GROUP POLICY FOR:

UNIVERSITY OF NORTHERN IOWA

ALL MEMBERS
Group Long Term Disability Insurance

Print Date: 04/17/2020
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CHANGE NO. --3-- AMENDMENT TO BE ATTACHED TO
AND MADE A PART OF
PRINCIPAL LIFE INSURANCE COMPANY GROUP
POLICY NO. GLT 1120981 ISSUED TO

UNIVERSITY OF NORTHERN IOWA

It is agreed that the above Group Policy be amended effective as of April 13, 2020, by striking all pages and replacing such pages with the following updated Group Policy.

The effect of this change is to completely replace the documentation of the contract between the above-named Policyholder and The Principal. Therefore, as of the effective date of this change, all prior versions of that documentation are null and void. This change is not intended to renew the contract between the Policyholder and The Principal in any way which affects the time limits of the coverages or limitations as stated in the original documentation.

The provisions and conditions set forth on any attached page are part of this Amendment the same as if set forth above.

This Amendment will become effective as a Written agreement between The Principal and the Policyholder on the first premium due date following the effective date shown above for which premium due under this Group Policy is received by The Principal.

Executed by The Principal as of April 17, 2020.

Executive Vice President, General Counsel and Secretary

Chairman, President and Chief Executive Officer
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This group insurance policy is issued to:

UNIVERSITY OF NORTHERN IOWA
(called the Policyholder in this Group Policy)

The Date of Issue is January 1, 2020.

In return for the Policyholder's application and payment of all premiums when due, The Principal agrees to provide:

LONG TERM DISABILITY INSURANCE

subject to the terms and conditions described in this Group Policy.

GROUP POLICY NO. GLT 1120981
NON-PARTICIPATING
CONTRACT STATE OF ISSUE: IOWA

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This policy has been updated effective April 13, 2020
# PART IA - LONG TERM DISABILITY INSURANCE SUMMARY

<table>
<thead>
<tr>
<th>Minimum Hours Requirement</th>
<th>Employees must be working at least 20 hours a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Contribution</td>
<td>Members are not required to contribute a part of the premium for their insurance under this Group Policy</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>The later of 90 working days or the date accumulated sick leave expires</td>
</tr>
<tr>
<td>Own Occupation Period</td>
<td>two year(s)</td>
</tr>
<tr>
<td>Primary Monthly Benefit</td>
<td>66 2/3% of the Member's Predisability Earnings.</td>
</tr>
<tr>
<td>Maximum Monthly Benefit</td>
<td>$6,667</td>
</tr>
<tr>
<td>Minimum Monthly Benefit</td>
<td>$100</td>
</tr>
<tr>
<td>Maximum Benefit Payment Period</td>
<td>Member's Age on The Date Disability Begins</td>
</tr>
<tr>
<td></td>
<td>Before age 65</td>
</tr>
<tr>
<td></td>
<td>65-67</td>
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<tr>
<td></td>
<td>68-69</td>
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<tr>
<td></td>
<td>70-71</td>
</tr>
<tr>
<td></td>
<td>72 and over</td>
</tr>
<tr>
<td>Rehabilitation Services and Benefits</td>
<td>Included</td>
</tr>
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<td>Included</td>
</tr>
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<td>Rehabilitation Incentive Benefit</td>
<td>5%</td>
</tr>
<tr>
<td>Other Coverage Features</td>
<td>Included</td>
</tr>
<tr>
<td>Proportionate Benefit if Working</td>
<td>three times Benefit Payable</td>
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<tr>
<td>Survivor Benefit</td>
<td>Included</td>
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<tr>
<td>Cost of Living Adjustment</td>
<td>Included</td>
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<tr>
<td>TIAA Retirement Plan Supplement</td>
<td>Included</td>
</tr>
<tr>
<td>Medical Premium Supplement Benefit</td>
<td>$750</td>
</tr>
</tbody>
</table>

This policy has been updated effective April 13, 2020
NOTE:

No premiums are required during a Long Term Disability Benefit Payment Period.

Benefits may be reduced by other sources of income and disability earnings.

Some disabilities may not be covered or may be limited under this insurance.

This summary provides only highlights of this Group Policy. The entire Group Policy determines all rights, benefits, exclusions and limitations of the insurance described above.

This policy has been updated effective April 13, 2020

GC 3002 UNI-3 PART IA - LONG TERM DISABILITY INSURANCE SUMMARY, PAGE 2
PART I - DEFINITIONS

When used in this Group Policy, the terms listed below will mean:

Active Work; Actively at Work

A Member will be considered Actively at Work if he or she is engaged in the active performance of all of his or her regular duties with the intent of continuing the active performance of all said duties on an ongoing basis. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, or an approved FMLA leave of absence for the care of a qualified family member is considered Active Work provided the Member is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence.

Basic Annual Compensation

The current salary amount appearing opposite a Member’s name in the University budget or on a Member’s formal letter of appointment. It is determined as of July 1 of each year (or as of the date a Member became a faculty and/or Staff Member if subsequent to July 1) for the 12-month period commencing with such July 1. It is the salary amount for the academic year if payable during 9 months, 10 months or for the fiscal year if payable during 12 months. If a Member is paid on an hourly rate a Member’s Basic Annual Compensation is determined by multiplying a Member’s budgeted hourly rate by a Member’s normal working hours in the fiscal year. Basic Annual Compensation for the purposes of this insurance, does not include:

a. compensation for shift differential, summer session, correspondence study, or other irregular service; or

b. compensation in the form of noncash items such as board, room, laundry, or premiums paid by the Policyholder for the benefit of any person.

