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## SCHEDULE OF PREMIUM RATES

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ELIGIBILITY FOR INSURANCE

FOR EMPLOYEES

Each Employee, in one of the Classes of Eligible Employees shown below, will become eligible for Employee insurance on the date he or she completes the Waiting Period, if any. Any Waiting Period shown below will be waived for an Employee previously insured under this Policy, whose insurance terminated for a reason other than cancellation of his or her payroll deduction order, if the Employee becomes employed in one of the Classes of Eligible Employees shown below within one year after his or her insurance terminates.

Eligible Employees: All active Employees who work at least 17.5 hours per week while traveling on behalf of the Policyholder, excluding commuting to and from work and vacation.

Waiting Period for Employees in the employ of the Employer on the Effective Date of this Policy: None

Waiting Period for Employees whose employment with the Employer commences after the Effective Date of this Policy: None

EFFECTIVE DATE OF INSURANCE

NON-CONTRIBUTORY

If this Policy is issued on a non-contributory basis, such Employee's coverage will become effective on:

1. the effective date of this Policy; or

2. the date such Employee becomes eligible;

provided the Employee is in Active Work on that date, otherwise the effective date of his or her insurance will be the date he or she returns to Active Work.
LONG TERM DISABILITY INSURANCE (NON-CONTRIBUTORY)

SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th>Classification</th>
<th>Monthly Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Eligible Employees</td>
<td>$8,000.00</td>
</tr>
</tbody>
</table>

Note: The above benefit for each Class will not exceed 60% of the Employee's monthly compensation.

Elimination Period: The first 90 days of the disability period.

Maximum Benefit Duration:

<table>
<thead>
<tr>
<th>Age at Disability</th>
<th>Benefit Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 60</td>
<td>To Age 65 but not less than 60 months</td>
</tr>
<tr>
<td>60</td>
<td>60 months</td>
</tr>
<tr>
<td>61</td>
<td>48 months</td>
</tr>
<tr>
<td>62</td>
<td>42 months</td>
</tr>
<tr>
<td>63</td>
<td>36 months</td>
</tr>
<tr>
<td>64</td>
<td>30 months</td>
</tr>
<tr>
<td>65</td>
<td>24 months</td>
</tr>
<tr>
<td>66</td>
<td>21 months</td>
</tr>
<tr>
<td>67</td>
<td>18 months</td>
</tr>
<tr>
<td>68</td>
<td>15 months</td>
</tr>
<tr>
<td>69 and over</td>
<td>12 months</td>
</tr>
</tbody>
</table>

Coverage terminates upon the earlier of age sixty-five (65) or retirement.

DEFINITIONS

ACTIVE WORK or ACTIVELY AT WORK means the use of time and energy in the services of the Policyholder:

(1) At the regular place of employment.

(2) By an Employee who:
   
   (a) Is physically capable; and
   
   (b) Is mentally capable;

   of performing each of the main duties of his or her regular job.

(3) On a regular full-time basis.

If an Employee was actively at work, as defined above, on his or her last regular working day, then he or she shall be deemed to be actively at work:

(1) On each day of a paid vacation; or

(2) On a regular non-working day;
on which he or she is not disabled.

DISABILITY and DISABLED mean that because of injury or sickness:

(1) the insured cannot perform each of the material duties of his regular occupation; and

(2) after benefits have been paid for 24 months, the insured cannot perform each of the material duties of any gainful occupation for which he is reasonably fitted by training, education or experience.

"PHYSICIAN" means a legally qualified physician; except that with respect to a period of total disability, or any portion thereof, during which total disability is caused by any condition other than a medically determinable physical impairment, "physician" shall mean a legally qualified physician who either specializes in the practice of psychiatric medicine or has, by reason of training or experience, a specialized competency in the field of psychiatric medicine sufficient to render the necessary evaluation and treatment of mental illness.

