



**LIFETIME BENEFIT TERM INSURANCE GROUP POLICY
("The Policy")**

Combined Insurance Company of America (herein called "We", "Our" or "Us") agrees to pay the benefits in accordance with all the terms and conditions of The Policy. The Policy is issued in consideration of the Group Policyholder Application and the payment of premiums when due.

The Policy is effective as of the date shown below. It will remain in effect for 12 consecutive months. After the first 12 months, The Policy will automatically renew from year to year, subject to the Termination Of The Policy provision.

Policyholder: Miami Dade County Public Schools
Policy Number: PSL-LBT
Policy Effective Date: January 1, 2021
State of Issue: Florida
Eligible Classes: Eligible Employees
Eligible Spouses
Eligible Dependents

The Policy is issued in the State of Issue shown above and will be governed by its laws.

The Policy provides:

- An Initial Guaranteed Death Benefit until the later of 25 years after the Coverage Date or age 70, but not beyond age 100. After this initial period, a Reduced Guaranteed Death Benefit of 50% of the Initial Guaranteed Death Benefit is provided until age 121.
- Guaranteed Paid-Up Term Benefits upon termination of premium payments after premiums have been paid for 10 full Coverage Years.
- Non-guaranteed Paid-Up Term Benefits that increase the Guaranteed Paid-Up Term Benefit upon termination of premium payments after premiums have been paid for 10 full Coverage years
- After the Initial Guaranteed Death Benefit Period, non-guaranteed One Year Term Insurance which may increase the Reduced Guaranteed Death Benefit up to the Initial Guaranteed Death Benefit.
- Level Guaranteed Premiums payable to Age 100.
- The Policy is non-participating and provides no cash surrender values or loan values.

The Policy replaces any prior one given to The Policyholder by Us for Lifetime Benefit Term Insurance.

READ THE POLICY CAREFULLY

Right to Examine Policy: We want The Policyholder to be satisfied with the Coverage under The Policy. Policyholder may, within 30 days after The Policy is delivered, return The Policy to our Administrative Office and will receive a full refund of any premiums that have been paid. Once returned, The Policy will be void from its beginning.

COMBINED INSURANCE COMPANY OF AMERICA

Jose Vasquez, President

Rebecca L. Collins, Secretary

Home Office

Combined Insurance Company of America
111 East Wacker Drive, Suite 700
Chicago, IL 60601

Administrative Office

Combined Insurance Company of America
17 Church Street
Keene, NH 03431

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THE POLICY SCHEDULE

Eligibility to Participate in Coverage

In order for the Eligible Employee or his/her Eligible Dependents to participate in the Coverage, the Eligible Employee must meet the following requirements:

- ⇒ Must reside in the U.S.
- ⇒ Must be an Active Employee.

Eligibility Requirements Next Page

Rider State Restrictions

- **Minnesota:** The Extension of Benefits (EOB), Rider is not available in the state of Minnesota.
- **New York:** The Long Term Care (LTC), Extension of Benefits (EOB), and Restoration Rider are not available in the state of New York.
- **New York:** Availability in NY is based on the percentage of employees of the total group residing in NY. If the percentage of employees is acceptable, solicitation is allowed via mail solicitation only. Enrollment mail package must be approved by Combined Insurance of America Compliance. A complete employee census must be provided for any case with NY locations.
- **Virginia:** The Restoration Rider is not available in the state of Virginia.

Scheduled Enrollments:

The Producer is required to notify Marketing Support at Chubb (msmail@gotoservice.chubb.com) of upcoming enrollments including group name, location, number of eligible employees, start date, and stop date, prior to the enrollment taking place, so that Home Office can verify GI/CGI eligibility. This should be submitted in the form of a spreadsheet on a regular basis.

Issue Limits

Guaranteed Issue Eligibility- Defined Benefit

- Employee Coverage: Issue Ages 19 – 64; Maximum amount allowed will be \$15 per week, up to \$150,000
- Child Term Rider Coverage: Issue ages 15 days to 25 years; 25 units
- ▲ Child Certificate Coverage:
Issue ages 15 days to 18 years: \$25,000
Issue ages 19 years to 25 years: Whatever \$3/wk will purchase

Conditional Guaranteed Issue Eligibility- Defined Benefit

- Employee Coverage: Issue Ages 19 – 64; Maximum amount allowed is \$150,000
- ▲ Spouse Coverage: Issue Ages 19 – 64; Maximum amount allowed is \$75,000

Simplified Eligibility - Defined Benefit

- Employee Coverage: Issue Ages 19 – 64 Maximum amount allowed is \$225,000
- ▲ Spouse Coverage: Issue Ages 19 – 64; Maximum amount allowed is \$112,500
- Employee Coverage : Issue Ages 65- 80; Maximum amount allowed is \$50,000

The maximum amount of coverage for any one life is limited to the SI maximum limits above even when multiple products are made available.

EOB: ■ This offer includes the Accelerated Death Benefit for Long Term Care with Extension of Benefits. The maximum amount payable for LBT with Long Term Care and Extension of Benefits is \$450,000.

EOB: Employees with Issue Ages 71 – 80 are eligible for Accelerated Death Benefit for Long Term Care only and are NOT eligible for Extension of Benefits.