Benefit Payment Period

The period of time during which benefits are payable.

Current Earnings

A Member's Monthly Earnings for each month that he or she is Disabled. This includes all sources of income from the Policyholder or a Participating Unit that comprised earnings prior to Disability such as Personal Time Off (PTO), sick pay, vacation pay, and holiday pay. Earnings from Secondary Employment are not considered Current Earnings except as identified in Secondary Employment. While Disabled, a Member's Monthly Earnings may result from working for the Policyholder or a Participating Unit or any other employer.

This policy has been updated effective April 13, 2020
Date of Issue

The date this Group Policy is placed in force: January 1, 2020

Dependent

Any person who qualifies for benefits as a dependent under the Federal Social Security Act as a result of the Member's Disability or retirement, whether or not residing in the Member's home.

Disability; Disabled

A Member will be considered Disabled if, solely and directly because of sickness, injury, or pregnancy:

During the Elimination Period and the Own Occupation Period, one of the following applies:

a. The Member cannot perform the majority of the Substantial and Material Duties of his or her Own Occupation.

b. The Member is performing the duties of his or her Own Occupation on a Modified Basis or any occupation and is unable to earn more than 80% of his or her Indexed Predisability Earnings.

After completing the Elimination Period and the Own Occupation Period, one of the following applies:

a. The Member cannot perform the majority of the Substantial and Material Duties of any occupation for which he or she is or may reasonably become qualified based on education, training, or experience.

b. The Member is performing the Substantial and Material Duties of his or her Own Occupation or any occupation on a Modified Basis and is unable to earn more than 66 2/3 % of his or her Indexed Predisability Earnings.

The loss of a professional or occupational license or certification does not, in itself, constitute a Disability.

Disability; Disabled (for Pilots)

A Member will be considered Disabled if, solely and directly because of sickness, injury, or pregnancy:

During the Elimination Period and the Benefit Payment Period one of the following applies:

This policy has been updated effective April 13, 2020
a. The Member cannot perform the majority of the Substantial and Material Duties of any occupation for which he or she is or may reasonably become qualified based on education, training, or experience.

b. The Member is performing the Substantial and Material Duties of his or her Own Occupation or any occupation on a Modified Basis and is unable to earn more than 66 2/3% of his or her Indexed Predisability Earnings.

The loss of a professional or occupational license or certification does not, in itself, constitute a Disability.

**Elimination Period**

The period of time a Member must be Disabled before benefits begin to accrue. An Elimination Period starts on the date a Member is Disabled and must be satisfied for each period of Disability. A Member who is in the process of satisfying the Elimination Period may recover from the Disability for a period of time and then again become Disabled from the same or a different cause. A recovery will not require the Member to start a new Elimination Period as long as the Elimination Period is satisfied by the required number of days of Disability during a period that is twice as long as the Elimination Period. The periods of Disability will be combined to satisfy the Elimination Period. A Member cannot satisfy any part of the Elimination Period with any period of Disability that results from a cause for which The Principal does not pay benefits.

**Employee**

A person who is employed by and receives a W-2 from the Policyholder or a Participating Unit or has a direct ownership interest in the Policyholder or a Participating Unit.

**Generally Accepted**

Treatment, service, or medication that:

a. has been accepted as the standard of practice according to the prevailing opinion among experts as shown by (or in) articles published in authoritative, peer-reviewed medical, and scientific literature; and

b. is in general use in the medical community; and

c. is not under continued scientific testing or research as a therapy for the particular sickness or injury which is the subject of the claim.

**Group Policy**

This policy has been updated effective April 13, 2020
The policy of group insurance issued to the Policyholder by The Principal which describes benefits and provisions for insured Members.

**Hospital**

An institution that is licensed as a Hospital by the proper authority of the state in which it is located, but not including any institution, or part thereof, that is used primarily as a clinic, convalescent home, rest home, home for the aged, nursing home, custodial care facility, or training center.

**Income Loss Percentage**

A Member's Income Loss Percentage is equal to:

a. the Member's Indexed Predisability Earnings less any Current Earnings from the Member's Own Occupation or any occupation; divided by

b. the Member's Indexed Predisability Earnings.

**Indexed Predisability Earnings**

A Member's Predisability Earnings adjusted for increases in the Consumer Price Index.

**Insurance Month**

Calendar month.

**Maximum Monthly Benefit**

$6,667

**Member**

Any person residing in the United States, who is a U.S. citizen or is legally working in the United States, and who is:

a. a Faculty Member whose appointment status is term, probationary, or tenure; or

b. a University Staff Member (other than a Merit System Staff Member) whose appointment status is annual, term, probationary, continuing service, contract, tenure, or provisional; or

c. a University Merit System Staff Member whose appointment is probationary or permanent; or

This policy has been updated effective April 13, 2020
d. a Staff Member of the Iowa Braille and Sightsaving School or Iowa School for the Deaf whose appointment status is probationary, work test, permanent, project, or provisional;

provided that such person is working at least half-time of the academic year, and has attained age 18.

For Faculty Members: The word “Member” shall exclude visiting instructors and/or adjunct professors, students, members of the Armed Services assigned to the staff of the Policyholder, and faculty and staff members holding appointments of a temporary nature.