"MONTHLY RATE OF BASIC EARNINGS" means as to any period of total disability:

(1) With respect to any Employee other than an Employee specified in item (2) below, the sum of items (a) and (b) below:

(a) the Employee's monthly rate of earnings in effect for the last complete payroll period immediately preceding the commencement of the period of total disability, exclusive of bonuses, overtime pay, and other extra compensation;

(b) the average excess monthly earnings, if any, over (a) above on account of piece-work during the three (3) month period immediately preceding the commencement of the period of total disability.

(2) With respect to an Employee who is classified by his or her Employer as an executive and who is eligible for payment under an incentive bonus plan, the sum of items (a) and (b) below:

(a) the monthly rate of earnings in effect for the last complete payroll period immediately preceding the commencement of the period of total disability, exclusive of bonuses, overtime pay, and other extra compensation.

(b) the average monthly bonus for the two (2) calendar years (ending December 31) immediately preceding the commencement of the period of total disability.

A Retroactive change in an Employee's rate of earnings shall be deemed to be effective on the date of the determination of the change in the rate of earnings.

"ELIGIBILITY DATE" for any Employee means the date that the Employee first becomes eligible for insurance under this Policy.

"ELIGIBLE SURVIVOR" means the Insured Employee's spouse, if living, otherwise the Insured Employee's children who are under age twenty-three (23).
"ELIMINATION PERIOD" means a period of consecutive days of total disability for which no benefit is payable. The elimination period begins on the first day of total disability. For accumulating the elimination period the following will apply:

(1) If total disability stops during the elimination period for not more than 14 days then the total disability will be treated as continuous.

(2) Days that the Insured Employee is not totally disabled will not count toward the elimination period.

"EMPLOYEE" means an actively at work Employee who has not yet attained the age of sixty-five (65) and who is regularly working for the policyholder at least seventeen and one-half (17 1/2) hours per week during the regular work week.

"INJURY" means accidental bodily injury resulting independently of all other causes.

"INSURED EMPLOYEE" means an Employee whose insurance is in force under the terms of this Policy.

"NON-CONTRIBUTORY INSURANCE" means insurance for which the Insured Employee pays none of the premium.

"POLICYHOLDER" means the individual, firm, or other organization in whose name this Policy is issued.

"PRE-EXISTING CONDITION" means a sickness or injury for which the Insured Employee:

(1) Got medical treatment or consultation;
(2) Had medical care or service(s);
(3) Had diagnostic test(s); or
(4) Took prescribed drug(s) or medicine(s);

within ninety (90) days prior to the Employee's effective date of coverage.

"RECURRENT DISABILITY" means a disability which is contributed to by the same cause(s) or is the result of the same cause(s) of a prior disability for which a monthly benefit was payable.

"REHABILITATIVE EMPLOYMENT" means work in any gainful occupation for which the Insured Employee is reasonably fitted by training, education, or experience.

"RETIREMENT PLAN" means:

(1) A defined benefit plan; or
(2) A defined contribution plan; or
(3) A profit sharing plan (unless it is in addition to (1) or (2));
Which:

(a) If provided wholly or in part by employer deposits; and
(b) Is for the benefit of the Insured Employee.

It does not mean:

(a) A thrift plan; or
(b) A deferred compensation plan.

"SOCIAL SECURITY" means the United States Social Security Act or any similar law, plan, or act of any other jurisdiction including the initial enactment and all amendments.

"TOTAL INSURED PAYROLL" is the total amount of basic monthly earnings for which all Employees are insured under this Policy.

"WAITING PERIOD" is the period of the time that a person must be employed before being eligible for insurance under this Policy.

"HOSPITAL" means an institution or subdivision thereof which either:

(1) meets fully every one of the following tests:

(a) it is primarily and continuously engaged in providing, for compensation from its patients and on an in-patient basis, a full range of diagnostic and therapeutic facilities for the surgical and medical diagnosis, treatment, and care of injured and sick persons by or under the supervision of a staff of physicians;

(b) it continuously provides twenty-four (24) hour a day nursing service by or under the supervision of Registered Graduate Nurses (R.N.);

(c) it is not, other than incidentally, a place for rest, a place for the aged, a place for drug addicts, a place for alcoholics or custodial care, and extended care facility or nursing home; or

(2) provides services directed wholly or chiefly to patients who collectively have conditions related either by a specialty field of medicine or by a specific category of disease and which meets fully every one of the tests enumerated above except that complete surgical services are not provided, but only for periods of confinement during which the patient is under regular therapeutic treatment by a physician for the injury or disease involved.

