

**Group Universal Life
Insurance Certificate**

University of Connecticut

IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

Arizona, Florida and Maryland residents:

The group policy is issued in the state of Delaware and will be governed by its laws. If you reside in a state other than Delaware, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.

California residents:

FOR CALIFORNIA RESIDENTS: REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON THE EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

certifies that it insures the Employee(s) named below for the benefits provided by the Group Flexible Premium Adjustable Life Insurance Policy issued to the Trustee of the Group Insurance Trust for Employers in the Services Industry.

NOTICE: This Certificate does not apply to any Insured unless a Certificate Coverage Verification showing the Insured's name, eligibility class, and the Certificate effective date is attached.

EMPLOYER: University of Connecticut

POLICY NUMBER: 02-M105004

EMPLOYER PARTICIPATION DATE: January 1, 2020

EMPLOYER ANNIVERSARY DATE: January 1

This Certificate describes the main features of the insurance. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern.

This Certificate takes the place of any other issued to the Insured on a prior date which described the insurance.

30-DAY RIGHT TO EXAMINE

If the Owner is not satisfied with this Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid. In that case, the Certificate will be void as if it had never been issued.



Anna Krishtul, Corporate Secretary



Julia M. Huggins, President

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

TABLE OF CONTENTS

	PAGE
DEFINITIONS	3
THE SCHEDULE.....	5
ELIGIBILITY.....	8
EFFECTIVE DATE OF INSURANCE.....	9
DEATH BENEFIT	11
NONFORFEITURE PROVISIONS	13
LOAN PROVISIONS.....	14
PAID-UP INSURANCE.....	15
WAIVER OF COST OF LIFE INSURANCE DURING TOTAL DISABILITY	17
TERMINATION PROVISIONS	19
CONVERSION PRIVILEGE.....	20
TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES	22
PREMIUM PROVISIONS	24
OWNERSHIP AND ASSIGNMENT.....	24
BENEFICIARY PROVISIONS	25
GENERAL PROVISIONS	26
ACCELERATED PAYMENT BENEFIT INSURANCE RIDER	28
DOMESTIC PARTNER COVERAGE.....	31

DEFINITIONS

Active Service

An Employee will be considered in Active Service with the Employer on a day which is one of the Employer's scheduled work days if he is performing in the usual way all of the regular duties of his work for the Employer on a full-time basis. Such service can occur at one of the Employer's places of business or at some location to which the Employer's business requires him to travel. An Employee will be deemed in Active Service on a day which is not one of the Employer's scheduled work days only if he was in Active Service on the preceding scheduled work day.

Annual Compensation

An Insured Employee's rate of pay as reported by the Employer. It does not include amounts received as bonuses, commissions, overtime pay or other extra compensation. A Retiree's Annual Compensation will be his rate of pay in effect prior to retirement. A Leave of Absence Employee's Annual Compensation will be his rate of pay in effect prior to going on a Leave of Absence.

Attained Age

An Insured's age on his last birthday either prior to or on the same date as the anniversary of the Employer Participation Date.

Calculation Date

Any date on which we calculate Cash Value for purposes of crediting interest, charging Monthly Deductions, making Surrenders or Withdrawals, crediting premiums or making Loans.

Cash Value

Cash Value is the value of the Cash Accumulation Fund as described under the Nonforfeiture Provisions (See Cash Value and Net Cash Value).

Dependent Child

The unmarried Child of an Employee who is:

- 15 days of age, but less than 19 years old;
- 19 or more years old, but less than 25 years, enrolled in a school as a full-time student and primarily supported by the Employee;
- 19 or more years old, primarily supported by the Employee, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the Child's condition and dependence must be submitted to us within 31 days after the date the Child ceases to qualify as a Dependent for the reasons listed above. During the next two years, we may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.

The term *Child* means a Child born to, legally adopted by, or under the legal guardianship of the Employee. It also means a stepchild living with the Employee.

Employee

An Employee of the Employer in one of the Classes of Eligible Employees described in the Classes of Eligible Persons provisions. The term does not include Employees who are temporary or who normally work less than 17.5 hours a week for the Employer.

Employer

The Employer is shown on the first page of the Certificate.

Employer Participation Date

The date on which the Employer's participation agreement is approved by us and the insurance for his Employees first becomes effective under the Policy.

Endowment Benefit Date

The anniversary of the Policy Effective Date following the Insured's 99th birthday.

Guaranteed Issue Amount

The amount of coverage that an Insured may purchase without satisfying the Insurability Requirement. The Guaranteed Issue Amount for each Class of Insureds is specified in The Schedule. We reserve the right to change this amount.

Insurability Requirement

The requirement that an eligible person submit evidence of good health acceptable to us in order to be insured. We may require that the eligible person provide such evidence at his own expense. Further, we may require different evidence of good health for different amounts of insurance.

Insured

A person who is eligible for insurance in one of the Eligible Classes under the Policy, who has elected the insurance, whose premium has been paid, and whose coverage has not ceased.

Lapse

The Insured's coverage ends due to Insufficient Net Cash Value (see Lapse section).

Life Status Change

A Life Status Change is defined as any of the following events:

- marriage, legal separation, annulment, or divorce;
- death of Employee's Spouse or Domestic Partner or Dependent Child;
- birth or adoption of a child; or
- purchase of a primary home.

Male Pronoun

The male pronoun, whenever used, includes the female pronoun.

Policy Year

The period starting on any anniversary of the Employer Participation Date and continuing to the next anniversary of the Employer Participation Date.

Spouse

Except for the purpose of eligibility for insurance, the lawful Spouse of an Employee, including a Spouse who is legally separated, divorced, or widowed.

Successor Plan

A life insurance plan available through the Employer for which the Insureds are, or will become, eligible to obtain similar insurance.

We, Our, Us

Refers to Connecticut General Life Insurance Company.

Written Request

Any request for service or to exercise any options provided by this policy, in writing and in a form satisfactory to us. We may establish procedures for accepting requests for service or election of options by alternate electronic or telephonic means.

THE SCHEDULE

Your Eligibility Waiting Period

The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. It will be extended by the number of days you are not in Active Service.

If you were hired on or before the Employer Participation Date:

No Waiting Period

If you were hired after the Employer Participation Date:

No Waiting Period

LIFE INSURANCE

Initial Amounts of Insurance Available

ELIGIBLE CLASS	COVERAGE AMOUNT
Insured Employee	An amount elected in Units of \$10,000, less his Paid-up Insurance, if any.
Guaranteed Issue Amount	the lesser of 3 times Annual Compensation or \$500,000
Minimum Amount	\$10,000
Maximum Amount	the greater of a) or b) below: a) The sum of the Coverage Amount and the Paid-up Insurance, if any, will not exceed 5 times salary or \$1,000,000, whichever is less; or b) an amount equal to the life insurance benefit in effect on the termination date of the Prior Plan
Insured Spouse or Domestic Partner	An amount elected in increments of \$10,000, less his Paid-up Insurance, if any.
Minimum Amount	\$10,000
Maximum Amount	the greater of a) or b) below: a) The sum of the Coverage Amount and the Paid-up Insurance, if any, will not exceed \$100,000; or b) an amount equal to the life insurance benefit in effect on the termination date of the Prior Plan
Guaranteed Issue Amount	\$50,000
Insured Dependent Child	\$10,000
Maximum Amount	the greater of a) or b) below: a) \$10,000; or b) an amount equal to the life insurance benefit in effect on the termination date of the Prior Plan
Former Insured Employee	the greater of a) or b) below: a) An amount elected up to the Insured's last Coverage Amount as an Insured Employee under the Policy; or b) an amount equal to the life insurance benefit in effect on the termination date of the Prior Plan

Former Insured Spouse or Domestic Partner the greater of a) or b) below:
a) An amount elected up to the Insured's last Coverage Amount as an Insured Spouse or Domestic Partner under the Policy.; or
b) an amount equal to the life insurance benefit in effect on the termination date of the Prior Plan

Former Insured Dependent Child An amount elected in increments of \$5,000 or \$10,000, less any Paid-up Insurance.

Maximum Amount the greater of a) or b) below:
a) 5 times the Insured Dependent Child's Coverage Amount or
b) an amount equal to the life insurance benefit in effect on the termination date of the Prior Plan Maximum Amount

Retiree An amount elected up to the Insured's last Coverage Amount as an Insured Employee under the Policy.