▲ Restrictions on Spouse & Dependent Child coverage: FL state law limits the amount of coverage an employee can purchase on a Spouse & Dependent Child.

- Employee must participate in order to apply for Spouse & Dependent Child coverage.
- Spouse or Dependent Child coverage amount can not exceed the amount the employee purchases.
 - Example: if employee purchases \$10,000, the Spouse & Dependent Child is limited to \$10,000.

Spouse or Dependent Child coverage can not exceed published maximum simplified issue limit indicated above, regardless of state rules

All applications/enrollment forms taken in the state of Florida must include the Florida agent license number under 'state license number' at the bottom of page 2 of the enrollment form.

Dependent Child Coverage and Eligibility - Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both:

Dependent Child Optional Benefit Rider:

- Available on a Guarantee Issue basis.
- Exception: when a child rider is added to an existing employee or spouse LBT contract and the child is not newly eligible, the child is added on a Simplified Issue basis – see below*.

Dependent Child Individual LBT Certificate:

- Available on a Guarantee Issue basis only at the Employee's initial eligibility period.
- Employees applying for coverage on a child AFTER their initial eligibility period, may apply for coverage on a Simplified Issue basis – see below*.
- Exception: when an Employee adds a newborn child (new step child or newly adopted child) after their initial eligibility period, they may apply for coverage on a Guarantee Issue basis.

**The Employee must answer all the required health questions on the child proposed for coverage on page one and two of the enrollment form which Chubb's Administrative Office will review to determine if the coverage applied for can be issued.*

Overview of Included Benefit Rider

Accelerated Death Benefit Rider for Terminal Illness: Automatically included at no cost. Allows an accelerated payment of 50% of the death benefit not to exceed \$100,000 if the insured's death is diagnosed to occur within a 12 month period.

Overview of Optional Benefit Riders

(Not all riders are available in all states. See certificate for full explanation and description of terms and benefits.)

Dependent Children Term Rider: Issue ages from 15 days to age 25. One premium covers all eligible children – natural, step, adopted or any under legal guardianship. Coverage lasts to age 26 and may be converted up to 5 times the term amount. Maximum initial term amount is \$25,000.

Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both: Dependent Child Optional Benefit Rider OR Dependent Child Individual LBT Certificate

Waiver of Premium Rider: Available only to employees. Issue ages from 20–55. Waives the base premium and all rider premiums after the 6th month of disability if the insured becomes totally disabled prior to age 60.

Payor Waiver of Premium Rider: Operates on the same basis as the Waiver of Premium, but waives premiums for any individual certificate of coverage on a spouse or child contract if the payor becomes totally disabled.

Qualified Long Term Care (LTC) Rider:

This is a plan sponsor determined benefit rider and, if selected, will be added to all certificates. This rider may be added only to employee or spouse contracts. Issue ages are 19–80 for employees and 19-70 for spouses. The insured must be certified as being chronically ill (unable to perform 2 out of 6 activities of daily living or be cognitively impaired) and be confined to a nursing home or assisted living facility, or be receiving home health care or adult day care. The accelerated LTC benefit is 4% of the current death benefit amount payable each month for up to 25 months. If death occurs prior to the end of the 25 month period, the remaining amount is paid as a death benefit.

Extended Acceleration of Death Benefit for Qualified Long Term Care (EOB)

This Optional Benefit, when added to the Accelerated Death Benefit for Long Term Care, may extend the same monthly long term care benefit for up to an additional 25 (EOB1) months.

Inclusion of the Accelerated Death Benefit for Long Term Care Benefit and Extension of Benefits is determined by the Employer and, if selected, will be inclusive on all Employee certificates.

Maximum amount payable for LBT with Long Term Care and Extension of Benefits is \$450,000.

Restoration of Your Death Benefit:

Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While in force, this rider restores your life coverage to not less than 25% of the death benefit, up to a maximum of \$50,000, on which your LTC benefits were based. This rider assures there will be a death benefit available for your beneficiary up to your insured's age 121.

Eligibility Requirements

Lives Eligible for Guaranteed Issue Eligibility

For all applicants, Guaranteed Issue Eligibility questions must be completed. A Spouse or Fiancé is not eligible for Guaranteed Issue. Refer to Common-Law Spouse and Fiancé guidelines.

Employees may apply for insurance on a Guaranteed Issue Eligibility basis if they meet the following conditions:

Employee:

- Employee must be a U.S. citizen or a Permanent Resident.
- The employee must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the enrollment form date.
- The employee is actively at work for 30 hours or more per week and has completed thirty (30) days of employment as of the enrollment form date (Full-Time Employees); or sixty (60) days of employment as of the enrollment form date (Part-Time Employees).
- Employee issue ages are 19 through 70 (age last birthday as of the Coverage Date).

Lives Eligible for Conditional Guaranteed Issue Eligibility

For all applicants, Conditional Guaranteed Issue Eligibility questions must be completed. A Fiancé is not eligible for Conditional Guaranteed Issue Eligibility. Refer to Common-Law Spouse and Fiancé guidelines.