"MEDICALLY DETERMINABLE PHYSICAL IMPAIRMENT" shall mean a physical impairment which results from anatomical or physiological abnormalities which are exclusively organic and non-psychiatric in nature and which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.
INSURING PROVISIONS

When proof is received by the Insurance Company that an Insured Employee is totally disabled as the result of a passive war risk injury and requires the regular attendance of a legally qualified physician, the Insurance Company will pay a monthly benefit to the Insured Employee after completion of the Elimination Period. This monthly benefit will be paid as long as total disability continues provided that proof of continued total disability is submitted, at the Insured Employee’s expense, to the Insurance Company upon request. However, the monthly benefit will not exceed the Insured Employee’s amount of insurance, nor will it be payable for longer than the maximum benefit duration. The amount of insurance and the maximum benefit duration are shown in the Schedule of Benefits.

If other income benefits are payable for a given monthly period, the amount of monthly benefit payable under this Policy for the given monthly period shall be an amount equal to the excess, if any, of:

(i) 60% of the Employee’s monthly rate of basic earnings over;

(ii) the amount of other income benefits payable for the given monthly period.

In no event shall the amount of monthly benefit under this Policy exceed the amount listed for each Class in the Schedule of Benefits to a maximum of 60% of each Employee’s monthly compensation.

OTHER INCOME BENEFITS: Other income benefits are those benefits below which apply to the Insured Employee, or to the Insured Employee’s spouse, child or children, as indicated. These other income benefits, except for retirement benefits, are benefits resulting from the same disability for which a monthly benefit is payable under this Policy.

Other income benefits, referred to above, shall include the following:

(1) Income received from any employer or from any occupation for compensation or profit (other than in connection with an approved rehabilitation program).

(2) Disability, retirement, or unemployment benefits required or provided for under any law of a government - for example:

(a) unemployment compensation benefits;

(b) temporary or permanent, partial or total, disability benefits under any worker’s compensation law or any other similar law, which are intended to compensation the worker for any one or more of the following:

(i) loss of past and future wages,

(ii) impairment of earning capacity or diminished ability to compete in the open labor market, and

(iii) any degree of permanent impairment of loss of bodily function or capacity;

(c) no-fault wage replacement benefits;

(d) statutory disability benefits;
(e) benefits under the law of any government relating to the social security of the Employee.

(3) Disability, retirement, or unemployment benefits provided under any group insurance or pension plan or any other arrangement of coverage for individuals in a group (whether on an insured or uninsured basis).

(4) Distributions from any profit sharing plan provided such distributions are not paid as a lump sum benefit. However, benefits from the Employer's Profit Sharing Plan are not included as other income.

Benefits payable to the Employee or to his spouse, children, and dependents by reason of the Employee's disability or retirement shall be included as other income benefits.

For the Purposes of determining other income benefits:

(1) Any single sum payment made in settlement of a claim for workers' compensation benefits:

(a) will be considered to include disability benefits of 50% of the total amount of such single sum payment, whether such payment is or is not the result of a compromise, award or judgment, unless there exists in the terms of the compromise, award, or judgment (or in the record of the proceeding resulting in such payment) evidence satisfactory to the Insurance Company that a greater or lesser percentage should be applied; and

(b) the amount so determined will be allocated by the Insurance Company, in equal amounts, to a 60 month period which shall commence:

(i) on the same date as the period with respect to which the single sum payment is made, or

(ii) on the date on which the single sum payment is made if the compromise, award, or judgment does not allocate the single sum payment to any specific period.

(2) Any other single sum payment (including any periodic payments which the individual could have elected to receive in any single sum) shall also, be allocated in its entirety by the Insurance Company, in equal amounts, to 60 monthly periods, and may also be allocated retroactively by the Insurance Company if received pursuant to a retroactive award.

