on the later of:

- the date stated in the notice; or
- the date We receive the notice.

The Written notice to be given by Us and required by the second paragraph of the above provision will not be necessary if You notify Us of Your intent to end insurance. If You replace the insurance provided by this Certificate and for which Premium has not been paid, with other group insurance but do not notify Us of Your intent to end the insurance provided under this Certificate, these grace period provisions will apply.

Grace Period Extensions
We may extend a grace period by giving Written notice to You. Such notice will state the date insurance will end if the Premium remains unpaid. Premiums must be paid for a grace period, any extension of the grace period, and any period insurance was in effect for which Premium was not paid.

CLAIM INFORMATION

When Should Notice Of Claim Be Given?
Notice should be given as soon as is reasonably possible after a death. Notice must be given to Us at Our Administrative Office shown on the cover page of this Certificate. Notice given by or on behalf of the claimant to Us with information sufficient to identify the Insured Person, is deemed notice of claim.

A claimant may give such notice by:

- Writing to Us;
- By calling Us at the telephone number shown on the cover page of this Certificate; or
- Communicating electronically with Us at the web address shown on this Certificate.

Upon notice, a claim form will be sent to the claimant.

What Is Required To Submit A Claim?
The claimant should complete the claim form and return it to Us with the required Proof as instructed in the claim form. No benefits will be paid until We receive Proof satisfactory to Us. Proof must be provided at the claimant's expense.

What Proof Is Required?
Proof includes a completed and signed claim form and Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof for a death claim must include a certified copy of the death certificate or other lawful evidence providing equivalent information and Proof of the Beneficiary's interest in the proceeds. The document provided must show the cause of death.

What Are The Time Limits For Submitting Proof?
Proof should be sent to Us after a loss occurs. The time period Proof must be provided is stated below. Failure to give such Proof within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give Proof within that time, and the Proof was given as soon as reasonably possible. You must provide Proof no later than 1 year after the time Proof is otherwise required, except in the absence of legal capacity.

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- **Death Benefit Claim**

  No time limit.

- **All Other Claims**

  Notice of claim and Proof, satisfactory to Us, must be provided within 90 days of the date of loss. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after that 90-day period.

  If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent Proof of eligibility must be furnished at such intervals as We may reasonably require as stated in the specific benefit provision.

When Will A Claim Be Paid?

Upon Our receipt of Proof, We will review it. We will settle a claim following Our receipt of satisfactory Proof and any other information requested relating to the claim and such information is satisfactory to Us.

If We approve the claim, We will pay the benefit amount in effect on the date of the loss as follows:

- Immediately for any Covered Loss other than loss for which the Policy provides any periodicpayment.
- Payment for all accrued benefits for a Covered Loss for which the Policy provides periodic payments will be paid at the expiration of each period for which the benefit is payable. Any balance remaining unpaid upon termination of Our liability will be paid immediately upon receipt of such Proof.

If the Proof is not sufficient to approve the claim, We will send a Written notice to the claimant stating that 1) We are extending the review period for an additional 90 days; or 2) that the claim is denied. If a claim is denied or the review period is extended, the notice will state the reasons for the extension or denial. The notice will also state the information required to complete the claim review or to appeal a claim denial.

What Is The Interest On Death Benefits?

Interest will accrue on the amount payable as a claim for life insurance from the date of an Insured Person's death. Such interest will accrue at the rate of interest applicable for funds left on deposit with Us.

Additional interest will accrue at an effective rate of 10% annually, beginning 31 calendar days from the latest of the following until the claim is paid:

- the date that due Proof is received by Us:
- the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- the date that legal impediments to payment of proceeds that depend on the action of parties other than Us are resolved and sufficient evidence of the same is provided to Us. Legal impediments to payment include, but are not limited to:
  a) The establishment of guardianships and conservatorships;
  b) The appointment and qualification of trustees, executors and administrators; and
  c) The submission of information required to satisfy state or federal reporting requirements.

What Is Our Right To Conduct A Physical Examination And Autopsy?

At Our own expense, We have the right and opportunity to examine the person of any individual whose loss is the basis ofclaim under the Policy as often as it may reasonably require during the duration of the claim. We may have an autopsy performed at Our expense where it is not forbidden by law.

What If Unpaid Premium Is Due?

Proceeds payable for a claim will be reduced by the amount of any unpaid Premium due and outstanding at the time We make payment.

How Will Unearned Premium Be Refunded?

Any unearned Premium will be refunded to the Policyholder or the claimant as applicable.

What If There Is An Overpayment Of A Claim?

We have the right to recover any overpayments to a claimant due to fraud or Our error. A claimant must reimburse Us

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in full. We will not recover more money than the amount We overpaid. We will determine the method by which the repaymentwill be made.

What If There Are Claims Of Creditors?
Death Benefit payments are exempt from legal or equitable process for Your debts or the debts of a Beneficiary, where permitted.

Who Has Authority To Interpret The Terms Of The Policy And Certificate?
The Policyholder has delegated to the insurance company or its designee certain rights. These include the right to make determinations regarding the eligibility for participation or benefits and to interpret the terms of the Policy and Certificate. This delegation is made for the purpose of claims and enrollment administration only. The insurance company is not the Plan Administrator, as defined by ERISA.

ERISA PROVISIONS

If the Policy provides benefits under a plan which is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the following provisions apply.

What Are Your Rights Under An ERISA Plan?
The benefits are provided in a fully insured plan issued by Continental American Insurance Company, a wholly-owned subsidiary of Aflac Incorporated, and are described in this Certificate of Insurance.

