

Voluntary Term Life and AD&D Insurance

Employee Benefit Booklet



REGENTS OF NEW MEXICO STATE UNIVERSITY

GFZ02001-0001

CLASS I

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.

06/22/2017

Dearborn National[®] Life Insurance Company

(A stock life insurance company, herein called the "We" "Us" or "Our")

Administrative Office:
1020 31st Street
Downers Grove IL 60515-5591

CERTIFICATE

We agree to pay benefits subject to the provisions, definitions, limitations, and conditions of the master policy. The master policy (herein called the Policy) is a contract issued by Dearborn National Life Insurance Company to your Employer (herein called the Policyholder). The Policy may be changed at any time by a written agreement between Dearborn National Life Insurance Company and the Policyholder.

This is your certificate of coverage as long as you are eligible for insurance. It is not a contract or a part of one. Your benefits are described in plain English, but a few terms and provisions are written as required by insurance law.

PLEASE READ CAREFULLY

If you have any questions, please contact the Benefits Administrator at your place of employment or write to us. We will assist you in any way we can to help you understand your benefits.



President



Secretary

<p>Voluntary Group Term Life Insurance Certificate With Accidental Death & Dismemberment and Dependent Life Insurance with Dependent Accidental Death & Dismemberment Benefits Non-Participating</p>

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SCHEDULE OF BENEFITS

Effective Date: July 1, 2016 (Reissued)

POLICYHOLDER: Regents of New Mexico State University

POLICY NUMBER: GFZ02001

CLASS OF INSURED

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DEFINITION

All active regular Employees and all active non-regular term appointment Employees working at least 30 hours per week for the Policyholder, who have elected coverage and are working in the United States of America for the Policyholder

Amount of Insurance – The amount of insurance for an Employee will be determined in accordance with the following schedule and by the election of coverage(s) by the Employee.

Eligibility Waiting Period First pay period following 30 days from date of hire
Policyholder Contribution Voluntary Life & AD&D 0%
 Voluntary Dependent Life 0%

Employee Group Voluntary Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Benefit Description	Voluntary Term Life Insurance Amount	Voluntary AD&D Insurance Amount
Benefit Amount	Incremental selection from a minimum of \$20,000 to a maximum of \$600,000, in increments of \$10,000	Choice of \$200,000, \$250,000 or an incremental selection from a minimum of \$20,000 to a maximum of \$150,000 in increments of \$10,000. Choice of Individual or Family Plan Family Plan: Spouse Only: 70% of employee's principal sum Spouse and Child(ren): Spouse - 60% of employee's principal sum. Child(ren) - lesser of \$25,000 or 15% of the employee's principal sum. Child(ren) Only: \$25,000 or 20% of the employee's principal sum
Guarantee Issue Benefit Limit	\$200,000	Not Applicable
Age Reductions	None.	None.

Dependent Spouse and Child(ren) Voluntary Term Life Insurance

Benefit Description	Dependent Spouse Voluntary Life Insurance Amount (includes Qualified Domestic Partner)	Dependent Child(ren) Voluntary Life Insurance Amount
Benefit Amount	Incremental selection from a minimum of \$10,000 to a maximum of \$100,000, in increments of \$10,000. Benefit cannot exceed 100% of the employee's voluntary life benefit amount.	Choice of Option 1 or 2 Option 1: \$5,000 for children age 6 months to 26 years. Benefit is \$1,000 for child(ren) age live birth to 6 months. Option 2: \$10,000 for children age 6 months to 26 years. Benefit is \$2,000 for child(ren) age live birth to 6 months.
Guarantee Issue Benefit Limit	\$50,000	\$10,000
Age Reductions	None.	None.

Guarantee Issue limits are available for new employees who have met the eligibility requirements. Employees must enroll within 31 days of their eligibility date to qualify for any established Guarantee Issue.

DEFINITIONS

This section tells You the meaning of special words and phrases used in this Certificate. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

Accident or **Accidental** means a sudden, unexpected event that was not reasonably foreseeable.

Actively at Work or **Active Work** means that You are:

1. performing the normal duties of Your occupation; and
2. working the minimum hours set forth in the Application on a regularly scheduled basis.

If school is not in session, *Actively at Work* means You would be working for the *Policyholder* for earnings that are paid regularly and You would be able to perform the *Material and Substantial Duties of Your Regular Occupation*.

Application means the document which sets forth the eligible classes, the amounts of insurance, and other relevant information pertaining to the plan of insurance for which the Policyholder applied.

Change in Family Status means changes in the status of Your family, including but not limited to:

1. You get married or execute a Domestic Partner affidavit;
2. You have a Dependent Child, adopts or become the legal guardian of a Dependent child;
3. Your Spouse dies or You become divorced or terminate Your Domestic Partnership;
4. Your Dependent Child becomes emancipated or dies; or
5. Your Spouse or Dependent Child experiences a gain or loss of group insurance.

Dependent or Eligible Dependent means:

1. Your lawful Spouse or Qualified Domestic Partner; and/or
2. Your child(ren) who are under age 26, and who are not in active military service.

Child includes:

1. Your natural or step child or a natural child of Your Qualified Domestic Partner.
2. a child placed with You or Your Qualified Domestic Partner for adoption from the date of placement or the date You or Your Qualified Domestic Partner are party in a suit in which You or Your Qualified Domestic Partner seek the adoption of the child. Eligibility will continue unless the child is removed from placement.
3. a child for whom You have been appointed legal guardian by a court of law.
4. a child in Your legal custody.
5. a child for whom You have a qualified medical child support order.

Employee means an Actively at Work employee whose principal employment is with the Employer, at the Employer's usual place of business or such place(s) that the Employer's normal course of business may require, who is Actively at Work for the minimum hours per week as stated in the Application and is reported on the Employer's records for Social Security and withholding tax purposes.

Evidence of Insurability means a statement or proof of Your or Your Dependent's medical history upon which We will determine acceptance for insurance.

Hospital Confined means that, upon the recommendation of a Doctor, You or Your Dependent is registered as an inpatient in a hospital, nursing home or other medical facility which provides skilled medical care. You or Your

Dependent are not Hospital Confined if You or Your Dependent is receiving emergency treatment or if You or Your Dependent is hospitalized solely because of non-surgical medical or diagnostic test.

Injury means bodily injury resulting directly from an Accident and independently of all other causes.

Insured means an Employee covered under the Policy.

Male Pronoun whenever used includes the female.

Medical Provider means a person who is legally qualified as a medical practitioner and required to be recognized under this Certificate for insurance purposes according to the insurance statutes/regulations of the governing jurisdiction. Medical Provider shall include the following practitioners:

- Medical Doctor, M.D.
- Osteopath, D.O.
- Doctor of Dentistry, D.D.S., D.M.D.
- Chiropractor
- Podiatrist, D.P.M.
- Optometrist
- Clinical Psychologist, Ph.D.

No Longer Hospital Confined means the Eligible Dependent has been discharged from a hospital, nursing home or other medical facility which provides skilled medical care. This provision does not apply to a Dependent child born while You are insured under the Policy or covered under the Prior Policy.

Policy means this contract between the Policyholder and Us including the attached Application, which provides group insurance benefits.

Policyholder means Regents of New Mexico State University.

Principal Sum means the amount of Voluntary Accidental Death & Dismemberment insurance selected by You on Your enrollment form.

Prior Policy means the group term life insurance policy issued to the Policyholder whose coverage terminated immediately prior to the Policy Effective Date.

Proof under the Accelerated Death Benefit means evidence satisfactory to Us that You or Your Dependent Spouse are Terminally Ill. We reserve the right to determine, at our sole discretion, if Proof is acceptable.

Qualified Domestic Partner means an adult of the same or opposite gender who has an emotional, physical and financial relationship to You, similar to that of a Spouse, as evidenced by the following:

1. You and Your Domestic Partner are jointly responsible for the common welfare of each other and share financial obligations;
2. You and Your Domestic Partner have been in a mutually exclusive relationship for the last 12 months and intend to continue an exclusive relationship indefinitely;
3. You and Your Domestic Partner each are at least 18 years of age;
4. You and Your Domestic Partner are both mentally competent to enter into a binder contract;
5. neither You nor Your Domestic Partner are married to or legally separated from anyone else;
6. You and Your Domestic Partner are not related to one another by blood closer than would bar marriage; and
7. neither You nor Your Domestic Partner is a Domestic Partner of anyone else.