(3) The Insurance Company shall have the right to allocate any other periodic payments or an amount which represents an accumulation of past due periodic payments to monthly periods and to make such allocation retroactively when such payments are received pursuant to a retroactive award.
LUMP SUM PAYMENTS: If other income benefits are paid in a lump sum, the sum shall be spread on a monthly basis over the period of time for which the sum is given. If no period of time is stated, the sum will be spread on a monthly basis over the time the Insurance Company expects the Insured Employee to live.

TERMINATION OF THE PERIOD OF TOTAL DISABILITY: The period of total disability shall be deemed to terminate on the earliest of the following:

(1) The date the Insured Employee ceases to be totally disabled;

(2) The date the Insured Employee dies;

(3) The effective date that the Insured Employee receives retirement benefits under the employer's retirement plan as a result of the Employee's voluntary election to receive such benefits; or

(4) Completion of the benefit duration;

(5) As of any date on which the total disability is caused by any condition other than a medically determinable physical impairment, unless the Insurance Company has received satisfactory proof that the Employee is then confined in a hospital for treatment of such condition, in which event, the Employee shall continue to be eligible for income benefits during such confinement.

For the purpose of above item (5):

Any reference to confinement in a hospital shall mean twenty-four (24) hours a day confinement in a hospital on an inpatient basis and shall not include any day on which the Employee is on temporary leave from a hospital.

In no event shall the Employee be eligible for income benefits beyond the date the period of total disability would terminate in accordance with the above provisions.

RECURRENT DISABILITY: Any two separate periods of total disability which arise from the same or related causes and which are separated by less than three (3) months shall be considered as one period of total disability, except that the earlier of such separate periods shall not be taken into account if at the beginning of such earlier period the Employee was not insured under this Policy.

Having combined two (2) separate periods into a single period, this rule may be applied successively to any further separate period of total disability, provided such further separate period of total disability also arises from the same or related causes and is not separated from the last preceding such period by more than three (3) months.

REHABILITATIVE EMPLOYMENT: If after benefits have commenced to be payable, the Employee, while remaining totally incapacitated from returning to the occupation in which he or she was engaged immediately prior to his or her becoming so incapacitated, becomes, in the opinion of a medical advisor, (appointed by both the physician of the Employee and the physician of the insurance company), able to return to work for which the Employee is reasonably fitted by training, education or experience, the benefit shall continue to be paid only in proportion to the loss of earnings to be expected if the Employee engaged in such other occupation.
If after benefits have commenced to be payable, the Employee engages in an occupation other than that in which he or she was engaged immediately prior to his or her becoming disabled because he or she is totally unable owing to such incapacity to return to such former occupation, and such change of occupation results in a loss of earnings, the benefit shall continue to be paid and reduced by the amount corresponding to the proportion of earnings lost.

No benefit shall be payable under the two preceding paragraphs in respect of:

a. any period subsequent to the termination date of the disability, or

b. beyond a benefit period of 24 continuous months.

GENERAL EXCLUSION: No insurance is afforded under this Policy -

(a) as to a period of total disability commencing during the first twelve (12) months of the Employee's current period of insurance under this Policy if the disability is caused or contributed to by, or is a consequence of a pre-existing condition; or

(b) as to a disability due to intentionally self-inflicted injuries (whether sane or insane); or

(c) as to a disability resulting from the commission by the Employee of, or an attempt by the Employee to commit, an assault, battery, felony, or other criminal act; or

(d) as to a disability due to war or any act of war (whether war is declared or not) while the Employee is enlisted for active service connected with war; or

(e) as to a disability due to warlike operations, insurrection, rebellion, or participation in a riot or civil commotion in which the Employee takes active part; or

(f) as to a disability due to war or acts of war, declared or undeclared, while in the United States, Algeria, former Yugoslavia, except Slovenia, North Korea, Rwanda, Iran and Iraq and the Insured Person's country of residence, except as follows:

- An Insured Person's disability due to non-active involvement (passive war risk) as a result of war or act of war, declared or undeclared in areas other than those countries listed above, will be covered.

- Coverage is limited to trips made on behalf of the Policyholder, excluding commuting to and from work and vacation.