For University Staff Members: The word “Member” shall exclude students, members of the Armed Services assigned to the staff of the Policyholder, and staff members holding appointments of a temporary nature.

For All Other Members: The word “Member” shall exclude students and staff members holding appointments of a temporary nature.

A person is considered to be residing in the United States if his or her main home or permanent address is in the United States or if the person is in the United States for six months or more during any 12-month period.

**Mental Health Condition**

Any condition which is:

a. manifested by a psychiatric disturbance including, but not limited to, a biologically or chemically based disorder; and

b. categorized in the current edition of the American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders or its successor.

Conditions not considered a Mental Health Condition include:

a. dementia that is the result of any of the following conditions:
   
   (1) stroke;
   (2) head injury;
   (3) viral infection; or
   (4) Alzheimer's disease; and

b. organic brain syndrome; and

c. delirium; and

This policy has been updated effective April 13, 2020
d. organic amnesia syndromes; and

e. organic delusional or organic hallucinogenic syndromes.

Modified Basis

A Member will be considered working on a Modified Basis if he or she is working on a part-time basis.

Monthly Earnings

On any date, the amount which is one-twelfth of a Member’s Basic Annual Compensation.

Other Income Sources

a. All disability payments for the month that the Member and the Member's Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and

b. for a Member who has reached Social Security Normal Retirement Age or older, all retirement payments for the month that the Member and the Member's Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and

c. for a Member who is less than Social Security Normal Retirement Age, all retirement payments for the month that the Member and the Member's Dependents receive under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and

d. all payments for the month that the Member receives from a permanent or temporary award or settlement under a Workers' Compensation Act, or other similar law, whether or not liability is admitted. Payments that are specifically set out in an award or settlement as medical benefits, rehabilitation benefits, income benefits for fatal injuries or income benefits for scheduled injuries involving loss or loss of use of specific body members will not be considered an Other Income Source; and

e. all payments for the month that the Member receives (or would have received if complete and timely application had been made) under a policy that provides benefits for loss of time from work, if the Policyholder or a Participating Unit pays a part of the cost or makes payroll deductions for that coverage; and

This policy has been updated effective April 13, 2020
This policy has been updated effective April 13, 2020

f. all payments for the month that the Member receives or is eligible to receive under another group disability insurance policy; and

g. all payments for the month that the Member receives under any state disability plan; and

h. all sick pay, salary continuance payments, personal time off, severance pay for the month that the Member receives from the Policyholder or a Participating Unit; and

i. all retirement payments attributable to employer contributions and all disability payments attributable to employer contributions for the month that the Member receives under a pension plan sponsored by the Policyholder or a Participating Unit. A pension plan is a defined benefit plan or defined contribution plan providing disability or retirement benefits for employees. A pension plan does not include a profit sharing plan, a thrift savings plan, a nonqualified deferred compensation plan, a plan under Internal Revenue Code Section 401(k) or 457, an Individual Retirement Account (IRA), a Tax Deferred Sheltered Annuity (TSA) under Internal Revenue Code Section 403(b), a stock ownership plan, or a Keogh (HR-10) plan with respect to partners; and

j. all payments for the month that the Member receives for loss of income under no-fault auto laws. Supplemental disability benefits purchased under a no-fault auto law will not be counted; and

k. all renewal commissions for the month that the Member receives from the Policyholder or a Participating Unit; and

l. all payments for the month that the Member receives under state unemployment laws.

NOTE:
If any sick pay, salary continuance payments, personal time off, severance pay or loss of time from work payments specified above are attributable to individual disability insurance policies, the payments will not be considered an Other Income Source.

Any retirement payments the Member receives under the Federal Social Security Act or a pension plan which he or she had been receiving in addition to his or her Monthly Earnings prior to a claim for Disability, will not be considered an Other Income Source.

Military or Veterans Administration disability or retirement payments will not be considered an Other Income Source.

After the initial deduction for each of the Other Income Sources, benefits will not be further reduced due to any cost of living increases payable under the above stated sources.

Withdrawal of pension plan benefits by a Member for the purpose of placing the benefits in a subsequent pension plan or a deferred compensation plan will not be considered an Other
Income Source unless the Member withdraws pension benefits from the subsequent pension plan or defined compensation plan due to disability or retirement.

Any income the Member receives for services rendered prior to the Member's date of Disability will not be considered Other Income Sources.

**Own Occupation**

The occupation the Member is routinely performing when Disability begins. The occupation of the Member as it is performed in the national economy when Disability begins. Own Occupation does not mean the specific tasks or job the Member is performing for the Policyholder or a Participating Unit or at a specific location.

**Own Occupation Period**

The first two year(s) of the Benefit Payment Period.

**Participating Unit**

Any entity meeting the requirements outlined in PART II and PART V of this Group Policy.

**Physician**

a. A licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.); or

b. any other licensed health care practitioner that state law requires be recognized as a Physician under this Group Policy.

The term Physician does not include the Member, an employee of the Member, a business or professional partner or associate of the Member, any person who has a financial affiliation or business interest with the Member, anyone related to the Member by blood or marriage, or anyone living in the Member's household.

**Policy Anniversary**

January 1, 2021, and the same day of each year.

**Policyholder**

The entity to whom this Group Policy is issued (see Title Page).

**Predisability Earnings**

A Member's Monthly Earnings in effect prior to the date Disability begins.