Where the laws of the governing jurisdiction mandate a definition of Qualified Domestic Partner other than shown above, that definition will be used in the Policy.

Renewal Date or Renewal means July 1 of each year.

Sickness means illness, disease, pregnancy or complications of pregnancy.

Spouse means lawful spouse in the jurisdiction in which You reside. Spouse will include Your Qualified Domestic Partner.

Terminally Ill under the Accelerated Death Benefit means You or Your Dependent Spouse have a life expectancy of 12 months or less, due to a medical condition.

Total Disability or **Totally Disabled** means that, as a result of Injury or Sickness, You are unable to engage in any occupation for which you are or become reasonably qualified by education, training or experience.

Voluntary means coverage for which You pay 100% of the premium

Waiting Period means the number of days You must be Actively at Work before You are eligible to enroll in the Voluntary Benefit program. The waiting period is set forth on the Schedule of Benefits.

We, Our and **Us** means Dearborn National Life Insurance Company, Chicago, Illinois.

You or **Your** means the Employee to whom this Certificate has been delivered.

ELIGIBILITY AND EFFECTIVE DATE PROVISIONS

Eligibility

All Employees who belong to an eligible class and work at least the minimum hours as defined in the Application are eligible for group insurance. An Employee must be **Actively at Work** for his insurance coverage to become effective. The eligibility Waiting Period is shown on the Schedule of Benefits.

Employee Effective Date of Coverage (Voluntary Benefits)

You may apply for Voluntary insurance coverage at any time. Your coverage for amounts up to the Guarantee Issue Benefit Limit will become effective on the latest of the following dates, provided You are Actively at Work on that date:

1. If You sign the enrollment form and provide it to the Policyholder within 31 days from Your date of hire, Your coverage will become effective on the first pay period following 30 days of employment.
2. If the enrollment form is signed and provided to the Policyholder following this 31-day period, You are considered a late applicant and must furnish evidence of insurability satisfactory to Us before coverage can become effective, unless You qualify because of a Change in Family Status.
 - a. Coverage for a late applicant will become effective on the first pay period following the date We determine that the evidence is satisfactory and We provide written notice of approval.
 - b. Coverage requested because of a Change in Family Status will become effective on the date of the Change in Family Status.

Change in Family Status

If You experience a Change in Family Status, You may enroll for Voluntary coverage, apply for additional coverage, or request changes to Your current Voluntary benefit program(s) without providing Evidence of Insurability up to the Guarantee Issue Benefit Limit, provided the benefit change is consistent with the Change in Family Status. You must submit the appropriate enrollment form within 31 days of the Change in Family Status.

Change in Family Status means changes in the status of Your family, including but not limited to:

1. You get married or execute a Domestic Partner affidavit;
2. You have a Dependent Child, adopt or become the legal guardian of a Dependent child;
3. Your Spouse dies or You become divorced or terminate Your Domestic Partnership;
4. Your Dependent Child becomes emancipated or dies; or
5. Your Spouse or Dependent Child experiences a gain or loss of group insurance.

Deferred Effective Date

You must be Actively at Work on the date your initial coverage or any increases in coverage are scheduled to begin. If:

1. You are absent from Active Work on the date such coverage would otherwise become effective; and

2. Your absence is caused by an injury, illness or layoff,

the effective date of any initial coverage or increased coverage will be deferred until the date You return to Active Work. You will be considered Actively at Work if You were actually at work on the day immediately preceding:

1. a weekend (except for one or both of these days if they are scheduled work days);
2. a holiday (except when such holiday is a scheduled work day);
3. a paid vacation;
4. any nonscheduled work day.

If a Spouse or Dependent Child is hospital confined on the date his coverage would otherwise become effective, insurance will not become effective until the date the Spouse or Dependent Child is no longer hospital confined.

When Evidence of Insurability is Required

Evidence of Insurability is required if:

1. You are a late applicant, which means You enroll for insurance more than 31 days after Your eligibility date; or
2. You voluntarily canceled Your insurance and choose to reapply; or
3. Your coverage amount exceeds the Guarantee Issue Benefit Limit as set forth in the Schedule of Benefits; or
4. You apply to increase Your coverage amount during the Policy year.

Receipt of premium before We have approved Evidence of Insurability will not constitute acceptance and does not guarantee issuance of any benefit amount prior to Our approval.

Effective Date of Changes in Amount of Benefit

Any change in the amount of Your or Your Dependent's benefits caused by a change in class, age or amendment to the Policy will become effective on the effective date of the change. Any change in the amount of Your Accidental Death and Dismemberment benefit election will become effective on the first pay period following the date the form is signed and received by the Policyholder. If the change results in an increase in the amount of insurance, You must be Actively at Work on that date. If You are not Actively at Work, the increase will take effect on the day You are again Actively at Work.

Eligibility after Termination of Employment and Reinstatement

If insurance ends due to termination of employment as defined in this Certificate, You must meet all of the requirements of a new Employee if You are rehired at a later date.

If insurance ends because You cease to be eligible for coverage as defined in this Certificate, coverage may be reinstated. No additional waiting period will apply if, within a single pay period not to exceed 15 days after the date the insurance ends, You become a member of an eligible class.

GROUP TERM LIFE INSURANCE BENEFIT

THIS BENEFIT ONLY APPLIES IF YOU HAVE ELECTED VOLUNTARY TERM LIFE INSURANCE AND YOU HAVE PAID OR AGREED TO PAY THE APPLICABLE PREMIUM.

Benefit

We will pay Your beneficiary the amount of life insurance in force as of the date of Your death provided:

1. You are insured under the Policy on the date of death, and
2. We receive proof of death within two (2) years after the date of death.

The amount of insurance payable is based upon the Policyholder's Application, and it is set forth on the Schedule of Benefits.

Suicide Exclusion

Insurance benefits, including Waiver of Premium, increased benefit amounts elected throughout the Policy year and Accelerated Death benefits, will not be available for a loss which is caused by suicide or attempted suicide, while sane or insane, within two (2) years from the effective date of Your Voluntary Term Life Insurance or the effective date of any increased amount of life insurance. Our liability for a death claim by suicide will be limited to the return of premium paid for this life insurance.

If You:

1. were covered for voluntary life insurance under a prior carrier's policy; and
2. were insured under this Policy on its effective date; and
3. there was no lapse in coverage

We will consider the time You were covered under the Policy and the prior carrier's policy in determining if benefits are payable for death by suicide. The death benefit, if payable under this provision, will be the lesser of the Insured's benefit under this policy or his benefit under the prior carrier's policy.

Beneficiary

Your beneficiary designation must be made on a form which We provide or on a form accepted by Us. If it is not, We may make all payments to the last person named by You as a beneficiary under a certificate that ended before becoming insured under this Certificate.

We may use information from the prior carrier's records to determine any payment made such as:

1. information about the last beneficiary named by You under this Certificate, or any other group certificate; or
2. information that You named no beneficiary under this Certificate, or any other group certificate.

If two or more beneficiaries are named, payment of proceeds will be apportioned equally unless You had specified otherwise. The Policyholder may not be named as beneficiary.

Unless You provided otherwise, if a beneficiary dies before You, We will divide that beneficiary's share equally between any remaining named beneficiaries.

If no named beneficiary survives You or if You did not designate a beneficiary, We will pay the amount of insurance:

1. to Your Spouse or Qualified Domestic Partner, if living; if not,
2. in equal shares to Your then living natural or adopted children, if any; if none,
3. in equal shares to Your father and mother, if living; if not,
4. in equal shares to Your brothers and sisters, if any, if none,
5. to Your estate.