(g) as to a disability which is caused or contributed to by chronic alcoholism, or by the use of narcotics, barbiturates, or hallucinogenic substances; or

(h) as to a disability which is caused or contributed to by any condition other than a medically determinable physical impairment, unless the Employee is confined in a hospital for treatment of such condition.
EXTENSION OF BENEFITS: If an Employee’s insurance terminates during a period of total disability which commenced while such insurance was in force, any benefits otherwise provided under this Policy shall continue to be available during the continuance of such period of total disability, but not beyond twelve (12) months after the date this Policy is discontinued with respect to the class of Employees of which the Employee was a member on the date his or her period of total disability commenced.

EFFECTIVE DATE OF INITIAL INSURANCE FOR EMPLOYEES WHO ARE NOT ACTIVELY AT WORK: Insurance for any Employee will not become effective on a date that the Employee is not actively at work because of sickness or injury. In this event, insurance will become effective on the first day that the Employee is actively at work in an eligible class.

EFFECTIVE DATE OF POLICY CHANGES FOR INSURED EMPLOYEES WHO ARE NOT ACTIVELY AT WORK: Policy changes to the employer's plan of insurance will not apply to any Insured Employee who is not actively at work because of sickness or injury. In this event, Policy changes will become effective on the first day that the Employee is actively at work in an eligible class.

TERMINATION OF EMPLOYEE’S INSURANCE: The insurance of any Employee under this Policy shall terminate at the earliest time specified below:

(a) Upon discontinuance of this Policy;

(b) Immediately when the Employee’s employment with a Participant Employer in the Classes of Employees eligible for insurance terminates. Cessation of active work by an Employee shall be deemed to be termination of his or her employment, except that:

(i) in the case of an absence from active work because of injury, his or her employment may, for the purposes of insurance under this Policy, be deemed to continue until terminated by his or her Participant Employer but in no case beyond twelve (12) months from the date such absence from active work started, or

(ii) in the case of absence from active work because of temporary lay-off or leave of absence, his or her employment shall, for the purposes of insurance under this Policy, be deemed to terminate on the Employee’s last full day of active work prior to the commencement of the lay-off or leave of absence.

In the case of any continuation of insurance in accordance with the foregoing item (i), the insurance under this Policy for such Employee shall automatically cease on the date of such termination of his or her employment by his or her Participant Employer, as evidenced to the Insurance Company by the Policyholder, whether by notification or by cessation of premium payment on account of such Employee's insurance hereunder;

(c) The end of the calendar month in which the Employee attains the age of sixty-four (64) years and six (6) months;

(d) The date the Employee becomes a resident of the United States;

(e) As to a period of total disability which is caused by any condition other than a medically determinable physical impairment, the date the Employee ceases to be confined in a hospital for the treatment of such condition.
CLAIM FORMS: The Insurance Company will send the Insured Employee claim forms within fifteen (15) days after notice of claim is received. If the Insurance Company does not send the forms within fifteen (15) days, the Insured Employee can send to the Insurance Company written proof of disability. The Insurance Company will also periodically send the Insured Employee additional claim forms. The initial claim form or proof must show:

(1) The date disability started;
(2) The cause of disability; and
(3) How serious the disability is.

The initial claim form or proof must be:

(1) Signed by a physician; and
(2) Sent to the Insurance Company within ninety (90) days of the end of the Elimination Period.

Subsequent claim forms must be sent to the Insurance Company within thirty (30) days after they are received by the Insured Employee.

The Insured Employee cannot start any legal action:

(1) Within sixty (60) days after the claim form or proof is sent; nor
(2) More than three (3) years after the claim form or proof is due.

PAYMENT OF CLAIMS: Subject to written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly to the Insured Employee. Any balance remaining unpaid upon the termination of the period of liability will be paid on a pro-rata basis.