Leave of Absence Employee the greater of a) or b) below:
a) An amount elected up to the Insured's last Coverage Amount as an Insured Employee under the Policy; or
b) an amount equal to the life insurance benefit in effect on the termination date of the Prior Plan

If the Coverage Amount initially elected for an Insured is higher than the Guaranteed Issue Amount, he will become insured for the amount that exceeds the Guaranteed Issue Amount only if he satisfies the Insurability Requirement for the excess amount.

Automatic Increase Option

If an Insured Employee is covered for the Automatic Increase Option:

- his Coverage Amount will be increased on the Policy Anniversary Date following the Employee's increase in Annual Compensation by the same percentage as the Employee's increase in Annual Compensation;
- he will not be required to satisfy the Insurability Requirement for the increased amount, provided he is in Active Service; and
- the increase amount will be limited to the plan maximum.

When an eligible Employee becomes insured, he may be enrolled for the Automatic Increase Option unless it is rejected.

If an Insured Employee is not enrolled for the Automatic Increase Option when he first becomes insured, or if the option is elected and later revoked, the option may be elected at a later date. If the option is elected at a later date, the Insured Employee must satisfy the Insurability Requirement before he is enrolled for the option.

This feature will terminate if the Owner otherwise increases or decreases the Coverage Amount to an amount which is not a whole multiple of the Employee's Annual Compensation.

Increases in Coverage Amount

On any date while an Insured is covered:

- an election to increase the Coverage Amount may be made, not to exceed the stated maximum; or
- an increase may be made in the Insured Employee's Coverage Amount based on an increase in his Annual Compensation; or
- an election may be made to increase the Coverage Amount of an Insured Spouse or Domestic Partner, Insured Dependent Child, Former Insured Employee, or Retiree.

However, the Insured will become covered for the elected higher Coverage Amount only if he satisfies the Insurability Requirement for that amount. The effective date of the increase will be the day we agree in writing to accept the Insured for the higher Coverage Amount.

Within 31 days following a Life Status Change, an election may be made to increase the Insured Employee's Coverage Amount by one times salary, rounded to the next higher \$10,000, not to exceed the plan maximum, without evidence of insurability.

We will require evidence of insurability satisfactory to us if an Employee requests any increase in the amount of insurance, unless the increase in coverage equals one benefit level, and is requested within 31 days following a Life Status Change.

If an Insured Employee is not in Active Service on the date he would otherwise become insured for an increased Coverage Amount, he will become insured for the increase on the date he returns to Active Service. If he does not return to Active Service within 90 days from the date we agree in writing to accept him for the higher Coverage Amount, he must satisfy the Insurability Requirement.

If, on the date an Insured Spouse or Domestic Partner, Insured Dependent Child, Former Insured Employee or Retiree would otherwise become insured for an increased Coverage Amount: (a) he is a patient in a hospital; and/or (b) he is unable to engage in the normal activities of a person of the same age and sex, he will become insured for the increase on the day after the conditions described under (a) and/or (b) have ended. If all of these conditions have not ended within 90 days from the date we agree in writing to accept him for the higher Coverage Amount, he must satisfy the Insurability Requirement.

Decreases in Coverage Amount

The Owner may decrease an Insured's Coverage Amount at any time by notifying us. The decrease in Coverage Amount will become effective on the first of the month after we receive the Owner's Written Request.

Limit on Increases or Decreases

We may refuse any increase or decrease in an Insured's Coverage Amount if we have determined that such change would adversely affect the Policy's or the Certificate's qualification as a life insurance policy under the Internal Revenue Code.

Semi Annual Re-Enrollment Period

During a Semi Annual Re-Enrollment Period (March 1st – April 30th or October 1st – November 30th) an Employee who is not currently insured under this Policy may elect coverage in \$10,000 increments, not to exceed 3 times Annual Compensation or \$500,000 (whichever is less) without satisfying the Insurability Requirement. Any excess amounts will require satisfactory Evidence of Insurability. Any excess amounts will be effective on the date the Insurance Company agrees in writing to insure the Employee.

During a Semi Annual Re-Enrollment Period (March 1st – April 30th or October 1st – November 30th) a Spouse who is not currently insured under this Policy may elect coverage in \$10,000 increments, not to exceed \$50,000, without satisfying the Insurability Requirement. Any excess amounts will require satisfactory Evidence of Insurability. Any excess amounts will be effective on the date the Insurance Company agrees in writing to insure the Spouse.

An Employee may reduce Insurance Benefits at any time. A request for a Benefit reduction received during a Re-enrollment Period will become effective the first of the month following the Re-Enrollment Period. Any other Benefit reduction will be effective on the date the Insurance Company receives the completed change form.

ELIGIBILITY

Eligible Classes

A person may be insured under only one of the Eligible Classes shown below, even though he may be eligible under more than one Class.

Employee

Each Employee of the Employer in one of the Classes of Eligible Employees shown below will become eligible to be insured as an Insured Employee on the later of:

- the Employer Participation Date; or
- the date he becomes an Employee of the Employer in one of the Classes of Eligible Employees.

Classes of Eligible Employees

Each full-time or part-time Employee in Active Service, working a minimum of 17.5 hours per week.

Spouse or Domestic Partner

Each Spouse or Domestic Partner of an eligible Employee will become eligible to be insured as an Insured Spouse or Domestic Partner on the later of:

- the date the Employee becomes eligible himself; or
- the date the person becomes a Spouse or Domestic Partner of an eligible Employee;

provided the Spouse or Domestic Partner is less than 65 years of age on that date.

For the purpose of eligibility, the Spouse must be a lawful Spouse and not legally separated from the Employee.

Dependent Child

An Insured, other than an Insured Dependent Child, is eligible to elect coverage for his Dependent Child(ren) on the later of the date such Insured:

- elects coverage for himself; or
- acquires a Dependent Child.

In no event will a Dependent Child be eligible to become insured under two Certificates at the same time.

Former Insured Employee

An Insured Employee or a Leave of Absence Employee who no longer qualifies as such, as described in the Individual Terminations section, will become eligible to be insured as a Former Insured Employee on the date he ceases to be an Insured Employee or a Leave of Absence Employee, provided he is not eligible under any other Class.

Former Insured Spouse or Domestic Partner

An Insured Spouse or Domestic Partner who no longer qualifies as such, as described in the Termination Provision, will become eligible to be insured as a Former Insured Spouse or Domestic Partner on the date he ceases to be an Insured Spouse or Domestic Partner, provided he is not eligible under any other Class.

Retiree

A retired Employee of the Employer will be eligible to be insured as a Retiree on the Employer Participation Date. An Insured Employee or a Leave of Absence Employee will be eligible to be insured on the date he retires as an Employee of the Employer in accordance with the Employer's requirements for retirement.

Leave of Absence Employee

An Insured Employee who is on an Employer-approved leave of absence will become eligible to be insured as a Leave of Absence Employee on the date the Insured Employee's leave of absence is approved by the Employer.

EFFECTIVE DATE OF INSURANCE

Insured Employee

If coverage for an Employee is elected before or within 31 days after the date he becomes eligible, his insurance will become effective, in an amount not to exceed the Guaranteed Issue Amount, on the later of: (a) the date he becomes eligible; or (b) the date we receive the completed and signed enrollment form.

If coverage for an Employee is elected for an amount in excess of the Guaranteed Issue Amount, he will become insured for the amount that exceeds the Guaranteed Issue Amount on the date we agree in writing to insure him for that amount. We will require him to satisfy the Insurability Requirement before we agree to insure him for the higher amount.

If coverage for an Employee is elected more than 31 days after he becomes eligible, he will become insured on the date we agree in writing to insure him. We will require him to satisfy the Insurability Requirement before we agree to insure him for any amount.

If an Employee is not in Active Service on the date his insurance would otherwise begin, he will become insured on the date he returns to Active Service. If an Employee does not return to Active Service within 90 days from the date we receive the completed original enrollment form, a new enrollment form, and new evidence of good health will be required.

Insured Spouse or Domestic Partner

If coverage for a Spouse or Domestic Partner is elected before or within 31 days after the date he becomes eligible, his insurance will become effective, in an amount not to exceed the Guaranteed Issue Amount, on the later of: (a) the date he becomes eligible; or (b) the date we receive the completed and signed enrollment form.