**This policy has been updated effective April 13, 2020**
Primary Monthly Benefit

66 2/3% of the Member's Predisability Earnings. The Primary Monthly Benefit will not exceed the Maximum Monthly Benefit of $6,667.

Proof of Good Health

Written evidence that a person is insurable under the underwriting standards of The Principal. This proof must be provided in a form satisfactory to The Principal.

Regular and Appropriate Care

A Member will be considered to be receiving Regular and Appropriate Care if he or she:

a. is evaluated in person by a Physician; and
b. receives treatment appropriate for the condition causing the Disability; and
c. undergoes evaluations and treatment that is provided by a Physician whose specialty is appropriate for the condition causing the Disability; and
d. undergoes evaluations and treatment at a frequency intended to return the Member to full-time work; and
e. pursues reasonable treatment options or recommendations to achieve maximum medical improvement.

The Principal may require the Member to have his or her Physician provide a Written evaluation and treatment plan for the condition causing the Disability, which meets Generally Accepted medical standards and is satisfactory to The Principal.

The Principal may waive, in Writing to the Member, the Regular and Appropriate Care requirement if it is determined that continued care would be of no benefit to the Member.

Rehabilitation Plan

An individualized Written agreement between the Member and The Principal developed with the assistance of the Member, and others as appropriate. The Rehabilitation Plan may include medical, psychological, or vocational services and benefits, which are provided with the intent to restore the Member's ability to perform his or her Own Occupation or any occupation which the Member is or could reasonably become qualified by education, training, or experience.

This policy has been updated effective April 13, 2020
Retirement Plan

University of Northern Iowa Retirement Plan.

Secondary Employment

Employment the Member is engaged in with an employer, other than the Policyholder or a Participating Unit, prior to the date Disability begins. Earnings from Secondary Employment will be determined by using the average monthly earnings over the six calendar months just prior to the date of Disability. Any post disability increase above the average monthly earnings will be considered Current Earnings.

Signed or Signature

Any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper or electronic media, and which is consistent with applicable law and is agreed to by The Principal.

Social Security Normal Retirement Age (SSNRA)

Social Security Normal Retirement Age as defined by the Social Security Administration on the date Disabled.

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Normal Retirement Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 1938</td>
<td>65</td>
</tr>
<tr>
<td>1938</td>
<td>65 and 2 months</td>
</tr>
<tr>
<td>1939</td>
<td>65 and 4 months</td>
</tr>
<tr>
<td>1940</td>
<td>65 and 6 months</td>
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<tr>
<td>1941</td>
<td>65 and 8 months</td>
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<td>1942</td>
<td>65 and 10 months</td>
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<tr>
<td>1943 - 1954</td>
<td>66</td>
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<tr>
<td>1955</td>
<td>66 and 2 months</td>
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<tr>
<td>1956</td>
<td>66 and 4 months</td>
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<tr>
<td>1957</td>
<td>66 and 6 months</td>
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<tr>
<td>1958</td>
<td>66 and 8 months</td>
</tr>
<tr>
<td>1959</td>
<td>66 and 10 months</td>
</tr>
<tr>
<td>After 1959</td>
<td>67</td>
</tr>
</tbody>
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This policy has been updated effective April 13, 2020
Staff Member (not applicable to Faculty Members)

a. Any employee who is working at least half-time for a period of no less than nine months.

b. Any full-time employee whose employment with the Policyholder or a Participating Unit constitutes his principal occupation and who is regularly scheduled to work at such occupation.

Substantial and Material Duties

The essential tasks generally required by employers from those engaged in a particular occupation that cannot be modified or omitted. If a Member routinely works on average 40 hours or more per week, The Principal will consider the Member able to perform the Substantial and Material Duties of an occupation if he or she is working, or has the capacity to work, 40 hours per week.

Written or Writing

A record which is on or transmitted by paper or electronic media, and which is consistent with applicable law.

This policy has been updated effective April 13, 2020
PART II - POLICY ADMINISTRATION

Section A - Contract

Article 1 - Entire Contract

This Group Policy, the current Certificate, the attached Policyholder application, and any Member applications make up the entire contract. The Principal is obligated only as provided in this Group Policy and is not bound by any trust or plan to which it is not a signatory party.

Article 2 - Policy Changes

Insurance under this Group Policy runs annually to the Policy Anniversary, unless sooner terminated. No agent, employee, or person other than an officer of The Principal has authority to change this Group Policy, and, to be effective, all such changes must be in Writing and Signed by an officer of The Principal.

The Principal reserves the right to change this Group Policy as follows:

a. Any or all provisions of this Group Policy may be amended or changed at any time, including retroactive changes, to the extent necessary to meet the requirements of any law or any regulation issued by any governmental agency to which this Group Policy is subject.

b. Any or all provisions of this Group Policy may be amended or changed at any time when The Principal determines that such amendment is required for consistent application of policy provisions.

c. By Written agreement between The Principal and the Policyholder, this Group Policy may be amended or changed at any time as to any of its provisions.

Any change to this Group Policy, including, but not limited to, those in regard to coverage, benefits, and participation privileges, may be made without the consent of any Member.

Payment of premium beyond the effective date of the change constitutes the Policyholder's consent to the change.