If any benefit under this Policy becomes payable to:

(1) The estate of the Insured Employee;
(2) An Insured Employee who is a minor; or
(3) An Insured Employee who is not competent to give a valid release;

then the Insurance Company may pay the benefit up to an amount not to exceed $1,000 to:

(1) Any relative by blood; or
(2) Any person related by marriage;

who is deemed by the Insurance Company to be equitably entitled. Any payment made by the Insurance Company in good faith under this provision will fully discharge the Insurance Company to the extent of the payment.
EXAMINATION: The Insurance Company, at its own expense, has the right to have a claimant examined:

(1) Physically;
(2) Psychologically; and
(3) Psychiatrically;

to determine the existence of any total disability which is the basis for a claim. This right may be used:

(1) As often as it is reasonably required;
(2) While a claim is pending.
PREMIUMS

PREMIUM RATE. The Premium will be determined on the basis of the rates set forth in the Schedule of Premium Rates.

PAYMENT OF PREMIUM. All premiums are payable by the Policyholder at the Home Office of the Insurance Company on or before the date on which they fall due. The first premium is due on the Effective Date of this Policy. Each premium due after the first must be paid on or before the first day of each month after the first premium is paid. If a premium is not paid on or before its due date, this Policy, subject to the Grace Period, will be in default. A change in premium due to a change in insurance in force will become due on the next premium due date after the change. Each premium will include any adjustment in past premiums which is caused by those changes which have not been taken into account at a prior date. Premium payments for the coverage of a person will continue during the full period of the coverage. This includes periods for which benefits are payable while the person is insured for such coverage.

GRACE PERIOD. If, prior to any day on which premium is due, the Policyholder has not given written notice to the Insurance Company that this Policy is to be discontinued, a grace period of 31 days will be granted for the payment of every premium after the initial premium, during which time this Policy will be continued in force. If any premium is not paid before the expiration of the grace period, this Policy will automatically be discontinued at the expiration of the grace period, except that if the Policyholder has given written notice in advance of an earlier date of discontinuance, this Policy will be discontinued as of the earlier date. The Policyholder will be liable to the Insurance Company for any unpaid premium for the time this Policy was in force.

TERMINATION AND CHANGE OF THE POLICY

Except as set forth in "Grace Period," this Policy will cease on default.

The Insurance Company may also terminate this Policy:

a) as of a Policy anniversary, by giving written notice of termination to the Policyholder at least 30 days prior to that Policy anniversary; or

b) if, on a premium due date i) less than ten Eligible Employees are insured under this Policy, or ii) less than 75% of the Employees then eligible for Contributory insurance are insured under this Policy; provided that the termination will take place on the next premium due date after the end of thirty days which follow the mailing of written notice of termination to the Policyholder.

The Insurance Company has the right, on any premium due date, to change the premium rates for the insurance under this Policy.

On any premium due date the Policyholder may: i) terminate this Policy; or ii) if the Insurance Company approves, change the provisions of this Policy. The Insurance Company must give written consent for such change; but the consent of an Employee or other person referred to in this Policy is not required to terminate, amend, modify or change this Policy.
GENERAL PROVISIONS

CONTRACT. This Policy and the Application of the Policyholder, a copy of which is attached to this Policy, and the applications, if any, of the Employees, will constitute the entire contract between the parties. All statements made by the Policyholder or by an insured Employee will, in the absence of fraud, be considered representations and not warranties, and no statement made for the purpose of obtaining insurance will be used in any contest to void the insurance or reduce the benefits provided by this Policy unless contained in a written instrument signed by the Policyholder or the insured Employee, a copy of which is or has been furnished to the Policyholder or to the Insured Employee or his or her Beneficiary.

No change in this Policy will be valid unless approved by the Insurance Company and evidenced by endorsement on this Policy or by amendment to this Policy signed by the Policyholder and by the Insurance Company acting through its President, Vice President, Secretary, Assistant Secretary or Registrar. No agent has authority to change this Policy or to waive any of its provisions. The validity of any change in this Policy will not be affected by the failure to obtain the consent of any Employee.

INDIVIDUAL CERTIFICATE. The Insurance Company will issue to the Policyholder for delivery to each insured Employee an individual Certificate. This Certificate will in no way void any of terms and conditions of this Policy but will set forth in summary form the insurance protection to which the Employee is entitled (including any changes in the benefits resulting from a change in age of the insured Employee), to whom benefits are payable and the terms and conditions of the Conversion Privilege.