If coverage for a Spouse or Domestic Partner is elected for an amount in excess of the Guaranteed Issue Amount, he will become insured for the amount that exceeds the Guaranteed Issue Amount on the date we agree in writing to insure him for that amount. We will require the Spouse or Domestic Partner to satisfy the Insurability Requirement before we agree to insure him for the higher amount.

If coverage for a Spouse or Domestic Partner is elected more than 31 days after he becomes eligible, the Spouse or Domestic Partner will become insured on the date we agree in writing to insure him. We will require the Spouse or Domestic Partner to satisfy the Insurability Requirement before we agree to insure him for any amount.

If, on the date insurance would otherwise begin, a Spouse or Domestic Partner:

1. is hospitalized; and/or
2. is confined at home under the care of a doctor for sickness or injury; and/or
3. has had his level of activity significantly reduced so that he requires human supervision or assistance to perform any of the following Activities of Daily Living: (a) mobility; (b) transferring; (c) feeding; (d) dressing; or (e) toileting; which another person of the same age and sex could normally perform; and/or
4. is receiving any disability benefits from any source due to any sickness or injury;

his insurance will begin on the day after the conditions set forth under 1, 2, 3, and/or 4 have ended. If all of these conditions have not ended within 90 days from the date we receive the completed original enrollment form, a new enrollment form and new evidence of good health will be required.

Insured Dependent Child

If coverage for a Dependent Child is elected before or within 31 days after the date he becomes eligible, his insurance will become effective on the later of: (a) the date the Dependent Child becomes eligible for coverage as an Insured Dependent Child; or (b) the date we receive the completed and signed enrollment form.

If coverage for a Dependent Child is elected more than 31 days after the date he becomes eligible, the Insurability Requirement must be satisfied for each Dependent Child. The Dependent Child's insurance will become effective on the later of: (a) the first day of the month after we agree in writing to accept him; or (b) the date the completed change request form is received by us.

If coverage for a Dependent Child is in force and the Employee acquires another Dependent Child, coverage for that Child will become effective on the later of: (a) the date the Child is 15 days old; or (b) in the case of adoption, the first day of any waiting period prior to the finalization of the child's adoption. Notice must be given to us within 31 days of birth or adoption.

If, on the date his insurance would otherwise begin, a Dependent Child: (a) is hospitalized; and/or (b) is confined at home under the care of a doctor for sickness or injury, his insurance will begin on the day after the conditions described under (a) and/or (b) have ended. If all of these conditions have not ended within 90 days from the date we receive the completed original enrollment form, a new enrollment form and new evidence of good health will be required.

Former Insured Employee

If an Insured Employee elects to continue coverage as a Former Insured Employee, his insurance will become effective on the date his coverage as an Insured Employee ceases, provided the required premium is paid within the grace period.

Former Insured Spouse

If an election is made to continue coverage for an Insured Spouse as a Former Insured Spouse, his insurance will become effective on the date his coverage as an Insured Spouse ceases, provided the required premium is paid within the grace period.

Former Insured Dependent Child

If an Insured Dependent Child elects to be insured as a Former Insured Dependent Child, his insurance will become effective on the date his coverage as an Insured Dependent Child ceases, provided the required premium is paid to us within 15 days of such date.

If an Insured Dependent Child does not elect to be insured as a Former Insured Dependent Child within 90 days after he becomes eligible, he will not be eligible to elect this coverage at a later date.

If, on the date he becomes insured as a Former Insured Dependent Child, he: (a) is hospitalized; and/or (b) is confined at home under the care of a doctor for sickness or injury, he will not be insured for any Coverage Amount in excess of his existing Coverage Amount until the day after the conditions described under (a) and/or (b) have ended.

In addition, an Insured Dependent Child whose insurance as a Dependent Child has not yet ceased has the option to elect to be insured as a Former Insured Dependent Child instead of being insured as an Insured Dependent Child, provided he is at least 22 years of age. The Effective Date of Insurance for a Former Insured Dependent Child will be the later of: (a) the first day of the month after he elects the coverage as a Former Insured Dependent Child; or (b) the date the required premium is paid to us.

Retiree

If an Insured Employee elects to continue coverage as a Retiree, his insurance will become effective on the date his coverage as an Insured Employee ceases, provided the required premium is paid within the grace period.

Leave of Absence Employee

The Effective Date of Insurance for a Leave of Absence Employee will be the later of: (a) the date the Employer approves his leave of absence; or (b) the date the Employee begins his leave of absence, provided the required premium is paid directly to us within the grace period.

A Leave of Absence Employee must apply to return to Insured Employee status within 31 days of his return to Active Service. If a Leave of Absence Employee applies to return to Insured Employee status more than 31 days after his return to Active Service, he must satisfy the Insurability Requirement before we agree to insure him.

LIFE INSURANCE

Death Benefit

If an Insured dies, we will pay the Death Benefit in effect on the date of death. The Death Benefit will be paid to the Insured's Beneficiary as soon as due proof of death is received by us. The Death Benefit will be an amount equal to the greater of:

- the Insured's Coverage Amount on the date of death plus the Net Cash Value, if any; or
- an amount that, determined by us, is required to preserve the qualification of the Policy as a life insurance policy under the Internal Revenue Code.

Any Indebtedness will be deducted from the Death Benefit to be paid.

The Death Benefit will be reduced by any accelerated payment benefit paid under the Policy.

Endowment Benefit

If this insurance is in force and the Insured is living on the Endowment Benefit Date, we will pay to the Owner the Net Cash Value, if any.

Ownership of Records

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

Minimum Death Benefit

The Minimum Death Benefit allowable at any time under this certificate ("Minimum Death Benefit") is a percentage of the Cash Value. The Minimum Death Benefit depends on the Attained Age of the Insured and is given in the following table:

Table of Minimum Death Benefits

Attained Age of Insured	Percentage of Cash Value	Attained Age of Insured	Percentage of Cash Value
40 or less	250%	61	128%
41	243%	62	126%
42	236%	63	124%
43	229%	64	122%
44	222%	65	120%
45	215%	66	119%
46	209%	67	118%
47	203%	68	117%
48	197%	69	116%
49	191%	70	115%
50	185%	71	113%
51	178%	72	111%
52	171%	73	109%
53	164%	74	107%
54	157%	75 - 90	105%
55	150%	91	104%
56	146%	92	103%
57	142%	93	102%
58	138%	94	101%
59	134%	95 - 99	100%
60	130%		

We reserve the right to increase the Coverage Amount, to reject Cash Value contributions, or return Cash Value to the extent necessary to preserve qualification of the Policy and/or Certificate as a life insurance policy under the Internal Revenue Code.

Nonforfeiture Provisions

Cash Value and Net Cash Value

The Cash Value on the effective date of an Insured's coverage will be 98% of the excess of the initial premium received from that Insured over the Monthly Deduction for the month following the Effective Date of Insurance.

On each Calculation Date, the Cash Value, if any, will be calculated as shown below:

- | | | |
|------|----|---|
| | 1. | the Cash Value on the preceding Calculation Date; |
| plus | 2. | all premiums received since the preceding Calculation Date; |
| less | 3. | any amounts withdrawn from the Cash Value for Surrender, Partial Surrender, and withdrawal fee since the preceding Calculation Date; |
| less | 4. | any Monthly Deduction due for the current calendar month; |
| less | 5. | 2% of the difference between item (2) and item (4); (This percentage represents an actuarially determined average of various states premium tax rates.) |
| plus | 6. | accrued interest on the difference between item (1) and item (3). |

Interest will accrue daily at a rate which will produce an effective annual yield as announced from time to time by us.

The Net Cash Value as of any date is equal to the Cash Value on that date, less any Indebtedness.

Monthly Deduction

The Monthly Deduction will be due on the first of each calendar month and will be the sum of:

- the Monthly Cost of Insurance Rate for life insurance, based on the Insured's Attained Age multiplied by the difference between the Death Benefit and the Cash Value on that date; and
- the Monthly Cost of Insurance Rate for additional benefits, if any, multiplied by the Insured's Coverage Amount; and
- the Monthly Cost of Insurance Rate for all Insured Dependent Children, if elected; and
- the Monthly Administrative Charge.

The Monthly Administrative Charge may be different for each Eligible Class of Insureds.

The Monthly Administrative Charge may change from time to time as appropriate to the Eligible Class of Insureds. In no event will the Monthly Administrative Charge exceed an amount equal to the sum of \$10.00 or 2.5% of the Cash Value, if any.