Article 3 - Policyholder Eligibility Requirements

To be an eligible group and to remain an eligible group, the Policyholder must:

This policy has been updated effective April 13, 2020
a. be actively engaged in business for profit within the meaning of the Internal Revenue Code, or be established as a legitimate nonprofit organization within the meaning of the Internal Revenue Code, or be a governmental agency; and

b. make at least the level of premium contributions required for insurance on its eligible Members. The Policyholder must contribute 100% of the required premium for all Members; and

c. maintain the following participation with respect to eligible employees, excluding those for whom Proof of Good Health is not satisfactory to The Principal:

   (1) 100% if the Member is to contribute no part of the premium; or
   (2) 50% if the Member is to contribute part or all of the premium; and
   (3) have three or more insured employees.

**Article 4 - Policy Incontestability**

In the absence of fraud, after this Group Policy has been in force two years, The Principal may not contest its validity except for nonpayment of premium.

**Article 5 - Individual Incontestability and Eligibility**

All statements made by any individual insured under this Group Policy will be representations and not warranties. In the absence of fraud, these statements may not be used to contest an insured person's insurance unless:

a. the insurance has been in force for less than two years during the insured's lifetime; and

b. the statement is in Written form Signed by the insured person; and

c. a copy of the form which contains the statement is given to the insured or the insured's beneficiary at the time insurance is contested.

However, these provisions will not preclude the assertion at any time of defenses based upon the person's ineligibility for insurance under this Group Policy or upon the provisions of this Group Policy. In addition, if an individual's age is misstated, The Principal may at any time adjust premium and benefits to reflect the correct age.

The Principal may at any time terminate a Member's eligibility under this Group Policy in Writing and with 31-day notice:

**This policy has been updated effective April 13, 2020**
a. if the individual submits any claim that contains false or fraudulent elements under state or federal law;

b. upon finding in a civil or criminal case that a Member has submitted claims that contain false or fraudulent elements under state or federal law;

c. when a Member has submitted a claim which, in good faith judgment and investigation, a Member knew or should have known, contains false or fraudulent elements under state or federal law.

**Article 6 - Information to be Furnished**

The Policyholder must, upon request, give The Principal all information needed to administer this Group Policy. If a clerical error is found in this information, The Principal may at any time adjust premium to reflect the facts. An error will not invalidate insurance that would otherwise be in force. Neither will an error continue insurance that would otherwise be terminated.

The Principal may inspect, at any reasonable time, all Policyholder and Participating Unit records which relate to this Group Policy.

**Article 7 - Certificates**

The Principal will give the Policyholder Certificates for delivery to insured Members. The delivery of such Certificates will be in either paper or electronic format. The Certificates will be evidence of insurance and will describe the basic features of the benefit plan. They will not be considered a part of this Group Policy.

**Article 8 - Experience Premium Refunds**

The Principal will determine the Experience Premium Refund, if any, as of each Policy Anniversary in accordance with the formula to be applied to all such policies receiving an Experience Premium Refund. The Policyholder has no rights to any Experience Premium Refund unless and until determined by The Principal. If premiums due before the Policy Anniversary and for the next following Insurance Month have been paid, any such Experience Premium Refund will be:

a. paid in cash to the Policyholder; or

b. used to pay future premiums due, if the Policyholder directs in Writing.

This policy has been updated effective April 13, 2020
If at any time total Experience Premium Refund for all years to date exceed the Policyholder premium contributions and expense for those years, the excess must be used for the sole benefit of the insured Members.

“Experience Premium Refund” means any portion of the remainder of premium plus any reserves being released by The Principal after all claims, charges, expenses, taxes, amounts to fund deficits, and any other amounts deducted by The Principal have been funded fully, which is determined by The Principal to be distributable for the benefit of the participants in this group insurance or of the employee welfare benefit plan for which this Group Policy was purchased. Any Experience Premium Refund will be determined by The Principal according to a formula developed by The Principal for all policies of a class.

This Group Policy and all group policies issued by The Principal to the Policyholder or its subsidiaries will be combined and treated as one policy for the purpose of determining any Experience Premium Refund.

Article 9 - Workers' Compensation Insurance Not Replaced

This Group Policy is not in place of and does not affect nor fulfill the requirements for Workers' Compensation Insurance.

Article 10 - Policy Interpretation

The Principal has discretion to construe or interpret the provisions of this Group Policy, to determine eligibility for benefits, and to determine the type and extent of benefits, if any, to be provided. The decisions of The Principal in such matters shall be controlling, binding, and final as between The Principal and persons covered by this Group Policy, subject to the Claims Procedures in PART IV, Section Q of this Group Policy.

Article 11 - Electronic Transactions

Any transaction relating to this Group Policy may be conducted by electronic means if performance of the transaction is consistent with applicable state and federal law.

Any notice required by the provisions of this Group Policy given by electronic means will have the same force and effect as notice given in writing.

Article 12 - Value Added Service

This policy has been updated effective April 13, 2020
The Principal reserves the right to offer or provide to a Policyholder an employee assistance program or a wellness program or any other value added service for the employees of the Policyholder. In addition, The Principal may arrange for third party service providers (i.e., employee assistance program companies, wellness program providers), to provide discounted goods and services to those Policyholders of The Principal. While The Principal has arranged these goods, services, and third party provider discounts, the third party service providers are liable to the Members for the provisions of such goods and services. The Principal is not responsible for the provision of such goods or services nor is it liable for the failure of the provision of the same. Further, The Principal is not liable to the Members for the negligent provisions of such goods and/or services by the third party service providers.
Section B - Premiums

Article 1 - Payment Responsibility; Due Dates; Grace Period

The Policyholder is responsible for payment of all premium due while this Group Policy is in force. Payments must be sent to the designated payment center for The Principal in Des Moines, Iowa.