You have certain rights and protections under ERISA.

The right to receive information about Your plan and its benefits.

- You have the right to review and the right to receive, free of charge, at the Plan Administrator's office (or in a place designated by the Plan Administrator) all documents governing the plan, including but not limited to, insurance contracts or a copy of the latest annual report (Form 5500). The Form 5500 is filed by the plan with the U.S. Department of Labor (DOL) and is available in the Public Disclosure Room of the Employee Benefits Security Administration.
- You have the right to receive an annual summary of the plan's financial report.

The right to prudent action by the plan fiduciaries.

- ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate Your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of You and other plan participants and beneficiaries. No one, including Your employer, Your union, or any other person, may fire You or otherwise discriminate against You in any way to prevent You from obtaining a welfare benefit or exercising Your rights under ERISA.

How to enforce Your rights.

- If Your claim for a benefit is denied or ignored, in whole or in part, You have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.
- Under ERISA, there are steps You can take to enforce Your rights. For instance, if You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, You may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay You up to $110 a day until You receive the requested materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.
- If You have a claim for benefits which is denied or ignored, in whole or in part, You may file suit in a state or federal court. You are required to complete administrative appeals prior to filing in court. Your right to file suit in state or federal court may be affected if You do not complete the required appeals.
- If it should happen that Plan fiduciaries misuse the Plan's money, or if You are discriminated against for asserting your rights, You may seek assistance from the U.S. Department of Labor, or You may file suit in a federal court. The court will decide who should pay court costs and legal fees. If You are successful, the court may order the person You have sued to pay these costs and fees. If You lose, the court may order You to pay these costs and fees, for example, if it finds Your claim is frivolous.

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Need help?

- If You have any questions about the Plan, please contact the Plan Administrator
- If You have any questions about Your rights under ERISA, or if You need help getting documents from the Plan Administrator, contact the nearest office of the Employee Benefits Security Administration (EBSA) or the Division of Technical Assistance and Inquiries, EBSA, U.S. Dept. of Labor, 200 Constitution Ave. N.W., Washington, DC 20210.
- Certain publications about Your ERISA rights and responsibilities can be found by calling the EBSA publications hotline or visiting dol.gov/ebsa.

What Are The Claim Procedures?

How to File a Claim

Follow the claim procedures described in the insurance certificate. The claimant should complete the claim form and return it to Us with the required Proof as instructed in the claim form. No benefits will be paid until satisfactory Proof is received. Proof must be provided at the claimant's expense.

Claim Review

We will review the claim promptly after We receive all information needed to evaluate the claim. We will notify the claimant of Our decision to approve or deny the claim.

A decision will be made within a reasonable period but no later than 90 days after receipt of a properly filed claim. This time period may be extended by 90 days if We determine that special circumstances require an extension, if prior to the beginning of the extension period We notify the claimant In Writing of the special circumstances and give the date We expect to render a decision. If extended, a decision will be made no more than 180 days after the claim was received. If We approve the claim, the decision will contain information sufficient to reasonably inform the claimant of that decision.

Adverse Benefit Determination

An adverse benefit determination means a denial, a reduction, a termination or rescission of coverage, or a failure to provide or make payment for a benefit. If a claim is denied, this is considered an adverse benefit determination. The adverse benefit determination notice will include the following:

- The specific reason(s) for the determination;
- Reference to specific plan provision(s) on which the determination is based;
- When necessary, a description of additional material or information needed to complete the claim and why such information is necessary;
- A statement that the claimant is entitled to receive upon request, and without charge, reasonable access to or copies of all documents, records or other information relevant to the claim for benefits;
- Identification of any internal rule, guideline, protocol or standard relied on for the claim determination;
- The plan procedures and time limits for appealing; and
- The right to obtain information about the appeal procedures and the right to bring a lawsuit under ERISA following an adverse determination from Us on appeal, including the limitation that any such lawsuit is brought no later than three years from the time proof of claim was required.

Right to appeal if there is an Adverse Benefit Determination

You or someone You name to act for You (authorized representative) may file an appeal. If someone files an appeal on Your behalf, You must let Us know that You have appointed this person as Your authorized representative. Your appeal must be In Writing and sent to Us. When You send Your appeal, You may include written comments, documents, records or other information related to Your claim. You have the right to one appeal.

- **Time Frame for Claims.** A final decision will be made no more than 60 days after We receive an appeal. Sometimes, it will take longer to review the appeal because additional information is needed to make a decision. If this happens, We will notify You In Writing of the special circumstance and give the date a decision is expected. If extended, a decision will be made no more than 120 days after the appeal was

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received by Us.

- **Appeal Review.** The appeal will be reviewed by someone who did not make the initial decision. The appeal reviewer will not give consideration to the initial decision.
- **Appeal Decision.** We will send a Notice of the appeal decision. Notice may be provided in written or electronic form. Electronic notices will be provided only when You give Your consent to receive the notice electronically. The appeal determination will include the following:
  - The specific reason(s) for the determination. Reference to specific plan provision(s) on which the determination is based;
  - A statement that You are entitled to receive upon request, and without charge, reasonable access to or copies of all documents, records or other information relevant to the claim for benefits; and
  - Your right to obtain information about the appeal procedures and the right to bring a lawsuit under ERISA following an adverse determination from Us on appeal, including the limitation that any such lawsuit is brought no later than three years from the time proof of claim was required.

Requirement to File an Internal Appeal before Filing a Lawsuit

If Your claim is denied, in whole or in part, after You have completed the appeal procedure, You may file a civil action in federal court under ERISA.

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