Interest Rates

We will credit interest to the Cash Value, if any, on each Calculation Date.

Except as provided in the Cancellation Provisions section, the Interest Rate applied to the Net Cash Value of each Insured will be the greater of:

- 4% effective annual yield; or
- a rate determined by us from time to time. Such rate will be established on a prospective basis and may vary by the Policy Year and duration.

The Interest Rate applied to that portion of the Cash Value which secures any outstanding Loan of an Insured will be a rate which produces an effective annual yield of 6%.

Monthly Cost of Insurance Rates

The Monthly Cost of Insurance Rates are based on the Insured's Attained Age, the type of benefit, the Eligible Class of Insured, expectations due to future mortality, and whether premiums for that Insured are paid directly to us or through payroll deductions. Adjustments in the Monthly Cost of Insurance Rates may be made by us from time to time, but not more than once a year, and will apply to Insureds of the same Eligible Class. Under no circumstances will the Monthly Cost of Insurance Rates for Life Insurance ever be greater than those shown in the Table of Guaranteed Maximum Life Insurance Rates. Such guaranteed maximum rates are based on 325% of the 2017 Commissioners Standard Ordinary Mortality Table (age last birthday).

Insufficient Cash Value (Lapse)

If the Net Cash Value on the Calculation Date is insufficient to cover any due but unpaid Monthly Deduction, the insurance for that person and any riders will terminate as provided in the Grace Period For Insured provision. This termination will be termed a Lapse under the Policy.

Basis of Computations

A detailed statement of the method of computing values will be filed with the insurance department of any jurisdiction where required.

Continuation of Insurance

If an Insured ceases to pay the Planned Monthly Premium, the insurance for that person will be continued, subject to the terms of the Policy until the Net Cash Value is insufficient to cover the Monthly Deduction, as provided in the Lapse and Grace Period For Insured provisions. This provision will not continue the insurance beyond the Endowment Benefit Date.

Surrender

The Owner may terminate his insurance and Surrender the Certificate on any date before the Endowment Benefit Date by submitting a Written Request to us. Upon Surrender, the Owner will receive the Net Cash Value as of the date of Surrender, less any applicable Surrender fee.

We may defer the payment of the Net Cash Value for the period permitted by law, but not for more than six months from the date we receive the request for Surrender. If we defer payment of the Cash Value, we will pay interest on the held sums at the minimum rate allowed by law.

Partial Surrender

A Partial Surrender may be elected by the Owner on any day during the lifetime of the Insured and prior to the Endowment Benefit Date by submitting a Written Request to us. The amount of the Partial Surrender must be at least \$250 and may not exceed the Net Cash Value, less any applicable withdrawal fee.

When a Partial Surrender is made, the amount of the Partial Surrender will be deducted from the Cash Value. We will not allow a Partial Surrender if the Cash Value would be reduced below that required under the laws of the jurisdiction where the Policy is issued or if such Partial Surrender will cause the Insured's coverage to Lapse.

We will impose a withdrawal fee of \$25 for each Partial Surrender amount and reserve the right to limit the number of Partial Surrenders in a 12-month period. The withdrawal fee will be deducted from the amount of the Partial Surrender received by the Owner. We also reserve the right to defer payment for the period permitted by law, but not for more than six months from the date we receive the request for the Partial Surrender. If we defer payment of the Cash Value, we will pay interest on the held sums at the minimum rate allowed by law.

Loan Provisions

Loans

We will make a Loan to the Owner of the Certificate using the Certificate's Cash Value as security for the Loan, if the Certificate is in force and has an accumulated Net Cash Value. Upon application for a Certificate Loan, a Loan agreement must be executed and the Certificate must be assigned to us.

We may defer a Loan for six months from the date we receive the request for the Loan.

The Loan may be for any amount above the minimum of \$250, but not exceeding the Net Cash Value at the time of the loan. Further, we will not make a Loan which would require that the Loan Account Value be greater than the Cash Value. Interest will accrue on the Loan at an annual rate of 8% and will be due on the Employer Anniversary Date, upon Surrender, or upon termination of the Certificate. Interest not paid within 30 days of its due date will be added to the Loan Balance as of the date it became due.

In the event of Surrender, Lapse, death of the Insured, or any other event resulting in termination of the Certificate, the Loan Account Value will revert to us in repayment of the Current Outstanding Loan Balance. To the extent that the Current Outstanding Loan Balance exceeds the Loan Account Value, such excess will reduce the payment of any proceeds under the Certificate.

We will credit interest on the Loan Account Value at not less than an effective annual rate of 6%.

Loan Balance and Indebtedness

Loan Balance means the amount of money owed to us and secured by an Insured's Cash Value. Indebtedness is the sum of the Loan Balance plus any Monthly Deductions due but unpaid, plus any interest accrued but not yet due on Loans under the Policy. Any Indebtedness at the time of settlement will reduce the proceeds. Indebtedness may be repaid, in whole or in part, at any time before the Insured's Endowment Benefit Date.

If, at any time the Insured's total Indebtedness exceeds the current Cash Value, his insurance will cease as provided for in the Grace Period For Insureds provision.

Paid-Up Insurance

At any time after an Insured has accumulated a Cash Value, the Owner may elect to surrender his Certificate and use all or a portion of his Net Cash Value to purchase Paid-up Insurance.

The amount of Paid-up Insurance will be the amount which the Net Cash Value or a portion of the Net Cash Value will purchase when applied as a single premium, using the guaranteed maximum life insurance rates and the guaranteed minimum interest rates at the Insured's then Attained Age. However, the amount of Paid-up Insurance may not exceed an Insured's Coverage Amount in force for him on the date of purchase.

The Paid-up Insurance will be payable as set forth in the payment provisions in the Paid-up Insurance Policy. It will not include any other benefits provided under the Policy.

SUPPLEMENTAL ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT, SPEECH AND HEARING; OR PARALYSIS BENEFIT

We will pay benefits upon receipt of due proof that the Insured Employee, Insured Spouse or Domestic Partner, Former Insured Employee, Former Insured Spouse or Domestic Partner, or Leave of Absence Employee suffers a loss as shown in the Table of Losses and Benefits while insured for the Supplemental Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing; or Paralysis Benefit. The loss must be as a direct result of that injury, independently of all other causes. The loss must occur within 90 days after the date of the accident causing the loss.

The benefit payable will be equal to the Coverage Amount in force on the Insured on the date of the loss, multiplied by the percentage shown in the Table of Losses and Benefits for such loss. The maximum that will be paid for all losses resulting from injuries received by an Insured in any one accident will be his Coverage Amount.

Table of Losses and Benefits

	% of Coverage Amount
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of Speech and Hearing (both ears)	100%
Quadriplegia (total Paralysis of both upper and lower limbs)	100%
Paraplegia (total Paralysis of both lower limbs)	50%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	50%
Hemiplegia (total Paralysis of upper and lower limbs on one side of body)	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means. Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

(In California, loss of a thumb and index finger means loss by complete Severance of at least one whole phalanx of each.) (In South Carolina, the complete severance of four whole fingers from one hand equals the loss of one hand.)

Severance means the complete separation and dismemberment of the part from the body.

Paralysis means loss of use, without Severance, of a limb. This loss must be determined by a Doctor to be complete and not reversible.

Limitations

The Supplemental Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing; or Paralysis Benefit will not be paid if the loss in any way results from:

- intentionally self-inflicted injury, suicide or any attempt thereat, while sane or insane;
- mental infirmity;
- sickness, disease, bodily infirmity, or bacterial or viral infection, even if contracted by accident. This exclusion does not apply to bacterial infection that is the natural and foreseeable result of an accidental external cut or wound;
- declared or undeclared war, an act of war or service in any military force of any country while such country is engaged in war;
- performing police duty as a member of a military organization;
- taking part in the commission of a felony;
- voluntary use of any controlled substance, unless prescribed for the Insured by his Physician. The term *controlled substance* is defined in Title II of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended; or
- travel or flight in any aircraft, except as a passenger on a commercial flight, Employer aircraft, or a military air transport passenger flight.