The first premium is due on the Date of Issue of this Group Policy. Each premium thereafter will be due on the first of each Insurance Month. Except for the first premium, a Grace Period of 60 days will be allowed for payment of premium. "Grace Period" means the first 60-day period following a premium due date. The Group Policy will remain in force until the end of the Grace Period, unless the Group Policy has been terminated by notice as described in this PART II, Section C. The Policyholder will be liable for payment of the premium for the time this Group Policy remains in force during the Grace Period.

Article 2 - Premium Rates

For Active Staff Members of Iowa Braille and Sightsaving School or Iowa School for the Deaf

The premium rate will be $0.16 per $10 of Benefit Payable for each Member insured for Long Term Disability Insurance.

For All Other Members

The premium rate will be $0.19 per $10 of Benefit Payable for each Member insured for Long Term Disability Insurance.

Article 3 - Premium Rate Changes

The Principal may change a premium rate on any of the following dates:

a. on any premium due date, after the initial premium rate has then been in force one year or more and if Written notice is given to the Policyholder at least 31 days before the date of change. After the initial premium rate has been in force for one year, The Principal may change the premium rate on any due date if the rate has been in force for 12 months or more and if Written notice is given to the Policyholder at least 31 days before the date of change; or

b. on any date the definition of Member is changed; or

This policy has been updated effective April 13, 2020
c. on any date that the policy design features or class of insured Members is changed; or

d. on any date a division, subsidiary, or affiliated company is added or terminated; or

e. on any date the premium contribution required of Members is changed; or

f. on any Policy Anniversary, if the total covered Monthly Earnings for then insured Members has increased or decreased by more than 25% since the last Policy Anniversary.

If the Policyholder agrees to participate in the electronic services program of The Principal and, at a later date elects to withdraw from participation, such withdrawal may result in certain administrative fees being charged to the Policyholder.

**Article 4 - Premium Amount**

The amount of premium to be paid on each due date will be the product of total Benefit Payable for all Members then insured multiplied by the premium rate per $10 then in effect.

To ensure accurate premium calculations, the Policyholder is responsible for reporting to The Principal, the following information during the stated time periods:

a. Members who are eligible to become insured are to be reported during the month prior to or during the month that coverage becomes effective.

b. Members whose coverage has terminated are to be reported within a month of the date coverage terminated.

c. Changes in Monthly Earnings are to be reported within a month of the date that the change in Monthly Earnings took place.

d. Changes in Member insurance class are to be reported within a month of the date that the change in insurance class took place.

If a Member is added or a present Member's Primary Monthly Benefit amount changes or terminates on other than the first of an Insurance Month, premium for that Member will be adjusted and applied as if the change were to take place on the first of the next following Insurance Month.

**Article 5 - Contributions from Members**

This policy has been updated effective April 13, 2020
Members are not required to contribute a part of the premium for their insurance under this Group Policy.
Section C - Policy Termination

Article 1 - Failure to Pay Premium

This Group Policy will terminate at the end of a Grace Period if total premium due has not been received by The Principal before the end of the Grace Period. Failure by the Policyholder to pay the premium within the Grace Period will be deemed notice by the Policyholder to The Principal to discontinue this Group Policy at the end of the Grace Period.

Article 2 - Termination Rights of the Policyholder

The Policyholder may terminate this Group Policy effective on the day before any premium due date by giving Written notice to The Principal prior to that premium due date. The Policyholder's issuance of a stop-payment order for any amounts used to pay premiums for the Policyholder's insurance will be considered Written notice from the Policyholder.

Article 3 - Termination Rights of The Principal

The Principal may nonrenew or terminate this Group Policy by giving the Policyholder 31 days advance notice in Writing, if the Policyholder:

a. ceases to be actively engaged in business for profit within the meaning of the Internal Revenue Code, or be established as a legitimate nonprofit organization within the meaning of the Internal Revenue Code; or

b. has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact under the terms of this Group Policy; or

c. does not promptly provide The Principal with information that is reasonably required; or

d. fails to perform any of its obligations that relate to this Group Policy; or

e. fails to maintain the participation percentages requirements with respect to eligible employees, excluding those for whom Proof of Good Health is not satisfactory to The Principal; or

f. on any Policy Anniversary, if the total covered Monthly Earnings for then insured Members has increased or decreased by more than 25% since the last Policy Anniversary.

This policy has been updated effective April 13, 2020

PART II - POLICY ADMINISTRATION

GC 3010-3  Section C - Policy Termination, Page 1
The Principal may terminate the Policyholder's coverage on any premium due date if the Policyholder relocates to a state where this Group Policy is not marketed, by giving the Policyholder 31 days advanced notice in Writing.

**Article 4 - Policyholder Responsibility to Members**

If this Group Policy terminates for any reason, the Policyholder must:

a. notify each Member of the effective date of the termination; and

b. refund or otherwise account to each Member all contributions received or withheld from Members for premiums not actually paid to The Principal.