Employees and their spouses may apply for insurance on a Conditional Guaranteed Issue Eligibility basis if they meet the following conditions:

Employee:

- Employee must be a U.S. citizen or a Permanent Resident.
- The employee must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the enrollment form date.
- The employee is actively at work for 30 hours or more per week and has completed thirty (30) days of employment as of the enrollment form date (Full-Time Employees); or sixty (60) days of employment as of the enrollment form date (Part-Time Employees).
- Employee issue ages are 19 through 70 (age last birthday as of the Coverage Date).
- As of the enrollment form date, the employee has not missed more than 5 consecutive days of active work due to an illness or injury in the past 3 months.
- As of the enrollment form date, the employee has not been treated in a medical facility, hospitalized or disabled in the past 6 months, excluding flu or cold. Hospitalized means in-patient or outpatient, whether or not confined. Treated in a medical facility does NOT include a regular physician's office visit.
- ** The Employee, within the last 10 years, has not been diagnosed as having or been treated by a physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV). ** Question may vary by state.

Lives Eligible for Conditional Guaranteed Issue Eligibility, continued:

Spouse:

- Restrictions on Spouse coverage: FL - see issue limits page.
- Employee and Spouse must be U.S. citizens or Permanent Residents.
- The employee must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the enrollment form date.
- The employee is actively at work for 30 hours or more per week and has completed thirty (30) days of employment as of the enrollment form date (Full-Time Employees); or sixty (60) days of employment as of the enrollment form date (Part-Time Employees).
- Spouse is defined as the person to whom an employee is legally married. A Domestic Partner, Civil Union Partner or a Common Law Spouse is eligible to apply for coverage if the Employer's situs State recognizes these relationships, or for all other states, if considered eligible by the Employer for core/benefit medical benefits. The Employer must provide documentation that Domestic Partner or Civil Union Partner is eligible for core/medical benefits.
- Spouse issue ages are 19 through 70 (age last birthday as of the Coverage Date).
- As of the enrollment form date, the spouse is not currently hospitalized, receiving home health care or receiving or applying to receive disability benefits.
- As of the enrollment form date, the spouse has not been treated in a medical facility, hospitalized or disabled in the past 6 months, excluding flu or cold, Hospitalized means in-patient or outpatient, whether or not confined. Treated in a medical facility does NOT include a regular physician's office visit.
- **The spouse, within the last 10 years, has not been diagnosed as having or been treated by a physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV). ** Question may vary by state.
- As of the enrollment form date, the spouse has not been seen or treated by a licensed physician or other medical practitioner within the past 6 months, excluding flu, cold or routine physical.

Lives Eligible for Simplified Eligibility

For Employees and Spouses, all sections of the enrollment form must be completed for Simplified Eligibility.

Additional information may be requested, depending upon the applicant's medical history. Applicants that are ratable, no greater than Table 4, will be accepted on a standard basis. All others will be declined. Simplified Eligibility underwriting is available as long as the following eligibility conditions are met.

Employee:

- Employee must be a U.S. citizen or a Permanent Resident.
- The employee must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the enrollment form date.
- The employee is actively at work for 30 hours or more per week and has completed thirty (30) days of employment as of the enrollment form date (Full-Time Employees); or sixty (60) days of employment as of the enrollment form date (Part-Time Employees).

Lives Eligible for Simplified Eligibility, Employee, continued:

Employee:

- Employee is age 19 through 80 (age last birthday as of the Coverage Date).
- The employee proposed for coverage must answer the required health questions on the enrollment form which Combined Administrative Office will review to determine if the coverage applied for can be issued.

Spouse:

- Restrictions on Spouse coverage: FL - see issue limits page.
- Employee and Spouse must be U.S. citizens or Permanent Residents.
- The employee must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the enrollment form date.
- The employee is actively at work for 30 hours or more per week and has completed othirty (30) days of employment as of the enrollment form date (Full-Time Employees); or sixty (60) days of employment as of the enrollment form date (Part-Time Employees).
- Spouse is age 19 through 70 (age last birthday as of the Coverage Date).
- Spouse is defined as the person to whom an employee is legally married. A Domestic Partner, Civil Union Partner or a Common Law Spouse is eligible to apply for coverage if the Employer's situs State recognizes these relationships, or for all other states, if considered eligible by the Employer for core/benefit medical benefits. The Employer must provide documentation that Domestic Partner or Civil Union Partner is eligible for core/medical benefits.
- The spouse proposed for coverage must answer the required health questions on the enrollment form which Combined Administrative Office will review to determine if the coverage applied for can be issued.

THE POLICY SCHEDULE continued

Policy and Riders

The Policy provides for Group Lifetime Benefit Term Insurance and Riders:

1. Accelerated Death Benefit for Terminal Illness
2. Accelerated Death Benefit for Long Term Care
3. Waiver of Premium
4. Payor Waiver of Premium
5. Extension of Benefits
6. Restoration Rider
7. Dependent Child

The Policy provides Certificateholders with a choice of Riders:

1. Dependent Child
2. Accelerated Death Benefit for Long Term Care
3. Waiver of Premium
4. Payor Waiver of Premium
5. Extension of Benefits
6. Restoration Rider
7. Dependent Child

Any or all of the Riders may be declined by The Certificateholder.