Termination of Supplemental Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing; or Paralysis Benefit

An Insured's Supplemental Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing; or Paralysis Benefit will cease on the earliest date below:

- the date the Insured's Coverage Amount ceases, as described in the Individual Terminations section; or
- the last day for which the Insured has paid the required premium for the Supplemental Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing; or Paralysis Benefit; or
- the date the Supplemental Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing; or Paralysis Benefit is cancelled;
- the anniversary of Employer Participation Date that is the same as or next follows the normal retirement date of an Insured Employee; or
- the anniversary of the Employer Participation Date that is the same as or next follows the 65th birthday of an Insured Spouse or Domestic Partner, Former Insured Employee, Former Insured Spouse or Domestic Partner, or Leave of Absence Employee.

If an Insured Employee or Former Insured Employee's cost of life insurance is waived as described in the Waiver of Cost of Life Insurance During Total Disability section, his Supplemental Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing; or Paralysis Benefit will cease on the date his Waiver of Cost of Life Insurance is approved by us. His Supplemental Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing; or Paralysis Benefit will be reinstated on the date his Waiver of Cost of Life Insurance ceases, provided the required premium is paid to us for his life insurance and his Supplemental Accidental Death, Dismemberment, Loss of Sight, Speech and Hearing; or Paralysis Benefit.

LIFE INSURANCE

Waiver of Cost of Life Insurance During Total Disability

If an Insured Employee or Former Insured Employee becomes Totally Disabled (as defined) before age 60, his cost of life insurance and the cost of life insurance for his Insured Dependent Child(ren) , for whom he has elected coverage and who are covered under his Certificate, will be waived while he remains continuously Totally Disabled. In addition, any premiums paid to us for his cost of life insurance and the cost of life insurance for his Insured Dependent Child(ren), if any, on or after the date he becomes Totally Disabled, will be refunded to the Insured Employee or Former Insured Employee. No additional changes in coverage will be allowed after Waiver is approved by us.

In order to qualify for the Waiver of Cost of Life Insurance, an Insured Employee or Former Insured Employee must submit due proof that he has been continuously Totally Disabled for 6 months or more. Such proof must be submitted to us no later than one year from the date the Insured Employee or Former Insured Employee becomes Totally Disabled. After his cost of life insurance and the cost of life insurance for his Insured Dependent Child(ren), if any, has been waived for one year, such cost of insurance will be waived for further periods of one year if:

- he remains continuously Totally Disabled; and
- he submits to us, during the three months before the end of each such one-year period, proof of the continuation of Total Disability.

However, the Insured Employee or Former Insured Employee is required to pay his cost of life insurance and the cost of life insurance for his Insured Dependent Child(ren), if any, if such cost of life insurance:

- was due more than one year before we received proof of his Total Disability; or
- was due but not yet paid if the Insured Employee or Former Insured Employee becomes Totally Disabled during a Grace Period for Insureds.

Death Benefit During Waiver of Cost of Life Insurance

If an Insured Employee or Former Insured Employee dies while his cost of life insurance is being waived, the Death Benefit will be paid only if we receive proof, within one year of his death, that his Total Disability was continuous from the date we received the last proof of Total Disability until the date he died.

The Death Benefit payable for an Insured Employee or Former Insured Employee or Insured Dependent Child will be the Coverage Amount determined from The Schedule which was in effect on the day before the date the Insured Employee or Former Insured Employee became Totally Disabled, plus Net Cash Value.

Total Disability or Totally Disabled

An Insured Employee or Former Insured Employee will be considered Totally Disabled when he is completely unable to engage in any occupation for wage or profit because of injury or sickness.

At any time while an Insured Employee or Former Insured Employee's cost of life insurance is being waived, we will have the right to require proof of his continuing Total Disability and, at our own expense, to have a Physician of our choice examine him. However, after he has been Totally Disabled for two years, we will require proof no more than once a year.

Termination of an Insured's Waiver of Cost of Life Insurance

The Waiver of Cost of Life Insurance will cease for an Insured Employee or Former Insured Employee and his Insured Dependent Child on the earliest of:

- the date the Insured Employee or Former Insured Employee is no longer Totally Disabled;
- the date the Insured Employee or Former Insured Employee refuses to submit to any physical examination required by us;
- the last day of any one-year period of Total Disability during which the Insured Employee or Former Insured Employee fails to give proof of continuous Total Disability;
- the date the Insured Employee or Former Insured Employee attains age 65; or
- the date the Certificate terminates.

An Insured Employee or Former Insured Employee whose Waiver of Cost of Life Insurance ceases for himself and/or any Insured Dependent Children, may continue this insurance by paying the Monthly Deduction directly to us, or through payroll deduction for an Insured Employee, or, by having adequate Cash Value to cover the Monthly Deduction.

For the purposes of this Waiver of Cost of Life Insurance provision, an Insured Employee or Former Insured Employee's cost of life insurance is deemed to include his Monthly Administrative Charge.

This Waiver of Cost of Life Insurance provision does not apply to any supplemental coverage, if elected, nor to any insurance for an Insured Spouse or Domestic Partner.

TERMINATION PROVISIONS

Individual Terminations

The insurance on an Insured Employee, Insured Spouse or Domestic Partner, Insured Dependent Child, Former Insured Employee, Retiree and Leave of Absence Employee will cease on the earliest date below:

- the date the Policy or the Employer's participation under the Trust terminates, if no continuation is specifically provided for in the Continuation section of the Policy; or
- the date the Insured's coverage Lapses; or
- the date the Insured's Certificate is Surrendered; or
- the date the Insured is no longer eligible for the Class in which he was insured, if no continuation is specifically provided for in the Continuation section of the Policy; or
- the date of death of the Insured.

On an Insured's Endowment Benefit Date, his Certificate must be surrendered, and then his Net Cash Value will be paid.

If the Policy terminates or the Insured ceases to qualify for his Eligible Class, and if coverage is not continued as specifically provided for in the Continuation section, Conversion may be available. If coverage Lapses, neither Continuation nor Conversion is available.

The insurance on an Insured Spouse or Domestic Partner and/or Insured Dependent Child will cease on the earliest date below:

- the date of Individual Termination (as described above) of the Certificate of Insurance under which the Insured Spouse or Domestic Partner or Insured Dependent Child is insured; or
- the date an Insured terminates the coverage for his Insured Spouse or Domestic Partner or Insured Dependent Child; or
- the first of the month after the date an Insured Spouse or Domestic Partner or Insured Dependent Child is no longer eligible for the insurance as an Insured Spouse or Domestic Partner or Insured Dependent Child.

Policy Termination

The Policyholder may terminate the Policy by providing us with a Written Request 60 days before the termination date.

We may terminate the Policy on the earlier of:

- 60 days after we have given written notice of the termination to the Policyholder; or
- the date the Trust is dissolved.

Continuation

Loss of Eligibility

If an Insured Employee ceases to be eligible as an Insured Employee, his coverage continues if any of the following events occur:

- he becomes eligible as a Retiree, in which case he continues as a Retiree with up to 100% of his Coverage Amount; or
- he becomes eligible as a Leave of Absence Employee, in which case he continues as a Leave of Absence Employee with up to 100% of his Coverage Amount; or
- he becomes eligible as a Former Insured Employee, in which case he continues as a Former Insured Employee with up to 100% of his Coverage Amount.

An Insured Dependent Child's coverage continues if the Insured Employee or Insured Spouse or Domestic Partner through whom he became insured is eligible to continue coverage.

If a Leave of Absence Employee ceases to be eligible as a Leave of Absence Employee, his coverage continues if any of the following events occur:

- he becomes eligible as a Retiree, in which case he continues as a Retiree with up to 100% of his Coverage Amount; or
- he becomes eligible as a Former Insured Employee, in which case he continues as a Former Insured Employee with up to 100% of his Coverage Amount; or
- he becomes eligible as an Insured Employee, in which case he continues up to 100% of his Coverage Amount.

Policy Termination or Employer's participation under the Trust

If the Policy or the Employer's participation under the Trust terminates and the Insured is eligible for coverage under the Successor Plan, he may not continue coverage under the Policy.

Conversion Privilege

If all or part of the Coverage Amount for an Insured ends because the Insured ceases to be a member of an Eligible Class, or coverage under the continuation period ends, the Owner may convert up to the amount of insurance which ends, less any amount which the Insured becomes eligible to continue or replace under the Policy or under a Successor Plan.

If coverage for an Insured ends because the Policy or Employer's participation under the Trust terminates and the individual has been insured under this Policy for at least two years, the Owner may convert up to \$10,000, less any amount which the Insured becomes eligible to continue or replace under the Policy or under a Successor Plan.