If the Participating Unit's coverage under this Group Policy terminates for any reason, the provisions of PART V, Section E will also apply.
PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS

Section A - Eligibility

Article 1 - Member Insurance

A person will be eligible for insurance on the date the person becomes a Member as defined.
Section B - Effective Dates

Article 1 - Actively at Work

A Member's effective date for Long Term Disability Insurance will be as explained in this section, if the Member is Actively at Work on that date. If the Member is not Actively at Work on the date insurance would otherwise be effective, such insurance will not be in force until the day of return to Active Work.

Article 2 - Effective Date for Noncontributory Insurance

Unless Proof of Good Health is required (see Articles 4 and 5 below), insurance for which the Member contributes no part of premium will be in force on the date the Member is eligible.

Article 3 - Effective Date for Contributory Insurance

If a Member is to contribute a part of premium, insurance must be requested in a form provided by The Principal. Unless Proof of Good Health is required (see Articles 4 and 5 below), the requested insurance will be in force on:

a. the date the Member is eligible, if the request is made on or before that date; or

b. the date of the Member's request, if the request is made within 31 days after the date the Member is eligible.

If the request is made more than 31 days after the date the Member is eligible, Proof of Good Health will be required before insurance can be in force (see Articles 4 and 5 below).

Article 4 - Effective Date When Proof of Good Health is Required

Insurance for which Proof of Good Health is required will be in force on the later of:

a. the date insurance would have been effective if Proof of Good Health had not been required; or

b. the date Proof of Good Health is approved by The Principal.

Article 5 - Proof of Good Health Requirements

This policy has been updated effective April 13, 2020
The type and form of required Proof of Good Health will be determined by The Principal. A Member must submit Proof of Good Health:

a. If insurance for which a Member contributes a part of premium is requested more than 31 days after the date the Member is eligible.

b. If a Member has failed to provide required Proof of Good Health or has been refused insurance under this Group Policy at any prior time.

c. If a Member elects to terminate insurance and, more than 31 days later, requests to be insured again.

**Article 6 - Effective Date for Benefit Changes Due to a Change in Monthly Earnings**

Unless Proof of Good Health is required (see Articles 4 and 5 above), a change in Benefit Payable amount because of a change in the Member's Monthly Earnings will normally be effective on the date of change. However, if the Member is not Actively at Work on the date a Benefit Payable change would otherwise be effective, the Benefit Payable change will not be in force until the date the Member returns to Active Work.

**Article 6A - Effective Date for Benefit Changes Due to a Change in Insurance Class**

Unless Proof of Good Health is required (see Articles 4 and 5 above), a change in Benefit Payable amount because of a change in the Member's insurance class will normally be effective on the date of change. However, if the Member is not Actively at Work on the date a Benefit Payable change would otherwise be effective, the Benefit Payable change will not be in force until the date the Member returns to Active Work.

**Article 7 - Effective Date for Benefit Changes - Change by Policy Amendment**

Unless Proof of Good Health is required (see Articles 4 and 5 above), a change in the amount of a Member's Benefit Payable because of a change in the Benefit Payable (as described in PART IV, Section B) by amendment to this Group Policy will be effective on the date of change. However, if the Member is not Actively at Work on the date a Benefit Payable change would otherwise be effective, the Benefit Payable change will not be in force until the date the Member returns to Active Work.

**Article 8 - Effective Date for Benefit Changes - Change in Benefits Made by The Principal**

This policy has been updated effective April 13, 2020
A change in the Member's Benefit Payable because of a change made by The Principal will normally be effective on the Policyholder's Policy Anniversary (or as otherwise determined by The Principal). However, if the Member is not Actively at Work on the date a Benefit Payable change would otherwise be effective, the Benefit Payable change will not be in force until the date the Member returns to Active Work.
Section C - Member Termination, Continuation, and Reinstatement

Article 1 - Member Termination

A Member's insurance under this Group Policy will terminate on the earliest of:

a. the date this Group Policy is terminated; or
b. the date the last premium is paid for the Member's insurance; or
c. for contributory insurance, any date if requested by the Member before that date; or
d. the date the Member ceases to be a Member as defined; or
e. the date the Member ceases to be in a class for which Member Insurance is provided; or
f. the date the Member ceases Active Work, except as provided by Articles 2, 3, 4, and 5 of this section.

Termination of insurance for any reason described above will not affect a Member's rights to benefits, if any, for a Disability that begins while the Member's insurance is in force under this Group Policy. A Member is considered to be continuously Disabled if he or she is Disabled from one condition and, while still Disabled from that condition, incurs another condition that causes Disability.

Article 2 - Member Continuation

A Member may qualify to have his or her insurance continued under one or more of the continuation articles below. If a Member qualifies for continuation under more than one article, the longest period of continuation will be applied, and all periods of continuation will run concurrently.

Article 3 - Member Continuation and Reinstatement - Sickness, Injury, or Pregnancy

If a Member ceases Active Work due to sickness, injury, or pregnancy, the Member's insurance can be continued subject to payment of premium, until the earliest of:

a. the date insurance would otherwise terminate as provided in Article 1, items a. through e. above; or
b. the end of the Insurance Month in which the Member recovers; or

This policy has been updated effective April 13, 2020

PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS
Section C - Member Termination, Continuation, and Reinstatement, Page 1
This policy has been updated effective April 13, 2020

PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS

Section C - Member Termination, Continuation, and Reinstatement, Page 2

PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS

Section C - Member Termination, Continuation, and Reinstatement, Page 2

This policy has been updated effective April 13, 2020

PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS

Section C - Member Termination, Continuation, and Reinstatement, Page 2

This policy has been updated effective April 13, 2020
premium payment until the date either 12 weeks or 26 weeks, as determined by law, after Active Work ends.