If a beneficiary is a minor, or is not able to give a valid release for any payment of benefits made, We will not make payment until a claim is made by the person or entity which, by court order, has been granted control of the estate of such beneficiary. This provision does not prevent Us from making payment to or for the benefit of a minor beneficiary in accordance with the applicable state law.

If any benefits under this provision are to be paid to your estate, We may pay an amount not greater than \$2,000 to any person We consider to be equitably entitled by reason of having incurred funeral or other expenses incident to Your death. Any and all payments made by Us shall fully discharge Us in the amount of such payment.

Change of Beneficiary

You may change Your beneficiary at any time by completing a change request form, on a form accepted by Us, and sending it to the Policyholder. Your written request for change of beneficiary will not be effective until it is recorded by the Policyholder. After it has been so recorded, it will take effect on the later of the date You signed the change request form or the date you specifically requested. If You die before the change has been recorded, We will not alter any payment that We have already made. Any prior payment shall fully discharge Us from further liability in that amount. Please note that if You previously designated an irrevocable beneficiary, further documentation will be required for the change in beneficiary to become effective.

Important Note for Married Employees: If You reside in a community property state in which life insurance is considered community property and You name someone other than Your spouse as primary beneficiary, Your spouse must sign the enrollment form. Payment of benefits may be delayed or disrupted unless Your spouse signs.

Conversion of Life Insurance

Conversion if Eligibility Terminates:

You may convert to an individual policy of life insurance if Your life insurance, or a portion of it, ceases because:

1. You are no longer employed by the Policyholder; or
2. You are no longer in a class which is eligible for life insurance.

In either of these situations, You may convert all or any portion of your life insurance which was in force at the date of termination.

Conversion if Policy is Terminated or Amended:

You may also convert to an individual policy of life insurance if your life insurance ceases because:

1. life insurance benefits under the Policy cease; or
2. the Policy is amended making You ineligible for life insurance; however, in either of these situations,

You must have been insured under the Policy for at least five (5) years. The amount of insurance converted in either of these situations will be the lesser of:

1. the amount of life insurance in force, less any amount for which you become eligible under this or any other group policy within 31 days after the date your life insurance ceased; or
2. \$10,000.

Conditions for Conversion:

We must receive written application and the first premium for the individual life insurance policy within 31 days after insurance under the Policy ceases. No evidence of insurability will be required.

The individual policy will be a policy of whole life insurance. It will not contain disability benefits, accidental death and dismemberment benefits or any other supplemental benefits.

The premium for the individual policy will be based on:

1. Our current rates based upon Your attained age on your nearest birthday; and
2. the amount of the individual policy.

If application is made for an individual policy, the coverage under the individual policy will be effective on the day following the 31 day period during which You could apply for conversion.

If You die during a period when You would have been entitled to have an individual policy issued to You and if You die before such an individual policy becomes effective, We will pay your beneficiary the greatest amount of group term life insurance for which an individual policy could have been issued, provided:

1. Your death occurred during the 31 day period within which You could have made application; and
2. We receive proof of death within two (2) years of the date of death.

If life insurance benefits are paid under the Policy, payment will not be made under the converted policy, and premiums paid for the converted policy will be refunded.

Notice. If the Policyholder fails to notify You at least 15 days prior to the date insurance under the Policy would cease, You shall have an additional period within which to elect conversion coverage; but nothing herein shall be construed to continue any insurance beyond the period provided for in the Policy. The additional election period shall expire 15 days immediately after the Policyholder gives You notice, but in no event shall it extend beyond 60 days immediately after the expiration of the 31day period explained above.

Waiver of Premium

This provision is not applicable to spouse or child coverage(s).

We will continue your life insurance benefit under the Policy without the further payment of life insurance premium if You become Totally Disabled, provided:

1. You are insured under the Policy and are Actively at Work on or after the effective date of the Policy; and
2. You are under the age of 60; and
3. You provide Us with satisfactory written proof of Total Disability within 12 months after the date You became Totally Disabled; and
4. Your Total Disability has continued without interruption for at least 135 days; and

5. You are still Totally Disabled when you submit the proof of disability; and
6. all required premium has been paid.

The premium will be waived from the date We receive satisfactory written proof of Total Disability. Premium will continue to be waived provided You:

1. remain Totally Disabled; and
2. provide satisfactory written proof of continuing Total Disability upon request.

You are responsible for obtaining initial and continuing proof of Total Disability.

You will be covered for the amount of life insurance in force as of the date Total Disability commenced. The amount of life insurance continued in force will be subject to any reduction in benefits as a result of amendment to the Policy. This life insurance coverage will continue without the payment of premium until You are no longer Totally Disabled or reach age 70, whichever occurs first.

We may have You examined at reasonable intervals during the period of claimed Total Disability. Continuation of life insurance under the Waiver of Premium provision shall end immediately and without notice if You refuse to be examined as and when required.

We will pay the amount of life insurance in force to your beneficiary if You die before furnishing satisfactory proof of Total Disability, provided:

1. You die within one year from the date you became Totally Disabled; and
2. We receive proof that You were continuously Totally Disabled until the date of death; and
3. We receive proof of death not more than two (2) years after Your death.

If continuation of life insurance under the Waiver of Premium provision ceases, and You are employed by the Policyholder, Your life insurance will continue provided premium payments begin on the next premium due date.

If continuation of life insurance under the Waiver of Premium provision ceases, and You are no longer employed by the Policyholder, You may apply for an individual life insurance policy in accordance with the Conversion of Life Insurance provision of this Certificate.

Termination of the Policy will not affect any insurance that has been continued under this Provision prior to the termination date.

Your coverage under the Policy will end if the Policy ends before You satisfy the Elimination Period. However, when the Policy ends You may be entitled to convert Your coverage to an individual plan of life insurance as described in the Conversion of Life Insurance provision.

You may still submit a claim for Waiver of Premium Benefits after the Policy ends. However, You must be Totally Disabled, pay the Conversion premium for the full length of the Elimination Period and qualify for the Waiver of Premium Benefits.

At no time can You be covered under both the individual conversion policy and this Policy.

Upon receipt of timely notice and due proof of Your Total Disability, We will evaluate Your claim. If We determine that You qualify and You paid all applicable premiums, We will approve Your Waiver of Premium claim under the Policy and agree to rescind any individual policy of life insurance issued to You under the Conversion privilege. We will refund any premiums paid for such coverage. Insurance under the Policy will not go into effect until We approve Your claim in writing.

ACCELERATED DEATH - TERMINAL ILLNESS BENEFIT

The benefit paid under this provision may be taxable. If so, You or Your beneficiary may incur a tax obligation. As with all tax matters, You or Your beneficiary should consult a personal tax advisor to assess the impact of the benefit. Receipt of this benefit may adversely affect your eligibility for Medicaid or other governmental benefits or entitlements.

Eligibility

This benefit only applies to You if Your life insurance benefit equals \$10,000 or more.

Coverage under the Accelerated Death - Terminal Illness Benefit is subject to the Deferred Effective Date provision. You must be Actively at Work on the date your coverage under this benefit becomes effective. If You are not Actively at Work, the effective date of this coverage will be deferred until the first day You return to Active Work.

Benefit

The benefit is 50% of Your group term life insurance amount in force on the date that We receive Proof that You are Terminally Ill. This sum is limited to a maximum of \$300,000 and a minimum of \$5,000, and is payable only once to any one Insured.

This benefit does not apply to Accidental Death and Dismemberment benefits.

Benefit Payment

We will pay the benefit during Your lifetime if you are Terminally Ill if You or Your legal representative elect the Benefit and provide satisfactory Proof. The benefit will be paid in one sum to You.

Exceptions

The benefit will not be payable:

1. for any amount of group term life insurance which is less than \$10,000; or
2. if You become Terminally Ill as a result of:
 - a. attempted suicide, while sane or insane; or
 - b. intentionally self-inflicted injury; or
3. if Your group term life insurance benefit has been assigned; or
4. if Your group term life insurance benefit is payable to an irrevocable beneficiary, including notification to Us that such benefit or a portion of such benefit is to be paid to a former spouse as part of a divorce or separation agreement.