To convert, the Owner may apply for any type of life insurance currently being issued by us at the age and in the amount applied for, except that the new insurance may not:

- be term insurance; or
- contain disability or any other supplemental benefits.

To apply for conversion insurance, the Owner must, within 31 days after coverage under the Policy ends:

- submit an application to us; and
- pay the required premium.

Conversion coverage will become effective on the 31st day after the date coverage under the Policy ends, provided: (a) the application has been received by us; and (b) the required premium has been paid. Evidence of insurability will not be required for the converted amount.

Premium for the conversion insurance will be based on:

- the age and class of risk of the Insured; and
- the type and amount of coverage issued.

If the Insured dies during the 31-day conversion period, life insurance benefits will be paid under the group Policy, regardless of whether he applied for conversion insurance. If a conversion policy is issued, it will replace coverage for that type and amount of insurance from the Policy.

Extension of Conversion Period

If an Insured is eligible for conversion, and the Owner is not notified of this right at least 15 days prior to the end of the 31-day conversion period, the conversion period will be extended. The Owner will have 15 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 60 days. Notice, for the purposes of this section, means written notice presented to the Owner or mailed to the Owner's last known address as reported by the Employer.

If the Insured dies during the extended conversion period, but more than 31 days after his coverage under the Policy terminates:

- life insurance benefits will not be paid under the Policy; and
- life insurance benefits will be paid under the conversion insurance, provided: (a) the Insured's application for conversion insurance has been received by us; and (b) the required premium has been paid.

TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES

Per \$10,000 of Insurance

Attained Age	Rate	Attained Age	Rate
16	\$1.27	37	\$3.77
17	\$1.63	38	\$4.09
18	\$1.65	39	\$4.42
19	\$1.73	40	\$4.74
20	\$1.76	41	\$5.01
21	\$1.82	42	\$5.26
22	\$1.87	43	\$5.39
23	\$1.95	44	\$5.56
24	\$2.06	45	\$5.75
25	\$2.09	46	\$5.96
26	\$2.09	47	\$6.21
27	\$2.06	48	\$6.45
28	\$2.06	49	\$6.78
29	\$2.09	50	\$7.19
30	\$2.17	51	\$7.67
31	\$2.28	52	\$8.22
32	\$2.47	53	\$8.84
33	\$2.63	54	\$9.55
34	\$2.87	55	\$10.36
35	\$3.12	56	\$11.29
36	\$3.44	57	\$12.35

TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES

**Per \$10,000 of Insurance
(Continued)**

Attained Age	Rate	Attained Age	Rate
58	\$13.55	79	\$121.81
59	\$14.93	80	\$136.35
60	\$16.51	81	\$153.02
61	\$18.31	82	\$172.40
62	\$20.36	83	\$195.29
63	\$22.62	84	\$221.74
64	\$25.10	85	\$252.39
65	\$27.81	86	\$287.36
66	\$30.71	87	\$326.68
67	\$33.89	88	\$370.19
68	\$37.34	89	\$417.42
69	\$41.29	90	\$467.52
70	\$45.80	91	\$519.57
71	\$50.97	92	\$573.32
72	\$56.88	93	\$627.15
73	\$63.57	94	\$679.46
74	\$70.99	95	\$737.51
75	\$79.22	96	\$807.27
76	\$88.24	97	\$884.70
77	\$98.17	98	\$970.43
78	\$109.25	99	\$1,063.52

PREMIUM PROVISIONS

Premium

Premiums may be paid on a periodic or lump-sum basis. If the Owner is an Employee, premium payments may be paid through payroll deduction. In all other cases, premiums will be paid directly to us and will be billed by us on a monthly, quarterly, semi-annual, or annual basis. Premiums may not exceed an amount that, in our opinion, is required to preserve the qualification of the Policy as a life insurance policy under the Internal Revenue Code without regard to the Minimum Death Benefit provision. (See the Qualification under Internal Revenue Code section.)

Grace Period for Insured

If the Net Cash Value for any Insured on the date that a Monthly Deduction is due is less than the required Monthly Deduction, a Grace Period for Insured of 61 days will be granted to the Owner to pay a premium sufficient to cover the required Monthly Deductions for the next premium payment period. (The Net Cash Value and Monthly Deduction are described under Nonforfeiture Provisions.) If such premium is not paid within the Grace Period for Insured, the coverage will lapse without value at the end of the Grace Period for Insured.

At least 31 days before the end of the Grace Period for Insured, we will notify the Owner that there is insufficient Cash Value to cover the next Monthly Deduction. Failure to give notice will not extend the Death Benefit beyond the grace period. If the Insured dies during the Grace Period for Insured, we will deduct any overdue Monthly Deduction from the Death Benefit payable.

Reinstatement

If an Insured's coverage has lapsed, it may be reinstated at any time prior to three years after the date of Lapse if:

- the Insured's Certificate has not been Surrendered for the Cash Value; and
- we receive a Written Request for Reinstatement; and
- at the Insured's own expense, satisfactory evidence of good health is submitted to us; and
- premiums are paid equal to two times the Monthly Deduction; and
- any Indebtedness plus interest accrued from the date of Lapse is paid.

The effective date of the reinstated coverage will be the date we agree in writing to accept him.

If an Insured's coverage Lapses while on an Employer-approved leave of absence, it may be reinstated within 31 days of his returning to Active Service without satisfying the Insurability Requirement.

OWNERSHIP AND ASSIGNMENT

Owner

Unless otherwise specified on the enrollment form or unless Ownership is transferred in accordance with the provisions of the Policy:

- the Insured Employee will be the Owner of the coverage for himself, his Insured Spouse or Domestic Partner, and his Insured Dependent Child, if any.
- the Former Insured Employee, Retiree and Leave of Absence Employee will be the Owner of the coverage for himself, and his Insured Dependent Child, if any.

Rights of Owner

While an Insured is alive, the Owner may exercise all rights and privileges under the Certificate, including the right to: (a) release or surrender the Certificate to us; (b) agree with us to any change in the Certificate; (c) transfer all rights and privileges to another person; and (d) assign his Certificate.

All rights and privileges of the Owner may be exercised without the consent of any designated Beneficiary, unless the Owner has given up the right to change the Beneficiary.

Unless provided otherwise, if the Owner is a person other than the Insured and dies before the Insured, all the rights and privileges of the Owner will vest in the Owner's executors or administrators.

Assignment

The Owner may transfer all his rights and privileges by Assignment to a third party. On the effective date of transfer, that third party will become the Owner and will have all the rights and privileges of the Owner. The Owner may revoke any transfer prior to its effective date.

Unless provided otherwise, a transfer will not affect the interest of any Beneficiary designated prior to the effective date of the transfer.

A transfer of ownership or a revocation of transfer, must be in writing on a form satisfactory to and filed with us. A transfer or a revocation will take effect on the later of the effective date specified by the Owner or the date it is recorded by us. Any payment made or any action taken or allowed by us before a transfer or a revocation is recorded and effective, will be without prejudice to us. We do not assume responsibility for the validity or sufficiency of any Assignment.

BENEFICIARY PROVISIONS

The Owner may designate a Beneficiary to whom the proceeds will be paid in the event of the death of the Insured. Upon the death of an Insured Dependent Child, the Coverage Amount will be paid to the Owner of the Certificate who has elected and paid the premiums for that Insured Dependent Child unless otherwise designated by the Owner.

If a Beneficiary dies before the Insured, that Beneficiary's interest will end; such Beneficiary's share will be paid in equal shares to the other Beneficiaries, if there are any. This does not apply if other arrangements have been filed with us.

If there is no surviving Beneficiary or the Owner has not designated a Beneficiary, benefits will be paid to the first surviving class of the following classes of Beneficiaries:

- the Insured's Spouse; or
- the Insured's Child or Children; or
- the Insured's parents; or
- the Insured's siblings.

If there is no surviving member of any of the above classes, the benefits will be paid to the Owner or Owner's estate. If the Beneficiary is a minor or is not able to give valid receipt for any payment due him, such payment will be made to his legal guardian.

Payment in the manner described above will release us from all liability to the extent of any payment made.

Change of Beneficiary

The Owner may change the Beneficiary at any time without the consent of the Beneficiary, unless the Beneficiary designation is irrevocable. The change must be made on a form satisfactory to us and signed by the Owner. Consent of the Beneficiary will not be required to effect any other changes.