Minimum Participation Requirement: 10 Eligible Employees



**Combined Insurance Company of America
("The Company")**

Group Policyholder Application

Home Office: 111 East Wacker Drive, Suite 700, Chicago, IL 60601
Administrative Office: 17 Church St., Keene, NH 03431

Name of Entity/Policyholder: Miami Dade County Public Schools	Policy Number:
Address (No., Street, City, State & ZIP Code): 1501 N.E 2nd Ave, Miami FL 33132	Policy Effective Date: January 1, 2021
Contact Name, Phone # and Fax #: Rosa Novo, 305-995-7141	

The Entity/Policyholder requests to participate in the Lifetime Benefit Term Group Policy offered by The Company and authorizes The Company, its authorized agents or enrollers, to offer Eligible Classes the opportunity to purchase The Company's products. The Entity/Policyholder must:

- Allow agents or enrollers to conduct an annual enrollment of all Eligible Classes, as shown in the Policy Schedule. Eligible Classes are:
 - Eligible Employees, who must be actively at work, as determined by The Company's underwriting rules, on the date the enrollment form is signed.
 - their Eligible Spouses; and
 - their Eligible Dependents.
- Provide The Company with employment census data in order that The Company may, under its rules, determine proper enrollment eligibility.
- For On-Site Enrollments, provide The Company's authorized agents or enrollers direct access to its Eligible Classes to solicit enrollment forms through means mutually agreed upon by both the Policyholder and The Company. The Company reserves the right to withdraw from the enrollment and withdraw any applications already solicited should these conditions not be satisfied.
- Honor all Deduction Authorization forms signed by its employees, if any, for payment of the premium to The Company when due. Bills will normally be sent once each month for any premiums due and the Policyholder shall forward all deductions to the Insurer within 15 days of the receipt of the monthly billing. The Policyholder shall maintain records of all premiums withheld on behalf of its employees. The Policyholder will communicate any deduction or billing changes to The Company. These records shall always remain open to inspection and audit by The Company during normal business hours and for one year after The Policy has been terminated. In the event of any misappropriation by the Policyholder, its employees or agents, of funds owed to The Company, the Policyholder shall reimburse The Company for The Company's entire loss including attorney fees and expenses incurred in collection.
- Indicate selection of Policy and Riders that may be made available to Eligible Classes, subject to state and/or underwriting approvals:

	Accept	Decline	
Group Lifetime Benefit Term Insurance Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Death Benefit Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver of Premium Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Payor Waiver of Premium Rider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Child Rider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level Term Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accelerated Death Benefit for Terminal Illness Rider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Insurance Option Benefit Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accelerated Death Benefit for Qualified Long Term Care Insurance Rider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Acceleration for Death Benefit for Qualified Long Term Care Insurance Rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rider <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 Restoration <input type="checkbox"/> Rider <input checked="" type="checkbox"/> 25% <input type="checkbox"/> 50%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Election of Nonforfeiture Option to be provided to Eligible Classes:
 Paid Up Benefit None

The insurance being applied for will be effective as of the effective date, provided the person(s) to be insured is (are) found acceptable for Coverage as applied for.

Will the Policyholder pay for any of the premium for the coverage elected?
 Yes No Will the Policyholder pay for the entire premium for the coverage elected? Yes No

Enrollment Period: from October 19, 2020 to 12/08/2020.

Any person who knowingly and with the intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Officer/Representative: To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any

Proposed Insured? (If Yes, complete appropriate State replacement forms) Yes No

Agent: To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any Proposed Insured? (If Yes, complete appropriate State replacement forms) Yes No

Executed on this 15 day of October, 2020.

Rosa Novo, Administrative Director
Print Name and Title of Officer/Representative

DocuSigned by:
Rosa Novo
Signature of Officer/Representative

Patricia Clark
Print Name of Licensed Resident Agent

DocuSigned by:
Patty Clark
Signature of Licensed Agent, if required by State

W309163
License Identification Number (as Required)

Please complete, sign, date and return this document to The Company at the Administrative Office above. Keep a photocopy for your records.

DEFINITIONS

Active Employee means an employee who is:

1. actively at work for thirty (30) hours or more per week; and
2. performing the regular duties of their job in the usual manner and at the usual place of employment at the time of enrollment; and
3. has completed sixty (60) days of employment as of the enrollment date (Part-Time Employees); or has completed thirty (30) days of employment as of the enrollment date (Full-Time Employees);

Age is equal to the Issue Age of the Insured on the Date of Issue. The Age increases by one year on each Coverage anniversary date.

Beneficiary is the person, persons or entity designated by the Certificateholder to receive the Death Benefit provided under The Policy.

Certificate or Certificate of Coverage means a document that describes the terms of the insurance that is made available under The Policy to Eligible Classes.

Certificateholder refers to the person who is allowed to exercise the rights given by the group policy. The Certificateholder may be someone other than the Insured. The Certificateholder is shown in the Certificate Schedule.

Certificate Year is the period from the Date of Issue to the first Date of Issue anniversary or from one Date of Issue anniversary to the next. A Certificate Year does not include the Date of Issue anniversary at the end of the Certificate Year.

Coverage means the insurance provided to the Insured under The Policy.

Coverage Date is the date on which an Insured's Coverage under The Policy begins. The Coverage Date is shown in the Certificate Schedule.