Notice and Proof of Claim

You must elect the benefit in writing on a form that is acceptable to Us. You must furnish Proof that You are Terminally Ill, including certification by a Medical Provider.

Effect on Insurance

The benefit is in lieu of the group term life insurance benefit that would have been paid upon your death.

When the benefit is paid:

1. the amount of group term life insurance otherwise payable upon Your death will be reduced by the amount of the Accelerated Death benefit;
2. the amount of group term life insurance which could otherwise have been converted to an individual contract will be reduced by the amount of the Accelerated Death benefit; and
3. the premium due for group term life insurance will be calculated on the amount of such insurance remaining in force after deducting the Accelerated Death benefit.

PORTABILITY

The Portability Benefit

If Voluntary Term Life Insurance terminates, You and/or Your insured Spouse may elect to continue Voluntary Group Life Insurance under the terms of the Policy by paying premiums quarterly, semiannually, or annually direct to Us. If You or Your Spouse elect Portability, You may also elect to continue Dependent Child(ren)'s coverage. You may not apply for Spouse or Dependent Child(ren)'s benefits at the time You apply for Portability.

The premiums for the coverage continued under the Portability Benefit will not be the same as the premium You are charged for Your group Life insurance under the Policy. Portability premium be based on:

1. Our current rates for the applicant's age and class of risk at the time he elects Portability; and
2. the amount of insurance continued under Portability.

The maximum amount of Voluntary Term Life Insurance which may be continued under Portability is the amount of Voluntary Term Life Insurance in force at the time the Portability Benefit.

A beneficiary designation on the Portability election form, if different from the designation on Your enrollment form, shall constitute a change of beneficiary under the Policy, and that beneficiary designation will only apply while Your coverage continues under this Portability Benefit provision.

The Waiver of Premium Benefit is not available for any Insured whose Total Disability begins after coverage under Portability becomes effective. The Accelerated Death Benefit is not available for an Insured or Dependent Spouse who becomes Terminally Ill after coverage under Portability becomes effective.

Eligibility for Portability

To be eligible for Portability, You must meet the following conditions:

1. You must have been insured under the Policy for at least one year prior to electing Portability; and
2. Your Voluntary Term Life Insurance must have terminated for reasons other than Sickness, Injury, retirement or termination of the master Policy; and
3. You must be less than 65 years of age; and
4. You must be able to engage in any occupation for which You are or become reasonably qualified by education, training or experience; and
5. You must submit an application for Portability and the first premium within 31 days after the date Your Voluntary Term Life Insurance terminated; and
6. You must not have exercised the right to convert under the Conversion of Life Insurance provision the amount of Voluntary Term Life Insurance You elect under the Portability Benefit. If You elect the Portability benefit, any amounts of Voluntary Term Life Insurance which are not ported may be converted in accordance with the terms of the Conversion of Life Insurance provision.

To be eligible for Portability, a Spouse must meet the following conditions:

1. he must have been insured under the Policy for at least one year prior to electing Portability; and
2. his Voluntary Term Life Insurance must have terminated for reasons other than the Insured's retirement, termination of the master Policy or loss of eligibility because he no longer meets the Policy definition of an eligible Spouse; and
3. he must be less than 65 years of age; and

4. he must submit an application for Portability and the first premium within 31 days of the date his coverage terminated; and
5. the Spouse must not have exercised the right to convert under the Conversion of Life Insurance provision the amount of Voluntary Term Life Insurance he elects under the Portability Benefit. If a Spouse elects the Portability benefit, any amounts of Voluntary Term Life Insurance which are not ported may be converted in accordance with the terms of the Conversion of Life Insurance provision.

Termination of Portable Coverage

Insurance continued under the Portability provision of the Policy will terminate at the earliest of the following:

1. the date You return to work with the same Policyholder while the Policy is still in force; or
2. the date You or Your Spouse fail to pay the required premiums when due; or
3. the date You or Your Spouse attain age 65; or
4. the premium due date following the date Your Spouse or Dependent Child ceases to be a Spouse or Dependent Child as defined herein.

Conversion

If coverage under Portability terminates according to (3) or (4) above, You or Your covered Dependent(s) may convert to an individual policy of whole life insurance in accordance with the terms of the Conversion of Life Insurance provision. No Evidence of Insurability will be required. The amount of the conversion policy may not exceed the amount of life insurance which terminated as set forth in (3) or (4) above.

DEPENDENT LIFE INSURANCE BENEFIT

THIS BENEFIT ONLY APPLIES IF YOU HAVE ELECTED DEPENDENT TERM LIFE INSURANCE AND YOU HAVE PAID OR AGREED TO PAY THE APPLICABLE PREMIUM.

Upon receipt of proof of death, We will pay proceeds to You on the life of Your Dependent while insurance is in force. Payment will be in one lump sum.

If You are not living at the time Dependent life insurance benefits become payable, We will pay the benefit:

1. to Your Spouse or Qualified Domestic Partner, if living, if not,
2. in equal shares to Your then living natural or legally adopted children, if any; if none,
3. in equal share to Your father and mother, if living; if not,
4. in equal share to Your brothers and sisters, if living; otherwise
5. to Your estate.

Suicide Exclusion

Insurance benefits, including increased benefit amounts and Accelerated Death benefits, will not be available for a loss which is caused by suicide or attempted suicide, while sane or insane, within two (2) years from the effective date of Your covered Dependent's Voluntary Term Life Insurance or the effective date of any increased amount of life insurance. Our liability for a death claim by suicide will be limited to the return of premium paid for this life insurance.

If Your covered Dependent(s):

1. were covered for voluntary life insurance under a prior carrier's policy; and
2. were insured under this Policy on its effective date; and
3. there was no lapse in coverage,

We will consider the time Your covered Dependent(s) were covered under the Policy and under the prior carrier's policy in determining if benefits are payable for death by suicide. The death benefit, if payable under this provision, will be the lesser of the benefit under this Policy or the benefit under the prior carrier's policy.

Eligibility

If You are insured for life insurance under the Policy and belong to a class listed in the Schedule of Benefits as eligible for Dependent Life Insurance benefits, You are eligible to enroll for this benefit. If You are enrolled for Dependent Life Insurance and subsequently acquire a new Eligible Dependent, that Dependent will automatically be covered.

No eligible person may be covered more than once under the policy. If a person is covered as an Employee, he cannot be covered as a Spouse or Dependent Child of another Employee. If both parents are covered as insured Employees under the policy, only one may enroll for life insurance coverage on Eligible Dependent Children.

For the purposes of this provision, an Eligible Dependent means:

1. Your lawful Spouse or Qualified Domestic Partner; and/or
2. Your child(ren) who are under age 26, and who are not in active military service.

Child includes:

1. Your natural or step child or a natural child of Your Qualified Domestic Partner.
2. a child placed with You or Your Qualified Domestic Partner for adoption from the date of placement or the date You or Your Qualified Domestic Partner are party in a suit in which You or Your Qualified Domestic Partner seek the adoption of the child. Eligibility will continue unless the child is removed from placement.
3. a child for whom You have been appointed legal guardian by a court of law.
4. a child in Your legal custody.
5. a child for whom You have a qualified medical child support order.

Eligibility will continue past the age limit for Dependent children who are primarily dependent upon You for support and who cannot work to support themselves due to a physical or mental incapacity which began before the age limit was reached. Proof of such incapacity must be provided to Us upon request.

Dependent Life Insurance Effective Date
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Provided You:

1. have completed any required Waiting Period; and
2. have paid or obligated to pay any applicable premium,

Life insurance for Your Eligible Dependent(s) will become effective on the later of:

1. the date Your group insurance coverage becomes effective; or
2. the effective date of the Dependent Life Insurance benefit; or
3. the first pay period following the date You enroll Your Eligible Dependent(s); or
4. the date You acquire Your Eligible Dependent(s); or
5. if Evidence of Insurability is required, the first pay period following the date We determine that evidence is satisfactory and We provide notice of approval.

If You enroll for Dependent Spouse Life Insurance more than 31 days after You are eligible to do so, You must furnish Evidence of Insurability satisfactory to Us for Your Spouse, and coverage will become effective as set forth above.