No change in Beneficiary will take effect until this form is received by us. When this form is received, the change will take effect as of the date of the form. If the Insured dies before the form is received, we will not be liable for any payment that was made before receipt of the form.

GENERAL PROVISIONS

Misstatement of Age

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age, subject to the Qualification Under Internal Revenue Code provision.

Incontestability

We will not contest the validity of this insurance after it has been in force for two years from the date of issue, except for nonpayment of premiums. No statement made by an Insured as to his insurability will be used to contest the validity of the insurance after it has been in force prior to the contest for a period of two years during the Insured's lifetime. No statement made by an Insured will be used unless it is made in writing and signed by him. Any increase in the Coverage Amount effective after an Insured first becomes insured will be incontestable only after such increase has been in force for two years during the Insured's lifetime. The basis for contesting an increase in the Coverage Amount will be limited to material misrepresentations made in the supplemental enrollment form for the increase.

Annual Certificate Report

We will send a report to each Owner once a year to be attached to the Certificate. The report will show the current Coverage Amount, the Death Benefit, the Cash Value, and any Indebtedness. The report will also show interest earned, premiums paid and any other information required by applicable laws.

Payment of Proceeds

Proceeds, as used in the Policy, means an amount payable:

- on the Insured's Endowment Benefit Date; or
- on the date an Owner Surrenders the Certificate before the Insured's Endowment Benefit Date; or
- upon the death of the Insured.

The Proceeds payable upon receipt of due proof of an Insured's death will be as described in the Death Benefit section. If an Insured dies as a direct result of an accidental bodily injury, the proceeds may also include any supplemental benefit, if elected.

If an Owner Surrenders the Certificate before the Endowment Benefit Date, the Proceeds will be the Net Cash Value, less any applicable Surrender fee, as described in the Nonforfeiture Provisions section. On an Insured's Endowment Benefit Date, the Certificate must be Surrendered. The Proceeds will then be the Net Cash Value, less any applicable Surrender fee, as described in the Cash Value and Net Cash Value provision. The Proceeds are subject to the adjustments described in the following provisions:

- Misstatement of Age;
- Incontestability;
- Suicide;
- Partial Surrender;
- Grace Period For Insured;
- Indebtedness;
- Death Benefit; and
- Supplemental Accidental Death Benefit.

Suicide

If an Insured commits suicide, while sane or insane, within two years from the date his insurance becomes effective, his Death Benefit will be limited to a refund of the premiums paid, less: (a) any Indebtedness against the Cash Value; and (b) the amount of any Partial Surrenders.

If an Insured commits suicide, while sane or insane, within two years from the effective date of any increase in the Insured's Coverage Amount, the Death Benefit payment with respect to such increase will be limited to a refund of the monthly charges for the cost of the increase.

Qualification Under Internal Revenue Code

The Policy is designed to qualify as a life insurance policy under the Internal Revenue Code, as amended. We reserve the right to: (a) limit or decline an Insured's payments; (b) limit or decline Coverage Amount changes; (c) amend the Policy and Certificates; (d) distribute Cash Value; or (e) take other action we deem necessary to preserve the qualification of the Policy as a life insurance policy under the Internal Revenue Code.

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

ACCELERATED PAYMENT BENEFIT RIDER

This rider is made a part of the Certificate. This rider takes effect on the Employer Participation Date unless a later date is shown in the Certificate Coverage Verification Pages.

The effective date of insurance under this rider is subject to the terms and conditions set forth in the Certificate.

Any benefits paid under the Terminal Illness Benefit will reduce the amount of the Insured's Death Benefit.

This rider has no Cash Value or Loan value.

NOTICE: Benefits which are paid under this Accelerated Payment Benefit Rider will reduce the Death Benefit under the life insurance.

Benefits paid under this Accelerated Payment Benefit Rider may be taxable. If so, the Owner or Beneficiary may incur a tax obligation. As with all tax matters, the Owner should consult his personal tax advisor to assess the impact of this benefit. Benefits of this rider are not payable if the Certificate to which it is attached is not in force.

30-DAY RIGHT TO EXAMINE

If the Owner is not satisfied with this Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid. In that case, the Certificate will be void as if it had never been issued.

DEFINITIONS

Physician

The term *Physician* means a licensed medical practitioner who is practicing within the scope of his or her license and who is licensed to prescribe and administer drugs or to perform surgery.

Terminal Illness

A Terminal Illness will be considered to exist if a person has a written diagnosis and prognosis by two unaffiliated Physicians that he has 12 months or less to live.

TERMINAL ILLNESS BENEFIT

Benefit

We will pay a one-time Terminal Illness Benefit, up to 75% of the Insured's Coverage Amount, when we receive verification that an Insured has a Terminal Illness. We will require written consent of any irrevocable beneficiary or assignee of record before the benefit is paid. The Terminal Illness Benefit is based on the Insured's Coverage Amount under the Policy in effect on the Benefit Determination Date. This benefit is payable in a lump sum.

Benefit Determination Date

The term *Benefit Determination Date* means the date we verify that an Insured is terminally ill. The Terminal Illness Benefit cannot be greater than 75% of the Coverage Amount in effect on the Benefit Determination Date.

Determination of Terminal Illness

For the purpose of determining the existence of a Terminal Illness, we will require that the Insured submit the following:

- a written diagnosis and prognosis by two unaffiliated Physicians licensed to practice in the United States, stating that the Insured has 24 months or less to live; and
- supportive evidence satisfactory to us, including, but not limited to, radiological, histological, and laboratory reports documenting the Terminal Illness.

PREMIUM PROVISIONS**Premium**

The premium for this rider will be included in the Monthly Deduction and will be shown in the Certificate Coverage Verification Pages.

Change in Premiums

Any premiums for insurance under this rider may be changed by us from time to time with at least 31 days advance written notice. Any such change will be made on a class basis.

TERMINATION OF INSURANCE UNDER THIS RIDER

The insurance under this rider for an Insured Employee, Insured Spouse or Domestic Partner, Former Insured Employee, Retiree, or Leave of Absence Employee will cease on the earliest of the following dates:

- the date the Insured's coverage ends under the Certificate; or
- the last day for which the Insured has paid the required premium for this rider, subject to the Grace Period; or
- the date the Terminal Illness Benefit becomes payable.

GENERAL PROVISIONS**Notice of Claim**

Notice of claim must be by Written Request given to us within 60 days after a diagnosis and prognosis of a Terminal Illness has been made. If the notice is not given in that time, the claim will not be invalidated or reduced if it is shown that the Written Request was given as soon as was reasonably possible.

Claim Forms

When we receive such notice of claim, we will send forms for filing proof of loss. If the claimant does not get these claim forms within 15 days after we receive the notice of claim, the proof of loss requirements will be met by submitting, within 90 days, proof of the nature and extent of the loss.

Proof of Loss

Proof of loss must be by Written Request given to us within 90 days after the date of loss. Failure to furnish proof within 90 days shall not invalidate or reduce any claim if it was not reasonably possible to furnish such proof within such time. Such proof must be furnished as soon as reasonably possible, but in no event, except in the absence of legal capacity, later than one year from the time proof is required.

Payment of Claim

All benefits under this rider will be paid to the Owner. If the Insured dies prior to the payment of an eligible claim for an Accelerated Benefit, the life insurance benefit shall be paid in accordance with the Beneficiary Provisions applicable to the life insurance benefit. Any payment made by us prior to our being advised of the Insured's death shall discharge us of any obligation to the extent the benefit was paid.

Legal Action

No one may sue for payment of claim: a) less than 60 days after due proof of loss is furnished; or b) more than three years after the date proof of loss is required by the Policy.

Recovery of Overpayment

If we have made an overpayment, we have the right, at any time, to recover that overpayment from the person to whom or on whose behalf it was made.

Examination

We may require, at our expense, an examination of the Insured and a review of the documented evidence by a Physician of our choice.

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Anna Krishtul, Corporate Secretary



Julia M. Huggins, President

**AMENDATORY RIDER
DOMESTIC PARTNER COVERAGE**

Employer/Policyholder: University of Connecticut
Policy No. 02-M105004

Effective Date: January 1, 2020

This rider amends the Policy and Certificate to which it is attached. It is effective on the Effective Date shown above, and expires when the Policy expires.