NOTICE OF CLAIM. Written notice of claim must be given to the Insurance Company within 30 days after the occurrence of the event on which the claim is based.

Written notice of claim given by or on behalf of the Employee to the Insurance Company at its Home Office, or to any authorized agent of the Insurance Company, with particulars sufficient to identify the Employee, will be considered notice to the Insurance Company. Failure to give written notice within the time provided in this Policy will neither invalidate nor reduce any claim if it can be shown that it was not reasonably possible to give written notice within that time and that written notice was given as soon as was reasonably possible.

CLAIM FORMS. The Insurance Company, when it receives the notice of claim, will furnish to the Employee or to the Policyholder for delivery to the Employee, the claim forms which it usually furnishes for filing proofs of loss. If the Employee does not receive these claim forms within 15 days after receipt by the Insurance Company of the notice of claim, the Employee will be considered to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

PROOFS OF LOSS. Written proof of loss must be furnished to the Insurance Company at its Home Office within 90 days after the date of the loss for which claim is made. Failure to furnish written proof of loss within the time provided in this Policy will neither invalidate nor reduce any claim if it can be shown that it was not reasonably possible to furnish written proof of loss within that time and that written proof of loss was furnished as soon as was reasonably possible.
LEGAL ACTIONS. No action at law or in equity will be brought to recover on this Policy to the expiration of 60 days after proof of loss has been filed in accordance with the requirements of this Policy, nor will any action be brought at all unless brought within 3 years from the expiration of the time within which proof of loss is required by this Policy.

TIME LIMITATIONS. If any time limitation provided in this Policy for giving notice of claims, for furnishing proof of loss, or for bringing any action at law or in equity is less than that permitted by the law of the state in which the Employee resides at the time this Policy is issued, then the time limitation provided in this Policy is hereby extended to agree with the minimum permitted by the law of that state.

EXECUTION OF POLICY. This Policy is executed at the Home Office of the Insurance Company, the Post Office Address of which is Wilmington, Delaware.

TERMS AND CONDITIONS. Payment of any benefits under this Policy is subject to the definitions and all other terms and conditions of this Policy pertinent to the benefit.

PHYSICIAN-PATIENT RELATIONSHIP. The Employee will have free choice of any doctor practicing legally. The Insurance Company will in no way disturb the physician-patient relationship.

PREMIUM DUE DATE. The Premium Due Date will be the day of the month which corresponds numerically with the Anniversary Date or the last day of a month in which there is no day which corresponds numerically with the Anniversary Date.

PAYMENT OF PREMIUMS. The initial premium will be due on the Effective Date to cover the period from that date to the first Premium Due Date which is one month or more after the Effective Date. Premiums thereafter will be due on each succeeding Premium Due Date. Premiums are Payable at the home office of the Insurance Company.

PHYSICAL EXAMINATION. The Insurance Company, at its own expense, will have the right and opportunity to examine any individual for whom claim is pending under this Policy when and so often as it may reasonably require and to make an autopsy in case of death where it is not prohibited by law.

TIME OF PAYMENT OF BENEFITS. Upon receipt of due proof, disability income benefits will be paid by the Insurance Company at regular intervals occurring at least as often as once a month, and any balance remaining unpaid at the end of any period for which the Insurance Company is liable will be paid at that time.

PAYMENT OF BENEFITS. All benefits will be payable to the Employee.

WORKERS’ COMPENSATION. This Policy is not to be construed as satisfying any requirement for coverage by workers’ compensation insurance.

INSURANCE DATA. The Policyholder will furnish the Insurance Company with all the data necessary for the calculation of the premium and all other data that may reasonably be required by the Insurance Company. Failure on the part of the Policyholder to furnish the necessary data will neither invalidate any Employee's insurance nor continue any Employee's insurance beyond the date of termination determined in accordance with the section entitled “Termination of Insurance”.

ASSIGNMENT. The insurance and any benefits provided hereunder are not assignable.