If an Eligible Dependent is required to submit satisfactory Evidence of Insurability for any reason, insurance in the amount for which We require such evidence will become effective on the first pay period following the date We determine that the evidence is satisfactory and We provide notice of approval.

If an Eligible Dependent is Hospital Confined on the date coverage would otherwise become effective, insurance will not become effective until the date the Eligible Dependent is No Longer Hospital Confined.

DEPENDENT CONVERSION PRIVILEGE

A Dependent may convert to an individual policy of life insurance if his life insurance, or any portion of it, ceases because:

1. You are no longer employed by the Policyholder; or
2. You are no longer in a class which is eligible for Dependent Life Insurance; or
3. You die; or

4. a Dependent Child reaches the limiting age under the policy; or
5. a Dependent Spouse is no longer eligible as a result of divorce, dissolution of marriage or termination of domestic partnership; or
6. a Dependent is no longer eligible as defined in this provision.

In any of these situations, the Dependent may convert up to the amount which was in force on the date insurance was terminated provided You do not elect continued Dependent Life Insurance coverage under the Portability Benefit provision.

A Dependent may also convert to an individual policy of life insurance if his life insurance ceases because:

1. Dependent Life Insurance benefits under the Policy cease; or
2. the Policy is amended making the insured Dependent ineligible for Dependent Life Insurance; however,

he must have been insured under the Policy, or the policy it replaced, for at least five (5) years. The amount of insurance converted in either of these situations will be the lesser of:

1. the amount of life insurance in force, less any amount for which the Dependent becomes eligible under this or any other group policy within 31 days after the date his life insurance ceased; or
2. \$10,000.

We must receive written application and the first premium for the individual life insurance policy within 31 days after life insurance under the Policy ceases. No Evidence of Insurability will be required.

The individual policy will be a policy of whole life insurance. It will not contain Accidental Death and Dismemberment benefits or any other supplementary benefits.

The minimum issue amount of an individual conversion policy is \$2,000. The premium for the individual policy will be based on:

1. Our current rates based upon the applicant's attained age; and
2. the amount of the individual policy.

If the Dependent applies for an individual policy, the coverage under the individual policy will be effective on the day following the 31-day period during which he could apply for conversion.

If the Dependent dies during a period when he would have been entitled to have an individual policy issued to him and if he dies before such an individual policy became effective, We will pay the greatest amount of group term life insurance for which an individual policy could have been issued, provided:

1. the death occurred during the 31-day period during which he could have made application; and
2. We receive proof of death within two (2) years of the date of death.

If life insurance benefits are paid under the Policy, payment will not be made under the converted policy, and We will refund any premiums paid for the converted policy.

If You elected Dependent Life Insurance under the Portability Benefit, conversion is not available unless coverage under Portability terminates. Conversion from Portability will be as specified under Portability.

Notice: If the Policyholder fails to notify You at least 15 days prior to the date insurance under the Policy would cease, You shall have an additional period within which to elect conversion coverage; but nothing herein shall be construed to continue any insurance beyond the period provided for in the Policy. The additional election period

shall expire 15 days immediately after the Policyholder gives You notice, but in no event shall it extend beyond 60 days immediately after the expiration of the 31-day period explained above.

DEPENDENT LIFE ACCELERATED DEATH - TERMINAL ILLNESS BENEFIT

The benefit paid under this provision may be taxable. If so, You or Your beneficiary may incur a tax obligation. As with all tax matters, You or Your beneficiary should consult a personal tax advisor to assess the impact of the benefit. Receipt of this benefit may adversely affect Your eligibility for Medicaid or other governmental benefits or entitlements.

Eligibility

This benefit only applies to Insured Dependent Spouses with life insurance benefit amounts of \$10,000 or more.

Coverage under the Accelerated Death - Terminal Illness Benefit is subject to the Deferred Effective Date provision. The Insured must be Actively at Work on the date his coverage under this benefit becomes effective. If he is not Actively at Work, the effective date of this coverage will be deferred until the first day he returns to Active Work.

Benefit

The benefit is 50% of the Dependent Spouse's group term life insurance amount in force on the date that We receive Proof that he is Terminally Ill. This sum is limited to a maximum of \$50,000 and a minimum of \$5,000, and is payable only once to any one Dependent Spouse.

This benefit does not apply to Accidental Death and Dismemberment benefits.

Benefit Payment

We will pay the benefit to You if the Dependent Spouse is Terminally Ill if You submit a claim for a Dependent Life Accelerated Death Benefit and provide satisfactory Proof. The benefit will be paid in one sum to You.

Exceptions

The benefit will not be payable:

1. for any amount of group term dependent life insurance which is less than \$10,000; or
2. if the Dependent Spouse becomes Terminally Ill as a result of:
 - a. attempted suicide, while sane or insane; or
 - b. intentionally self-inflicted injury.

Notice and Proof of Claim

You must elect the benefit in writing on a form that is acceptable to Us. You must furnish Proof that his Dependent Spouse is Terminally Ill, including certification by a Medical Provider.

Effect on Insurance

The benefit is in lieu of the group term life insurance benefit that would have been paid upon Your Dependent Spouse's death. When the benefit is paid:

1. the death benefit otherwise payable upon the Dependent Spouse's death will be reduced by the amount of the Dependent Life Accelerated Death benefit;
2. the amount of group term life insurance which could otherwise have been ported or converted to an individual contract will be reduced by the Dependent Life Accelerated Death Benefit; and
3. the premium due for Dependent Life insurance will be calculated on the amount of such insurance remaining in force after deducting this Accelerated Death benefit.

ACCIDENTAL DEATH, DISMEMBERMENT, AND LOSS OF SIGHT BENEFIT

THIS BENEFIT ONLY APPLIES IF YOU HAVE ELECTED VOLUNTARY AD&D INSURANCE AND YOU HAVE PAID OR AGREED TO PAY THE APPLICABLE PREMIUM.

Coverage Plans Available

Individual Plan: If You are enrolled in the Individual Plan, You may select a Coverage Amount within the range set forth in the Application, and You will be covered for the amount selected while coverage remains in force.

Family Plan: If You are enrolled in the Family Plan, You may select a Coverage Amount within the range set forth in the Application, and Your Eligible Dependents will be covered for a percentage of Your Coverage Amount as shown on the Application.

Note: No eligible person may be covered more than once under the Policy. If a person is covered as an Employee he cannot be covered as a Spouse or Dependent Child of another Employee. If both parents are covered as insured Employees under the Policy, only one may enroll for coverage on Dependent Child(ren).

Benefit

If, while insured under the Policy, an Insured suffers an Injury in an Accident, We will pay for those Losses set forth in the subsection entitled "Table of Losses" below. The amount paid will be as stated in the Table of Losses but not more than the Principal Sum set forth in the Application. The Loss must:

1. occur within 365 days of the Accident; and
2. be the direct and sole result of the Accident; and
3. be independent of all other causes.

TABLE OF LOSSES

Principal Sum for Loss of:	One-half of the Principal Sum for Loss of:	One-Quarter the Principal Sum for Loss of:
Life	Sight of One Eye	Thumb and Index Finger of Same Hand
Both Hands	One Hand	Hearing in One Ear
Both Feet	One Foot	
One Hand and One Foot	Speech or Hearing	
Speech and Hearing		
Sight of Both Eyes		
One Hand and the Sight of One Eye		
One Foot and the Sight of One Eye		

With respect to hand or foot, loss means actual and permanent severance from the body at or above the wrist or ankle joint, as applicable. With respect to eyes, speech and hearing, loss means entire and irrecoverable loss of sight, speech or hearing. With respect to thumb and index finger, loss means complete severance of entire digit at or above joints.

The total amount of AD&D benefits payable for all Losses for any Insured resulting from any one Accident will not be greater than the Principal Sum set forth in the Application.

Except as provided in a particular benefit, We will pay benefits for Loss of life to the same beneficiary(ies) named to receive life insurance benefits. Benefits for all other Losses will be paid to the Insured.