"Domestic Partner" means a person who:

1. shares the Employee's permanent residence;
2. has resided with the Employee continuously for at least one year and is expected to continue to reside with the Employee indefinitely;
3. is financially interdependent with the Employee in each of the following ways:
 - a. by holding one or more credit or bank accounts, including a checking account, as joint owners;
 - b. by owning or leasing their permanent residence as joint tenants;
 - c. by naming, or being named by the Employee as a beneficiary of life insurance or under a will;
 - d. by each agreeing in writing to assume financial responsibility for the welfare of the other;
4. has signed a domestic partner declaration with the Employee, if the Employee resides in a jurisdiction which provides for domestic partner declarations;
5. has not signed a domestic partner declaration with any other person within the last 12 months;
6. is no less than 18 years of age nor more than 70 years of age;
7. is not currently legally married to any other person; and
8. is not a blood relative any closer than would prohibit legal marriage.

In addition to the above requirements, consent of either party to the Domestic Partner relationship must not have been obtained by force, duress, or fraud.

An Employee may be insured against covered loss to a Domestic Partner if all of the following conditions are met:

1. the Employee has not been married to any person within the past 12 months.
2. the Domestic Partner is the only person meeting the Policy's definition of "Domestic Partner" with respect to the Employee.
3. the Employee and Domestic Partner furnish a notarized affidavit or signed statement reflecting these requirements, and an agreement to notify the Insurance Company if the requirements cease to be met, on a form acceptable to the Insurance Company.

To obtain insurance for a Domestic Partner, the Employee must request coverage in writing and agree to make any required premium contribution. Insurance will be effective on the same date specified for the Insured Spouse in the Effective Date of Insurance Provision. We reserve the right to require evidence of good health.

The amount of insurance with respect to any Domestic Partner is as shown in the Schedule.

Death benefits with respect to any Domestic Partner will be payable to the beneficiary chosen by the Domestic Partner, if any; otherwise, to the Employee.

Except for the above this rider does not change the Policy to which it is attached.

CONNECTICUT GENERAL LIFE INSURANCE COMPANY



Julia M. Huggins, President

XX-612900

AMENDMENT

Employer: University of Connecticut

Policy No. 02-M105004

Amendment Effective Date: January 1, 2020

This Amendment is attached to and made part of the Policy specified above. It is subject to all of the policy provisions that do not conflict with its provisions.

This amendment will be in effect only for Covered Employees in Active Service. If an Employee is not in Active Service on the date he would otherwise become eligible, he will become eligible on the date he returns to Active Service.

Employer and We hereby agree that the Policy and any Certificates delivered under the Group Policy are amended as follows:

The **Partial Surrender** provision is hereby amended as follows:

A Partial Surrender may be elected by the Owner on any day during the lifetime of the Insured and prior to the Endowment Benefit Date by submitting a Written Request to us. The amount of the Partial Surrender may not exceed the Net Cash Value, less any applicable withdrawal fee.

When a Partial Surrender is made, the amount of the Partial Surrender will be deducted from the Cash Value. We will not allow a Partial Surrender if the Cash Value would be reduced below that required under the laws of the jurisdiction where the Policy is issued or if such Partial Surrender will cause the Insured's coverage to Lapse.

We will not impose a withdrawal fee for each Partial Surrender amount and reserve the right to limit the number of Partial Surrenders in a 12-month period. We also reserve the right to defer payment for the period permitted by law, but not for more than six months from the date we receive the request for the Partial Surrender. If we defer payment of the Cash Value, we will pay interest on the held sums at the minimum rate allowed by law.

The **Loans** provision is hereby amended as follows:

The Loan amount may not exceed the Net Cash Value at the time of the loan. Further, we will not make a Loan which would require that the Loan Account Value be greater than the Cash Value. Interest will accrue on the Loan at an annual rate of 8% and will be due on the Employer Anniversary Date, upon Surrender, or upon termination of the Certificate. Interest not paid within 30 days of its due date will be added to the Loan Balance as of the date it became due.

Connecticut General Life Insurance Company



Julia M. Huggins, President

XX-00-4000.00

IMPORTANT CHANGES FOR STATE REQUIREMENTS

If an Employee resides in one of the following states, the provisions of the certificate are modified for residents of the following states. The modifications listed apply only to residents of that state.

Georgia residents:

Special Terms Applicable to Previously Insured Employees Not in Active Service

If an Employee is not in Active Service on the Policy Effective Date, they are not covered under the Policy.

However, the Insurance Company agrees to provide a death benefit equal to the lesser of:

1. the amount due under this Policy (without regard to the Active Service provision), or
2. the amount that would have been due under the Prior Plan had it remained in force.

The benefit amount will be reduced by any amount paid by the Prior Plan, or that would have been paid had this Policy not been issued and had timely filing of the claim been made under the Prior Plan.

These special terms will end on the earliest of the following dates:

1. the date the Employee meets the Active Service requirements;
2. the date insurance terminates for one of the reasons stated in the Termination of Insurance provision;
3. 12 months after the Policy Effective Date; or
4. the last day the Employee would have been covered under the Prior Plan if that plan was still in force.

Minnesota Residents:

The following "Continuation of Life Insurance" provision is applicable to Minnesota residents if the Employer has a minimum of 25 Employees who reside in Minnesota, the Minnesota Employees represent at least 25% of all covered Employees under the Policy, and the Policy does not offer Portability.

Continuation Of Life Insurance – This provision shall not apply to the extent that the Policy provides for the right of Employees to continue insurance on a direct billed basis following termination of employment (Portability).

This provision shall apply with respect to Employees whose coverage under the Policy is terminated due to: (i) voluntary or involuntary termination or layoff from employment, for any reason other than gross misconduct; or (ii) reduction in hours such that the Employee is not eligible for insurance under the Policy. This provision shall only apply to Employees who, on such date, are Minnesota residents.

For those Employees subject to this provision, life insurance coverage may be continued under the Policy for 18 months, or until the date that the Employee becomes covered under another group policy, whichever is shorter. Coverage provided under this provision will also end if the Policy is terminated.

The premium required for continued coverage shall be the premium under the Policy applicable to the Employee's class and amount of coverage. The Employer may charge an additional amount, not to exceed 2% of such premium, for collecting premium contributions from former Employees. The Employer shall notify the Employee of the right to continue and the required premium contribution. The Employee may elect to continue within 60 days of termination by paying the required premium, and may continue coverage in force by paying the required premium, without demand, on a monthly basis, as of the first of each month, to the Employer. Coverage will end at the end of any month in which the Employee has failed to pay premium to the Employer.

If continued coverage remains in force at the end of the 18 month period, or on termination of the Policy, the Employee may choose any conversion right then available under the Policy.

In the event the Employee dies during the 60 day right to elect period without having become insured under another group policy, or dies while continued coverage is in force, the death benefit will be paid to the beneficiary chosen by the Employee under the terms of the Policy.

Continued coverage will include eligible dependents who were covered on the Employee's date of termination, provided the dependent remains eligible as a dependent of the Employee. In the event that the dependent ceases to be eligible, the dependent may choose any conversion right then available under the Policy.

Missouri residents:**Suicide**

If an Insured commits suicide, while sane, within two years from the date his insurance becomes effective, his Death Benefit will be limited to a refund of the premiums paid, less: (a) any Indebtedness against the Cash Value; and (b) the amount of any Partial Surrenders.

If an Insured commits suicide, while sane, within two years from the effective date of any increase in the Insured's Coverage Amount, the Death Benefit payment with respect to such increase will be limited to a refund of the monthly charges for the cost of the increase.

Suicide is no defense to payment of life insurance benefits nor is suicide while sane a defense to payment of accidental death benefits, if any, unless we can show that the Insured intended suicide when he applied for the Policy, regardless of any language to the contrary in the Policy.

North Dakota residents:**Suicide**

If an Insured commits suicide, while sane or insane, within one year from the date his insurance becomes effective, his Death Benefit will be limited to a refund of the premiums paid, less: (a) any Indebtedness against the Cash Value; and (b) the amount of any Partial Surrenders.

If an Insured commits suicide, while sane or insane, within one year from the effective date of any increase in the Insured's Coverage Amount, the Death Benefit payment with respect to such increase will be limited to a refund of the monthly charges for the cost of the increase.

**UNDERWRITTEN BY:
CONNECTICUT GENERAL LIFE INSURANCE COMPANY
a Cigna company**

Class 1

05/2020