Date of Issue of a Certificate is used to determine the suicide and Contestability periods. Date of Issue is also the date from which anniversaries, years, months and premium due dates are determined. The Date of Issue is shown in the Certificate Schedule.

Death Benefit is the amount payable to the Beneficiary. The Death Benefit calculations are explained in the Death Benefit provision.

Deferred Paid-Up Term Death Benefit is paid-up term insurance purchased with Non-Guaranteed Credits that are payable upon termination of premium payments after premium payments have been paid through the Vesting Period.

Eligible Classes means the class(es) of people eligible to apply for Coverage under The Policy. Eligible Classes are shown on Page 1 of the Policy Schedule.

Eligible Employee means a person who is an Active Employee of The Policyholder.

Eligible Dependent means a person who is:

1. The Insured's Spouse;
2. The Insured's newborn child;
3. The Insured's unmarried natural child, legally adopted child, child in the waiting period prior to finalization of adoption by the Insured, or stepchild under age 26; or
4. The Insured's unmarried grandchild under age 26.

Evidence of Insurability is statement of history that, when applicable, We may use to determine if a person is approved for Coverage.

Expiry Date is the date when Coverage and benefits expire without value. The Expiry Date is shown in the Certificate Schedule.

Face Amount is the amount of insurance on which premium calculations are made. The Face Amount is shown in the Certificate Schedule.

Initial Guaranteed Death Benefit means the Guaranteed Death Benefit provided during the Initial Guaranteed Death Benefit Period. It is shown on the Certificate Schedule.

Initial Guaranteed Death Benefit Period is the initial period where a level guaranteed death benefit equal to the Face Amount is provided so long as premiums are paid when due. The Initial Guaranteed Death Benefit Period for the Insured is shown in the Certificate Schedule.

Insured is the person whose life is insured under The Policy. The Insured is shown in the Certificate Schedule.

Irrevocable Beneficiary is a Beneficiary whose consent is needed to change that Beneficiary. Also, an Irrevocable Beneficiary must consent to the exercise of certain rights under The Policy. See Certificateholder's Rights for exceptions. Any Beneficiary may be named an Irrevocable Beneficiary.

Issue Age means the Insured's age last birthday on the Date of Issue. The Insured's Issue Age is shown on the Certificate Schedule.

Lapse means the Coverage has terminated or been placed on paid-up term insurance because a premium was not paid when due.

Non-guaranteed Credits may be credited on each Certificate Anniversary based upon current interest and mortality rates, declared in advance by Us that are more favorable than the guaranteed rates. Credits are used to purchase additional Deferred Paid-Up Term Insurance.

The Policy means the group contract whose provisions govern the insurance being provided to Eligible Classes.

Policyholder is the entity through which We make this insurance available to Eligible Classes. The Policyholder is shown on page 1.

Reduced Guaranteed Death Benefit means the Guaranteed Death Benefit provided after the Initial Guaranteed Death Benefit Period. It is shown on the Certificate Schedule.

Rider means an additional benefit that is made available under The Policy. All Riders elected by The Policyholder are attached to The Policy. No Coverage is available under a Rider unless also attached as a Rider to the Certificate.

Spouse means the person to whom the Eligible Employee is legally married or the Eligible Employee's Domestic Partner or Civil Union Partner, as defined in the individual Certificates. He/she does not qualify as a Spouse, if he/she is individually eligible as an Eligible Employee under The Policy.

Vesting Period is the number of years that premiums must be paid before paid-up term insurance becomes available in the event of discontinuation of premium payments. The Vesting Period is shown in the Certificate Schedule.

We, Our, or Us refers to Combined Insurance Company of America.

PREMIUMS

Payment of Premiums

Policyholder must remit to Us the sum of all premiums collected and due for each Insured covered under The Policy. Premiums are payable in advance to our Administrative Office. The first premium is due on the Date of Issue shown on the Certificate Schedule. Each subsequent premium is due when the period covered by the preceding premium ends.

Grace Period

Policyholder has a grace period of 31 days from each premium due date, except the first, in which to pay the premium then due. Coverage will continue during the Grace Period. Policyholder is liable for the premium due during the Grace Period.

Reinstatement

Coverage under The Policy may be reinstated while the Insured is alive. Reinstatement may be requested at any time within five years after the date the Policy Lapsed. Reinstatement will be subject to Our acceptance of a Certificateholder's application for reinstatement. Coverage will not be reinstated on or after the Expiry Date of the Policy.

If the premium due is paid within 60 days of the due date (within 29 days after the end of the Grace Period) and during the Insured's lifetime, the Coverage will be reinstated without Evidence Of Insurability.

If the premium due is not paid within 60 days of the due date (within 29 days after the end of the Grace Period) Reinstatement will be subject to Evidence Of Insurability satisfactory to Us. All overdue premiums must be paid with interest compounded annually at 6% from their due dates to the date of reinstatement.