Seat Belt Benefit

We will pay an additional benefit, the Seat Belt Benefit, of the lesser of Your or Your insured Dependent's Principal Sum or \$25,000 if the Principal Sum under the AD&D Benefit is payable for Loss of Your or Your insured Dependent's life as the result of an Accident which occurs while You or Your insured Dependent were driving or riding in an automobile, if:

1. the automobile is equipped with Seat Belts;
2. the Seat Belt was in actual use and properly fastened at the time of the Accident;
3. the position of the Seat Belt is certified in the official report of the Accident or by the investigating officer. A copy of the police Accident report must be submitted with the claim; and
4. You or Your insured Dependent were driving or riding in an automobile driven by a licensed driver who was neither:
 - a. intoxicated or driving while impaired. Intoxication and impairment shall be determined by the law of the jurisdiction in which the Accident occurs, with or without conviction; nor
 - b. under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a licensed Medical Provider and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence.

If such certification is not available and if it is unclear whether You or Your insured Dependent were properly wearing a Seat Belt, then We will pay an additional benefit of \$1,000.

Seat Belt means those belts that form an occupant restraint system.

Air Bag Benefit

We will pay an additional benefit, the Air Bag Benefit, equal to the lesser of \$11,250 or 15% of the Principal Sum of the AD&D Benefit if the Principal Sum under the AD&D Benefit is payable for Loss of Your or Your insured Dependent's life as the result of an Accident which occurs while You or Your insured Dependent were driving or riding in an automobile provided that:

1. You or Your insured Dependent were positioned in a seat that was equipped with a factory-installed Air Bag;
2. You or Your insured Dependent were properly strapped in the Seat Belt when the Air Bag inflated; and
3. the police report establishes that the Air Bag inflated properly upon impact.

The maximum Air Bag Benefit payable is the lesser of \$11,250 or 15% of the Principal Sum of the AD&D Benefit. If it is unclear whether You or Your insured Dependent were properly wearing Seat Belt(s) or if it is unclear whether the Air Bag inflated properly, then the Air Bag Benefit will be \$1,000.

Air Bag means an inflatable supplemental passive restraint system installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications, that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.

Repatriation Benefit

We will pay an additional benefit, the Repatriation Benefit, if You or Your insured Dependent suffer loss of life due to Injury while outside a 100 mile radius from Your or Your insured Dependent's current place of primary residence. We will pay a maximum benefit of \$5,000 for covered expenses reasonably incurred to return Your or Your insured Dependent's body to Your or Your insured Dependent's current place of primary residence.

Covered expenses included, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Dearborn National must make all arrangements and must authorize all expenses in advance for this benefit to be payable. We reserve the right to determine the benefit payable, including any reductions if it was not reasonably possible to contact Dearborn National in advance.

Education Benefit

We will pay an additional benefit, the Education Benefit, to Your Dependent Student if the Principal Sum under the AD&D Benefit is payable for Your loss of life.

Definitions which apply to the Education Benefit:

Student means a Dependent Child who, on the date of Your death, is:

1. A full-time post-high school student in a school of higher education; or
2. A student in the 12th grade but who becomes a full-time post-high school student in a school of higher education within 365 days after Your death.

School of higher education means an institution which:

1. is legally authorized by the State in which it is located; and
2. provides either a program for:
 - a. Bachelor's degrees or not less than a two year program with full credit towards a Bachelor's degree; or
 - b. Gainful employment as long as such program is at least one year of training; and
3. is accredited by an Agency or association recognized by the U.S. Department of Education under the Higher Education Assistance Act as may be amended from time to time.

Eligible Dependent Child means any child of the Insured (whether natural, step, foster or adopted) who is:

1. under 26 years of age and dependent on the Insured for support and maintenance; and
2. not in active military service.

Eligibility will continue past the age limit for Dependent Children who are primarily dependent upon the Insured for support and who cannot work to support themselves due to a physical or mental incapacity which began before the age limit was reached. Proof of such incapacity must be provided to Us upon request.

Note: No eligible person may be covered more than once under the Policy. If a person is covered as an Employee, he cannot be covered as a Spouse or Dependent Child of another Employee.

Amount of Benefit: The maximum Dependent Education Benefit for each dependent Student shall equal the lesser of Your Principal Sum or \$12,000.

Payment of Benefit: We will pay the Dependent Education Benefit in four equal annual installments. We will only pay one Dependent Education Benefit to any one dependent Student during any one school year. If the dependent Student is a minor, We will pay the benefit to the legal representative of the minor.

When Benefit Ends: A dependent Student will no longer be eligible to receive the Dependent Education Benefit upon the earlier of the following:

1. Our payment of the fourth installment of the Dependent Education Benefit on behalf of or to the dependent Student; or
2. At the end of the period during which due proof must be submitted if no due proof is submitted. See Proof of Loss for further details regarding proof.

Special Child Education Benefit: If Your Eligible Dependent Child does not qualify as a Student, but is enrolled in an elementary, middle or high school, We will pay a Child Education Benefit in the amount of \$1,000. This benefit is payable once upon proof that You died as a result of an accident for which the Accidental Death & Dismemberment benefit is payable and that, within 12 months after Your death, Your Eligible Dependent Child is a full-time student in an elementary, middle or high school.

Spouse Training Benefit

(Only available if You elected Family Plan coverage)

We will pay an additional amount to Your Dependent Spouse if the coverage amount under the AD&D Benefit is payable for Your loss of life. The benefit payable is up to \$7,500 per year for four years. The benefit is paid annually for the cost of covered expenses incurred.

We will pay this benefit if You:

1. have elected Family Plan coverage prior to the time of the Accident; and
2. die within 365 days of and as a result of a covered Accident; and
3. are survived by a Spouse covered under the Policy.

The benefit will be payable for Your surviving Spouse who:

1. was covered as a Dependent Spouse on the date of Your covered Accident;
2. enrolls within 30 months after Your death in any School of Higher Education for the purpose of training, retraining or refreshing skills needed for employment; and
3. incurs expenses payable directly to or approved and certified by such school.

School of Higher Education means an institution which:

1. is legally authorized by the State in which it is located; and
2. provides either a program for:
 - a. Bachelor's degrees or not less than a two year program with full credit towards a Bachelor's degree; or
 - b. Gainful employment as long as such program is at least one year of training; and
3. is accredited by an Agency or association recognized by the U.S. Department of Education under the Higher Education Assistance Act as may be amended from time to time.

Day Care Benefit

We will pay an additional amount as set forth below if the Employee Coverage Amount under the AD&D Benefit is payable for Your loss of life. The benefit pays 3% of the Employee Coverage Amount to a maximum of \$5,000 per year for 5 years. The benefit is paid annually for the cost of covered expenses incurred, if You are survived by a Dependent Child who:

1. on the date of the covered Accident was enrolled in a legally licensed Day Care Center; or
2. is enrolled in a legally licensed Day Care Center within 365 continuous days from the date of the covered Accident; and
3. is less than 13 years of age.

The Day Care Center Benefit is payable for incurred Day Care Center expenses for each child who qualifies:

1. in an amount up to the Day Care Benefit Amount as set forth in the Schedule of Benefits; and
2. only while the Dependent child continues to be enrolled in a legally licensed Day Care Center.

We will pay this benefit once a year, at the end of a 12-month period in which there are documented Day Care Center expenses, for not more the Maximum Day Care Benefit Duration, as set forth in the Schedule of Benefits, or until the child's 13th birthday, whichever happens first.

If at the time of the Accident, coverage for a Dependent Child is in force, but there is no Dependent child who qualifies, We will pay an additional benefit of \$1,500 to the Insured's designated beneficiary.

This benefit will be payable to Your surviving Spouse, if Your Spouse has custody of the child. If You have no surviving Spouse, or Your child does not live with Your Spouse, then the benefit will be paid to the child's legally appointed guardian.

Day Care Center means a facility which is run according to law, including laws and regulations applicable to child care facilities, and which provides care and supervision for children in a group setting on a regular, daily basis.

A Day Care Center does not include: a hospital, the child's home or care provided during normal school hours while a child is attending grades one through twelve.

