

FRAUD WARNINGS

- (CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (LA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (NY) Please read statement located at bottom of application (reverse side) above signature section.
- (PA) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- (WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- (All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

NOTE: These plans are available in DC, PR, VI and all 50 states, EXCEPT that Excess medical is not available in NJ and to schools in AL or PA. Class 1 and 2 benefits are not available in VT.

| PREMIUM REPORT | <u>Anticipated Number of Eligible Persons to be Insured</u> | Monthly Premium Rate | Premium Due | | | | | | | | | | | | | | |
|---|--|----------------------|-------------|---------------------|------|---------------------|------|-------------|--|--|--|--|--|--|--|---|--|
| <p>The premium rate per eligible person is to be calculated as follows: Short-term coverage: Monthly premium rate per eligible person (number of months multiplied by the monthly premium rate) Year-round coverage: Option 1 - Use the appropriate monthly premium rate. This report applies only to the first month of coverage - you will be billed monthly, in advance, for subsequent months. Option 2 - You do not need to complete this report. Send the minimum premium due. You will be billed quarterly, in arrears, for the number of exposure months.</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Participant</td> <td style="text-align: center; border-bottom: 1px solid black;">+ Staff</td> <td style="text-align: center; border-bottom: 1px solid black;">= Total</td> <td style="text-align: center; border-bottom: 1px solid black;">× \$</td> <td style="text-align: center; border-bottom: 1px solid black;">per Eligible Person</td> <td style="text-align: center; border-bottom: 1px solid black;">= \$</td> <td style="text-align: center; border-bottom: 1px solid black;">Premium Due</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table> | Participant | + Staff | = Total | × \$ | per Eligible Person | = \$ | Premium Due | | | | | | | | <p style="text-align: center; background-color: #e0e0e0; padding: 5px;">The minimum premium per policy term is \$225 for primary medical coverage and \$175 for excess coverage.</p> <p>I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be insured; and (3) the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.</p> | |
| Participant | + Staff | = Total | × \$ | per Eligible Person | = \$ | Premium Due | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | <p>_____ by _____ Date Signature of Applicant</p> <p>_____ Day Telephone Number Fax Number</p> <p>_____ E-mail Address</p> | | | | | | | | | | | | | | | | |

Note: If additional space is required, use a separate sheet. For authorized checking account withdrawal (also called Automated Clearing House "ACH") call 1-800-525-8669, option 5.

HERE ARE THE ACCIDENT BENEFITS

DEATH BENEFIT - If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay the death benefit less any specific loss benefit paid because of the same accident. The one year limit does not apply in a PA or WV contract.

SPECIFIC LOSS BENEFIT - If, as a result of injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, we will pay:

| | | |
|--|--|--|
| <p>75% of the face amount for loss of:</p> <ul style="list-style-type: none"> Each Arm Each Leg | <p>50% of the face amount for loss of:</p> <ul style="list-style-type: none"> Each Hand or Foot Sight of Each Eye Speech | <p>25% of the face amount for loss of:</p> <ul style="list-style-type: none"> Hearing of Each Ear Thumb and Index Finger of the Same Hand |
|--|--|--|

The total payment for all of the specific losses of an insured because of any one accident will not be more than the face amount. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

MEDICAL EXPENSE BENEFIT - If, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within 3 years from such date.

Covered expenses means the reasonable and customary charges for local ("local" not applicable in a CT contract) professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor: (1) hospital or surgical center care; (2) medical treatment; (3) nursing care provided by a licensed nurse; (4) X-rays and lab exams; (5) prescription drugs and therapeutic services and supplies; (6) dental treatment as a result of injury to sound, natural teeth (natural teeth in SC); and (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory and speech therapy, (b) the services of a home health aide and (c) medical supplies.

If excess medical has been elected, we will not pay benefits for, nor can this plan's deductible (if any) be satisfied by, covered expenses to the extent that they are collectible under certain other policies and/or health plans as stated in the policy.

(Coverage is provided under policy form No.: GR-9051-2. Certain provisions of the policy are summarized in this folder. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.)

THE RENEWAL AND TERMINATION CONDITIONS

If short-term coverage is elected, the policy will terminate at 12:01 a.m. on the termination date shown in the policy application.

If year-round coverage is elected, the policy may be renewed with our consent for future terms of one year each by payment of the premium due at the rates in effect at the time of renewal. We may terminate the policy (subject to certain conditions in WV) at 12:01 a.m. on any renewal date by giving the plan sponsor 31 days (60 days in LA, NV and WI) prior written notice.

An insured's coverage will end on the first of these to occur:

- When he or she is no longer an eligible person
- The date to which premium has been paid
- The termination date of the policy

Termination of coverage will not affect a claim which occurs before the coverage ends.