THE DEATH BENEFIT

Death Benefits available to an Insured are determined in accordance with the Death Benefit provision of The Policy. The Guaranteed Death Benefit, Deferred Paid-Up Term Death Benefits and One Year Term Insurance for a given Insured vary according to Issue Age, Mortality Table, Rate Class, Premium and Non-Guaranteed Credits described in The Policy. Given the variability of these factors, the Guaranteed Death Benefit, Deferred Paid-Up Term Death Benefits and One Year Term Insurance for a given Insured are only illustrated in the Certificate Schedule and Illustration issued to the Certificateholder. The following provisions govern the calculation of the Death Benefit:

Guaranteed Death Benefit

While premiums are being paid, the Policy provides for an initial level Guaranteed Death Benefit during the Initial Guaranteed Death Benefit Period. After the Initial Guaranteed Death Benefit Period, the Guaranteed Death Benefit equals the Reduced Guaranteed Death Benefit. The guaranteed death benefits and death benefit periods are shown on the Certificate Schedule.

The Guaranteed Death Benefit is equal to the sum of the Guaranteed Paid-Up Term Death Benefit and the Decreasing Term Death Benefit. The Guaranteed Death Benefit Coverage terminates without value at the Expiry Date shown in the Certificate Schedule.

Guaranteed Paid-Up Term Death Benefit

The Guaranteed Paid-Up Term Death Benefit is equal to the accumulated amount of paid-up term insurance purchased by a level portion of the Coverage annual premium. This premium is shown on the Certificate Schedule. During the Vesting Period, the premium loads shown in the Certificate Schedule reduce this level portion of the premium. The table of Guaranteed Paid-Up Term Death Benefits is shown in the Certificate Schedule.

If the Coverage lapses because of unpaid premiums due during the Vesting Period, the Coverage will terminate with no value. If the Coverage lapses because of unpaid premiums due after the Vesting Period accumulated paid-up term insurance Coverage will remain in force until the Expiry Date.

Decreasing Term Death Benefit

The Decreasing Term Death Benefit is equal to the Guaranteed Death Benefit minus the Guaranteed Paid-Up Term Death Benefit. The Decreasing Term Death Benefit terminates when premiums are no longer being paid.

Deferred Paid-Up Term Death Benefit

We may purchase a non-guaranteed Deferred Paid-Up Term Death Benefit on each Date of Issue Anniversary while the Coverage is premium paying. A Deferred Paid-Up Term Death Benefit will not provide an increase in the death benefit while the Coverage is premium paying except as noted in the One Year Term Death Benefit provision. It will increase the paid-up death benefit available upon termination of premium payments, provided that premium payments are paid through the Vesting Period shown in the Certificate Schedule. The company will declare Non-guaranteed Credits in advance of each Certificate Year that will be used to purchase the Deferred Paid-Up Term Death Benefit.

Non-guaranteed Credits

Credits are based upon interest and mortality more favorable than that guaranteed by The Policy. The total credit on each anniversary is equal to the sum of the Mortality, Survivor and the Excess Interest Credits. These Credits may not be less than zero.

The Mortality Credit is equal to i times ii times iii divided by iv:

- i. The Guaranteed Death Benefit.
- ii. The guaranteed mortality rate minus the current mortality rate.
- iii. One plus the current interest rate raised to the one half power.
- iv. One minus the current mortality rate.

The Survivor Credit is equal to i times ii times iii divided by iv:

- i. The Deferred Paid-Up Term Death Benefit on the prior anniversary.
- ii. The current mortality rate.
- iii. One plus the current interest rate raised to the one half power.
- iv. One minus the current mortality rate.

The Excess Interest Credit is equal to i times ii times iii:

- i. The sum of the Guaranteed and non-guaranteed Deferred Paid-Up Term Death Benefit on the prior anniversary.
- ii. The current interest rate minus the guaranteed interest rate.
- iii. The net single premium rate for Paid-Up term insurance.

The Guaranteed Death Benefit, current mortality rate, net single premium rate and interest rate for calculating the above Credits are determined as of the prior anniversary and are based upon rates declared in advance of the Coverage Year. Current rates are based upon Our future expectations of mortality and interest and are not calculated to recover past losses or distribute past profits. If We change current rates on in force Coverage under The Policy, the changes will be made uniformly for all insureds for a given age, Mortality Table and Rate Class as shown in the Certificate Schedule. If we change the current rates under The Policy, We will send the Certificateholder a Notice on the Coverage Anniversary Date on or following the date of the change in rates.

The additional Deferred Paid-Up Term Death Benefit as of the current anniversary is equal to the amount of Deferred Paid-Up Term Death Benefit on the prior anniversary plus the sum of the total Credits divided by the net single premium rate for paid-up term insurance on the current anniversary.

Once earned, the Deferred Paid-Up Term Death Benefit is guaranteed and will not decrease except in years where it is used to purchase One Year Term insurance.

One Year Term Insurance

After the Initial Guaranteed Death Benefit Period, a portion of the value of the non-guaranteed Deferred Paid-Up Term Death Benefit will be used on each anniversary to purchase One Year Term Insurance equal to the reduction in the Guaranteed Death Benefit. If there is not enough value to purchase One Year Term Insurance equal to the reduction in the Guaranteed Death Benefit then as much One Year Term Insurance as the value will allow will be purchased.

The One Year Term Insurance premium is equal to i divided by ii:

- i. Current mortality rate
- ii. One plus the current interest rate raised to the one half power,

Where the current mortality rate and interest rate is determined as of the current anniversary.