Common Disaster Benefit

(Only available if You elected Family Plan coverage)

We will pay an additional amount as set forth below, if:

1. both You and Your insured Spouse die as a result of Injuries sustained in the same accident or separate accidents that occur within the same 24 hour period while the Policy is in force; and
2. loss of life for both You and Your insured Spouse occurs within 90 days of the accident; and
3. a benefit is payable under the AD&D benefit for Your death and the death of Your insured Spouse.

We will increase the amount under the AD&D benefit for Your insured Spouse (the "Spousal AD&D Benefit") to equal the coverage amount under Your AD&D benefit, if greater than the Spousal AD&D Benefit. The Spousal AD&D Benefit under this Common Disaster Benefit may not exceed \$250,000.

Public Conveyance Benefit

We will pay an additional amount, as set forth below, if an AD&D benefit is payable for Your loss of life as the result of an Accident which occurs while You are a fare-paying passenger in a Public Conveyance that:

1. is run by a common carrier regulated by the government; and
2. transports passengers for hire; and
3. is not a chartered or other privately arranged conveyance.

We will pay the Employee Coverage Amount to a maximum of \$150,000.

Public Conveyance means:

1. Any land or water conveyance licensed for the transportation of passengers for hire; or
2. Any aircraft operated by a business organized to operate an aircraft service and licensed for the transportation of passengers for hire.

Felonious Assault Benefit

We will pay an additional amount, as set forth below, in the event of Your death, to Your designated beneficiary if:

1. loss of life occurs while You are on the business of the Policyholder or commuting to or from the premises of the Policyholder; and
2. loss of life is the direct result of any of the following:
 - a. robbery, holdup or attempt thereat;
 - b. kidnapping while attempting a holdup;
 - c. felonious assault inflicted by persons other than fellow Employees or members of Your family or household.

We will pay the Employee Coverage Amount to a maximum of \$25,000.

Exposure and Disappearance Benefit

If by reason of an Accident occurring while coverage is in force under the Policy, You or Your insured Dependent are unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If Your or Your insured Dependent's body has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that You or Your insured Dependent have suffered Accidental death within the meaning of the Policy.

Coma Benefit

We will pay an additional benefit, the Coma Benefit, if Injury renders You or Your insured Dependent Comatose within 90 days of the date of the Accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days. We will pay a monthly benefit of 1% of Your or Your insured Dependent's Principal Sum. No benefit is provided for the first 30 days of Coma. The benefit is payable monthly as long as You or Your insured Dependent remain Comatose due to that Injury, but ceases on the earliest of: (1) the date You or Your insured Dependent cease to be Comatose due to that Injury; (2) the date You or Your insured Dependent die; or (3) the date the total amount of monthly Coma Benefits paid for all Injuries caused by the same Accident equals 100% of Your or Your insured Dependent's Principal Sum. We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when You or Your insured Dependent are Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

We reserve the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that You or Your insured Dependent are Comatose, including, but not limited to, requiring an independent medical examination provided at Our expense.

Coma/Comatose means a profound state of unconsciousness from which You or Your insured Dependent cannot be aroused to consciousness, even by powerful stimulation, as determined by a Medical Provider.

Emergency Evacuation Benefit

If You or Your insured Dependent suffer an Injury or Emergency Sickness that warrants Your or Your insured Dependent's Emergency Evacuation while You or Your insured Dependent are outside a 100 mile radius from Your

or Your insured Dependent's current place of primary residence, We will pay for Covered Emergency Evacuation Expenses reasonably incurred.

The Medical Provider ordering the Emergency Evacuation must certify that the severity of Your or Your insured Dependent's Injury or Emergency Sickness warrants Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

Dearborn National must make all arrangements and must authorize all expenses in advance for any such benefits to be payable. We reserve the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Dearborn National in advance.

The Exclusions section of this AD&D Benefit provision does not apply with respect to this benefit(s).

Covered Emergency Evacuation Expense(s) means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Emergency Evacuation means, if warranted by the severity of Your or Your insured Dependent's Injury or Emergency Sickness: (1) Your or Your insured Dependent's immediate Transportation from the place where You or Your insured Dependent suffer an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate treatment can be obtained; (2) Your or Your insured Dependent's Transportation to Your or Your insured Dependent's current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

Emergency Sickness means an illness or disease, diagnosed by a Medical Provider, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your or Your insured Dependent's condition or place their life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the person suffering the symptom is eligible and insured under the Policy.

Medically Necessary Emergency Evacuation Service means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Medical Provider and performed under his care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured.

Transportation means moving You or Your insured Dependent during an Emergency Evacuation by land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

Child(ren)'s Additional Indemnity Benefit
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(Only available if You elected Family Plan coverage)

We will pay an additional amount, as set forth below, to You if:

1. You are enrolled in the Family Plan; and
2. Your insured Dependent Child suffers an Accidental Dismemberment or Paralysis for which benefits are payable under the Policy.

We will pay an amount equal to the Accidental Dismemberment benefit or Paralysis benefit payable subject to a maximum of \$100,000. In the event both an accidental dismemberment and paralysis benefit are payable, only the largest will be applicable to this benefit.

Continuation of Medical and Dental Coverage Benefit

(Only available if You elected Family Plan coverage)

This benefit provides payments for the continuation of Your insured Dependents' medical and dental coverage.

We will pay an additional benefit, the Continuation of Medical and Dental Coverage Benefit, as specified below, if the following conditions are met:

1. a Loss of Life Benefit is payable for Your death under the Accidental Death and Dismemberment Benefit;
2. You had elected Family Plan coverage;
3. Your insured Dependents had dependent group medical and/or dental coverage in effect under a group medical and/or dental plan provided through the Policyholder continuously from the date of Your accident to the date of Your death;
4. Your insured Dependents elect to continue medical and dental coverage within 60 days after the date of Your death; and
5. We receive the premium bills for the medical and/or dental coverage continued.

Payment will be made immediately upon Our satisfactory proof that the above conditions have been met.

The benefit is payable for each consecutive year of continued coverage to a maximum of 3 consecutive years, subject to earlier termination as described below. The total amount of the benefit each year is equal to the lesser of:

1. the actual cost of the premium charged and paid for the continued medical and/or dental coverage for those covered Dependents for that year;
2. 10% of Your Principal Sum on the date of the accident causing death; or
3. \$5,000.

Benefits are payable to Your Dependent Spouse. If there is no Dependent Spouse, payment will be made to or on behalf of Your Dependent children.

Payment under this provision will end on the earliest of the following:

1. the date the Policyholder ceases to make available the group medical and dental plan under which the Dependent continues coverage;
2. the date coverage begins for the Dependent under any other group medical and dental plan without a pre-existing condition limitation. If a pre-existing condition limitation applies, coverage will end on the date that limitation no longer applies;
3. the date the Dependent becomes eligible under Medicare;
4. the date the Spouse remarries (in which case the benefit ends for all insured Dependents);
5. the date the Dependent otherwise ceases to be an Eligible Dependent;
6. the date the Dependents fail to provide Us with a copy of the subsequent premium bill;
7. the date the Dependents have received 3 annual payments; or
8. the date the continued coverage under the Policyholder's group medical or dental plan terminates with respect to the Dependent.

Rehabilitation Benefit

This benefit provides a lump sum benefit payment for Rehabilitation needed as a result of Your or Your insured Dependent's Injury causing an Accidental Dismemberment or Paralysis.

We will pay an additional benefit, the Rehabilitation Benefit, as specified below if the following conditions are met:

1. Benefits are payable under the Accidental Dismemberment or Paralysis provision of the Policy;
2. Such Rehabilitation is:
 - a. appropriate for the treatment of Your or Your insured Dependent's Injury according to Generally Accepted Medical Practice; and
 - b. determined to be necessary by Your or Your insured Dependent's attending Doctor in order to return to work, return to school or become independent and mobile; and
3. You or Your insured Dependent undergoes Rehabilitation within two years of the date of the covered Accident.

We will pay for the reimbursement of actual costs to a maximum of \$5,000 for all injuries caused by the same Accident.