The amount of Deferred Paid-Up Term Death Benefit will be reduced by the amount needed to pay the One Year Term Insurance Premium based upon the net single premium rate for paid-up term insurance.

Early Fully Paid-Up Coverage

If the sum of the Guaranteed and Deferred Paid-Up Term Death Benefit is greater than or equal to the Initial Guaranteed Death Benefit prior to age 100, the Coverage will become paid-up for an amount equal to the sum. No further premium payments will be due.

Death Benefit Calculations

In any Certificate Year, while premiums continue to be paid, the amount payable upon death of the Insured will be:

- a. Guaranteed Death Benefit in effect, in that year; plus
- b. After the Initial Guaranteed Death Benefit Period, One Year Term Insurance, if any; plus
- c. the premium paid beyond the date of death; plus
- d. interest, not less than required by law, from the date proof of death is received by Us to the date the claim is paid; minus

- e. any unpaid premium due and unpaid at the date of death.

In any Certificate Year after premiums have been paid thru the Vesting Period and the Coverage has Lapsed due to nonpayment of premiums, the amount payable upon death of the Insured will be:

- a. the Guaranteed Paid Up Term Death Benefit; plus
- b. the Deferred Paid Up Term Benefit, if any; plus
- c. interest, not less than required by law, from the date proof of death is received by Us to the date the claim is paid.

No Death Benefit is payable in the event that death occurs after Coverage has Lapsed, and the Lapse occurred prior to the end of the Vesting Period.

Payment of Proceeds – Settlement of the death benefit shall be made by payment in one sum.

The proceeds are subject to any adjustments provided in the Misstatement of Age, Contestability and Suicide provisions.

Death of Beneficiary

If any Beneficiary predeceases the Insured, the portion of the proceeds that would have gone to that Beneficiary shall be paid to the Insured's Estate.

Multiple Beneficiaries

If there is more than one Beneficiary, proceeds shall be divided equally among the Beneficiaries unless the Beneficiary designation specifies the amount to be paid to each Beneficiary.

Facility of Payment

We may pay all or part of the death benefit to any person who paid any expense in connection with the Insured's last illness or death. That person must give us a copy of the receipt describing the expense and the amount paid for such expense. Reimbursement will not exceed \$1,000. The death benefit will be reduced by any payment made under this provision.

COVERAGE VALUES

Basis of Values

All paid-up term insurance amounts, present values and net single premiums for The Policy are based on the Mortality Table and interest rate shown on the Certificate Schedule. Calculations take into account that premiums are paid annually and that death benefits are payable uniformly throughout the Certificate Year. Any additional benefits provided by Riders shall be excluded from these calculations.

Certificate Schedule of Guaranteed Values

The Certificate Schedule of Guaranteed Values shows the guaranteed values at the beginning of the Certificate Year on the assumption that premiums have been fully paid in cash for the completed years stated.

If premiums for this Coverage are paid other than annually, adjustments will be made in calculating guaranteed Paid-Up term insurance values for that portion of the Certificate Year for which premiums were actually paid.

Guaranteed paid-up term insurance values for the end of any Certificate Year not shown in the table will be furnished upon written request to Our Administrative Office.

POLICYHOLDER PROVISIONS

Group Policyholder Application

Policyholder must submit to us an executed Group Policyholder Application electing to participate in the Group Lifetime Benefit Term Insurance Policy.

Duties

Policyholder's duties include, but are not limited to, the following:

1. Providing Us any and all information We determine is necessary for the enrollment of Eligible Classes and for the determination of their eligibility. Policyholder must provide us with all information necessary to underwrite the Coverage, to calculate premiums and to maintain necessary administrative records.
2. Maintaining records pertaining to the insurance of Eligible Classes, which We may reasonably require information on while The Policy is in force and for 2 years after The Policy terminates. Policyholder must also

allow us to examine these records at any reasonable time during normal business hours.

3. Cooperating fully with Us in preparing and/or delivering any required notices regarding this insurance to Eligible Classes.

Inspection of The Policy

Policyholder must make The Policy available for inspection by Eligible Employees at all reasonable times during normal business hours.

POLICY CHANGES, TERMINATIONS AND PORTABILITY PRIVILEGES

Change in The Policy

No change in The Policy will be made unless Our officer approves it in writing. Any approved change will be added to The Policy in writing.

The Policy will automatically comply with any State or Federal law as of the mandated effective date of the law, even if We have not notified The Policyholder of the change or The Policy has not been amended.

Effective Date of Changes

Unless We and The Policyholder agree otherwise in writing, the effective date of any change in benefits will be the first day of the Coverage month that next follows the date We send notice to the Certificateholder of the change in benefits and corresponding change in premiums.

Termination of The Policy

The Policy, together with all Riders, will terminate at the earliest of the following events:

1. If any premium payable by The Policyholder is not paid within the Grace Period. The Policy will terminate the day after the 31 day Grace Period.
2. If The Policyholder submits a 60 day advance notice to Us to terminate The Policy, The Policy, together with all Riders, will terminate on the date specified in such request.
3. If We give The Policyholder a 60 day advance written notice that We intend to terminate The Policy, The Policy will terminate on the day specified in such notice.
4. If The Policyholder fails to comply with any of the terms of The Policy, or fails to fulfill any obligations under or pertaining to this insurance, or fails to comply with or cooperate with Us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, The Policy, together with all Riders, will terminate on the 32nd day after We have given The Policyholder notice of Our intent to terminate.
5. If the number of Eligible Employees who become insured under The Policy during any 12 month period does not meet the Minimum Participation Requirement shown in The Policy Schedule, The Policy, together with all Rider(s), will terminate on the 32nd day after We have given The Policyholder written notice of Our intent to terminate.

Termination of Coverage Under The Policy

The Insured's coverage will terminate at the earliest of:

1. The end of the period for which premium is paid, subject to the Grace Period;
2. The premium due date following the date We receive the Certificateholder's written request to have the insurance terminated;
3. The date of the Insured's death; or
4. The date The Policy is cancelled, subject to the Portability Privilege.

Dependent coverage will terminate at the earliest of:

1. The end of the period for which premium is paid, subject to the Grace Period;
2. The monthly anniversary of the Date of Issue following the date a Dependent ceases to be a Dependent as defined;
3. The date the Insured's Coverage terminates, except as provided in a Dependent Conversion Provision;
4. The date of the Dependent's death; or
5. The monthly anniversary of the Date of Issue following the date we receive the Certificateholder's written request to terminate Dependent Coverage.

Continuation of Coverage During Disability

The Insured may continue coverage during the insured's total disability by timely payment to the Policyholder of that portion, if any, of the premium that would have been required had total disability not occurred. The continuation shall be for a period of up to 6 months from the date on which the total disability started. After this period, the Coverage can be continued under the Portability or Conversion provision.

Portability Privilege or Conversion

If the Insured loses eligibility for the Coverage provided under The Policy for any reason other than non-payment of premiums, the Insured may either continue coverage under the Portability Privilege, or convert the amount of insurance that ceased under The Policy to an individual life insurance policy.

Portability will not be available for a Covered Person unless:

- 1) The Insured's Lifetime Benefit Term Insurance under the Policy terminated because the Policy was cancelled or the Insured is no longer eligible for payroll deduction; and
- 2) We receive a written request and payment of the first premium for the portability Coverage no later than 60 days after such termination; and
- 3) The request is made on a form we furnish or approve for that purpose.

In the alternative, the Insured has the right to continue the amount of insurance lost due to termination of Coverage under The Policy to an individual life insurance policy. The individual policy will be available without presenting evidence of insurability in an amount up to and including the amount of coverage that ceased. You may select from individual life policy that is then available for sale by the Company. The premiums charged will be those applicable to the risk class, then-current age on an age-last basis, and gender of the Insured for the selected policy. This right to convert to an individual policy may only be exercised within 31 days of the termination of coverage under The Policy. Notice of conversion will be provided at least 15 days prior to the end of this period. If notice is not provided within 15 days, the Certificateholder will have an additional 15 days to exercise this right. Any paid-up additions or other fully-paid coverage under The Policy will continue in force and may not be converted to the individual policy.

Should the Insured die during the period within the 31 day conversion period, and before the individual policy would become effective, the amount of insurance which the person would have been entitled to have been issued under the individual policy shall be payable as a claim under the group policy, whether or not application for the individual policy or payment of the first premium has been made.

These options are mutually exclusive. You may not elect both Portability and Conversion.

POLICY PROVISIONS

Entire Policy

The Entire Policy between the parties consists of:

1. The Policy;
2. The Certificates of the Insured;
3. Any Riders or endorsements;
4. Any Policy Schedules;
5. The Policyholder's Application; and
6. Enrollment data and any individual enrollment form for each Insured.

The Policyholder is an agent of the Insured. For all purposes related to the insurance issued under The Policy, Policyholder acts as an agent of the Insured. Policyholder does not, therefore, act as our agent for any purposes related to insurance provided under The Policy.

Statements Are Not Warranties

Any statement made by The Policyholder will be deemed to be a representation and not a warranty. No statement will be used in any contest unless a copy of the statement has been furnished to Policyholder.

Contestability

Except for failure to pay premiums, We will not contest the validity of Coverage under The Policy after two years from The Policy Effective Date.

Except for failure to pay premiums, We will not contest the validity of Coverage under any Certificate after two years:

- a. from the Date of Issue; or

- b. from the effective date of the last reinstatement, if any.

Clerical Errors

Any clerical error on:

- a. Our part;
- b. The Policyholder's part;
- c. Insured's part; or
- d. Certificateholder's part;

will not void The Policy or an Insured's Coverage validly in force, nor will it continue The Policy or an Insured's Coverage otherwise validly terminated.

Money Payable

All monies payable by or to Us will be paid in the lawful currency of the United States of America.

Time Periods

For all periods used in The Policy, the effective time will be 12:01 a.m. at Policyholder's address.

For all periods that affect the Insured's Coverage, the effective time will be 12:01 a.m. at the Insured's address.

CERTIFICATE PROVISIONS MADE PART OF THE POLICY

The remainder of The Policy consists of the provisions that will appear in the Certificate. This will include Riders, Endorsements or Amendments that may be added to the Certificate. The Certificate describes the insurance that is being made available under The Policy to Eligible Classes.