We will not reimburse expenses for or resulting from an Injury for which You or Your insured Dependent is entitled to benefits paid or payable by Workers' Compensation or other similar law.

Generally Accepted Medical Practice means care and treatment which is consistent with relevant guidelines of national medical, research and health coverage organizations and governmental agencies.

Rehabilitation means services which are designed to restore You or Your insured Dependents to optimal physical, medical, vocational and economic status following an Injury.

Paralysis Benefit

If Injury to You or Your insured Dependent results, within 365 days of the date of the Accident that caused the Injury, in any one of the types of paralysis specified below, We will pay the percentage of the Insured's or insured Dependent's Principal Sum shown below for that type of paralysis:

Type of Paralysis	Percentage of Insured's Principal Sum
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

Quadriplegia means the complete and irreversible paralysis of both upper and lower limbs. **Paraplegia** means the complete and irreversible paralysis of both lower limbs. **Hemiplegia** means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. **Uniplegia** means the complete and irreversible paralysis of one limb. **Limb** means entire arm or entire leg.

If You or Your insured Dependent suffer more than one type of paralysis as a result of the same Accident, only one amount, the largest, will be paid.

Waiver of AD&D Premium

Subject to the Policy remaining in force, We will waive all AD&D premiums due under the Policy on behalf of an Insured who is Totally Disabled and whose application for Waiver of Life Insurance Premium has been approved. You will be covered for the Principal Sum in force as of the date Total Disability commenced. The Waiver of AD&D Premium is subject to all the terms and conditions of the Waiver of Life Insurance Premium provision and will begin and end on the same date that the waiver of life insurance premium begins and ends.

Exclusions

We will not pay any benefit for any Loss that, directly or indirectly, results in any way from or is contributed to by:

1. any disease or infirmity of mind or body, and any medical or surgical treatment thereof; or;
2. any infection, except a pus-forming infection of an accidental cut or wound; or
3. suicide or attempted suicide, while sane or insane; or
4. any intentionally self-inflicted Accident; or
5. war, declared or undeclared, whether or not You or Your insured Dependent are a member of any armed forces; or
6. travel or flight in an aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft; or
7. commission of, participation in, or an attempt to commit an assault or felony; or
8. being under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by Your or Your insured Dependent's licensed Medical Provider and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence; or
9. intoxication as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated; or
10. active participation in a riot. "Riot" means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether with or without a common intent and whether or not damage to person or property or unlawful act is the intent or the consequence of such disorder; or
11. full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (earned premium will be returned if the Insured enters military service).

Notice of Claim

If You incur a loss that may result in a claim for benefits under the Policy, written notice must be given to Us at Our home office. This must be done within 20 days after the covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice must contain enough information to identify the claimant.

Claim Forms

When We receive written notice of a claim, We will send You forms with which to file proof of loss. If these forms are not given to You within 15 days, You will be excused from filing the forms provided You send Us written proof of loss detailing the occurrence, the character and extent of the loss for which claim is made.

Proof of Loss

We must receive written proof of loss within 90 days after the date of the loss for which claim was made. If it can be shown that it was not reasonably possible to furnish such proof and that such proof was furnished as soon as reasonably possible, failure to furnish proof of loss within 90 days will not invalidate or reduce any claim. However,

except in the absence of legal capacity, proof of loss must be furnished no later than one (1) year from the date such proof is required.

For the Education Benefit, Proof of Loss must:

1. Include proof of dependent Student status; and
2. Be submitted no later than
 - a. Two months after completion of course work for that particular school year if the dependent Student is enrolled in a school of higher learning at the time of the Insured's death. School year shall be deemed to begin on September 1 and end on August 31st; or
 - b. Within six (6) months after enrollment in a school of higher learning if the dependent Student is in the 12th grade at the time of the Insured's death. After the first year in a school of higher learning, due proof must be submitted in accordance with paragraph (1) in the Notice of Claim section.

Physical Examination/Autopsy

Upon receipt of a claim, We may examine You or Your insured Dependent, at Our expense, at any reasonable time. We reserve the right to perform an autopsy, at Our expense, if it is not prohibited by any applicable local law(s).

Legal Action

No action at law or in equity may begin prior to 60 days after We receive valid written proof of loss. No such action may begin after 3 years from the day written proof of loss was required.

TERMINATION PROVISIONS

Termination of the Policy under any conditions will not prejudice any claim which is incurred while the Policy is in force.

Termination of Employee Coverage

Your insurance coverage will end on the earliest of:

1. the date the Policy is cancelled; or
2. the date You are no longer in an eligible group; or
3. the date Your eligible group is no longer covered; or
4. the last day of the period for which You made any required premium contribution; or
5. the date You cancel Your Voluntary coverage(s); or
6. midnight on the 15th day of the month if You terminate employment between the 1st and the 15th of the month and the applicable premium for the pay period will be charged; or,
7. midnight on the last day of the month if You terminate employment between the 16th and the last day of the month and the applicable premium for the pay period will be charged.

Cessation of active employment will be deemed termination of employment, except coverage will continue as follows, provided the Policyholder acts so as not to discriminate unfairly among employees in similar situations:

Disability Up to 20 weeks following the date the disability began, provided all premiums are paid when due, the Policy is in force and the Insured's coverage is not replaced with group life insurance provided by a new carrier.

Leave of Absence Up to the amount of time as agreed upon between the Policyholder and Us, provided all premiums are paid when due, the Policy is in force and the Insured's coverage is not replaced with group life insurance provided by a new carrier.

Unless life insurance is continued under the Portability Benefit provision, Dependent Life Insurance coverage will end on the earliest of:

1. the date the Policy is cancelled; or
2. the date You are no longer in an eligible group; or
3. the date Your eligible group is no longer covered; or
4. the last day of the period for which You made any required premium contribution; or
5. the date You cancel Your Voluntary coverage(s); or
6. midnight on the 15th day of the month if You terminate employment between the 1st and the 15th of the month and the applicable premium for the pay period will be charged; or
7. midnight on the last day of the month if You terminate employment between the 16th and the last day of the month and the applicable premium for the pay period will be charged; or
8. the date a Dependent Spouse or Child no longer meets the Policy definition of Eligible Dependent; or
9. the date a Dependent Spouse reaches age 70.

Note: Eligibility will continue past the age limit for Dependent children who are primarily dependent upon the Insured for support and who cannot work to support themselves due to a physical or mental incapacity which began before the age limit was reached. Proof of such incapacity must be provided to Us upon request.

GENERAL PROVISIONS

Entire Contract

The Policy, the Application, and the enrollment forms of the Insureds are considered to be the entire contract.

Statements

We consider any statements made by You, in the absence of fraud, to be representations and not warranties. No such statement shall be used in defense to a claim under the Policy unless it is contained in a written application.

Incontestability

We will not contest the validity of the Policy, except for nonpayment of premium, after it has been in force for two (2) years from its effective date. We will not contest the validity of your insurance after Your insurance has been in force for two (2) years during Your lifetime.

Misstatement of Age

If You misstated Your age the true age will be used to determine:

1. the effective date or termination date of insurance; and
2. the amount of insurance; and
3. any other rights or benefits.

Premiums will be adjusted to reflect the premiums that would have been paid if the true age had been known.

Conformity with State Law

If any part of the Policy does not conform to a state statute in the state in which it is issued or delivered, it is amended to conform with the minimum requirements of the statutes of that state.

Assignment

You may assign the life insurance benefits under the Policy, and You may assign to anyone other than the Policyholder any incident of ownership you may possess. We are not responsible for the validity or legal effect of any assignment. Collateral assignments, by whatever name called, are not permitted.

Retention of Discretion

Dearborn National Life Insurance Company shall have the exclusive right to interpret the terms of the Certificate, Schedule of Benefits, Riders and Endorsements. The decision about whether to pay any claim, in whole or in part, is within the sole discretion of Dearborn National and such decisions shall be final and conclusive.



Administrative Office:
1020 31st Street • Downers Grove, Illinois 60515-5591

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Fort Dearborn Life Insurance Company® (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.