A Member's terminated insurance may be reinstated in accordance with the provisions of FMLA.
PART IV - BENEFITS

Section A - Benefit Qualification

Article 1 - Benefit Qualification

A Member will qualify for Disability benefits if all of the following apply:

a. The Member is Disabled under the terms of this Group Policy.
b. The Disability begins while he or she is insured under this Group Policy.
c. The Disability is not subject to any Limitations listed in this PART IV, Section O.
d. An Elimination Period of 90 days is completed.
e. A Benefit Payment Period is established.
f. The Member is under the Regular and Appropriate Care of a Physician.
g. The claim requirements listed in this PART IV, Section Q are satisfied.

A Benefit Payment Period will be established on the latest of:

a. the date the Member completes an Elimination Period; or
b. the date the Member's accumulated sick leave expires; or
c. the date six months before The Principal receives Written proof of the Member's Disability.

NOTE: No premiums are required during a Long Term Disability Benefit Payment Period.

This policy has been updated effective April 13, 2020
Section B - Benefits Payable

Article 1 - If the Member is not working during a period of Disability

The Benefit Payable to a Member for each full month of a Benefit Payment Period will be the Member's Primary Monthly Benefit less Other Income Sources.

Article 2 - If the Member is working during a period of Disability

The Benefit Payable to a Member for each full month of a Benefit Payment Period will be the Member's Primary Monthly Benefit less Other Income Sources, multiplied by the Member's Income Loss Percentage.

On each March 1, following the date the Member becomes Disabled, the Member's Predisability Earnings will be increased by the average rate of increase in the Consumer Price Index during the preceding calendar year, subject to an annual maximum of 10%.

If the Member has been Disabled for less than one year as of March 1, the amount of the increase will be multiplied by the ratio of:

a. the number of completed months of Disability as of March 1;

b. divided by 12 months.

Consumer Price Index means the U.S. City Average for Urban Consumers, All Items, as published in the Consumer Price Index by the United States Department of Labor for the preceding calendar year.

Article 3 - Minimum Monthly Benefit

In no event will the Monthly Benefit Payable (after application of any annual Cost of Living Adjustment as described in this PART IV, Section F) be less than $100 for each full month of a Benefit Payment Period, except that The Principal will have the right to reduce the Minimum Monthly Benefit by any prior benefit overpayment. The Benefit Payable for each day of any part of a Benefit Payment Period that is less than a full month will be the monthly benefit divided by 30.

This policy has been updated effective April 13, 2020

PART IV - BENEFITS

GC 3020-1 Section B - Benefits Payable, Page 1
Section C - Rehabilitation Services and Benefits

Article 1 - Rehabilitation Services and Benefits

While the Member is Disabled and covered under this Group Policy, he or she may qualify to participate in a Rehabilitation Plan and receive Rehabilitation Services and Benefits. The Principal will work with the Member and others as appropriate, to develop an individualized Rehabilitation Plan intended to assist the Member in returning to work.

Article 2 - Rehabilitation Services

While the Member is Disabled under the terms of the Group Policy, he or she may qualify for Rehabilitation Services. If the Member, the Policyholder and The Principal agree in Writing on a Rehabilitation Plan in advance, The Principal may pay a portion of reasonable expenses. The goal of the plan will be to return the Member to work.

Any rehabilitation assistance must be approved in advance by The Principal and outlined in a Rehabilitation Plan. The Benefit Payable as described in this PART IV, Section B, Articles 1 and 2, (subject to the terms and conditions of the section) will continue, unless modified by the Rehabilitation Plan. Rehabilitation assistance may include, but is not limited to:

a. coordination of medical services;
b. vocational and employment assessment;
c. purchasing adaptive equipment;
d. business/financial planning;
e. retraining for a new occupation;
f. education expenses.

The Principal will periodically review the Rehabilitation Plan and the Member’s progress and The Principal will continue to pay for the agreed upon expenses as long as The Principal determines that the Rehabilitation Plan is providing the necessary action to return the Member to work.

The Principal may require a Member to participate in an individualized Rehabilitation Plan at the expense of The Principal. If the Member refuses to participate in or does not comply with the Rehabilitation Plan, without good cause, all benefits will cease to be payable. As used in this

This policy has been updated effective April 13, 2020

PART IV - BENEFITS

GC 3022-1

Section C - Rehabilitation Services and Benefits,
Article 3 - Predisability Intervention Services

Rehabilitation Services may be offered to a Member who has not yet become Disabled under the terms of this Group Policy, provided the Member has a condition which has the potential of resulting in the inability to perform the Substantial and Material Duties of his or her Own Occupation.

Article 4 - Rehabilitation Incentive Benefit

During a Benefit Payment Period, if the Member is participating in and fulfilling the requirements of the Rehabilitation Plan, but is not yet working, he or she will be eligible for a 5% increase in the Primary Monthly Benefit percentage as a Rehabilitation Incentive Benefit. Payment of the Rehabilitation Incentive Benefit will begin with the Benefit Payable amount that next follows implementation of the Rehabilitation Plan. The Rehabilitation Incentive Benefit is not subject to the Maximum Monthly Benefit.

The Rehabilitation Incentive Benefit will terminate on the earliest of:

a. the date the time frame established in the Rehabilitation Plan has elapsed; or

b. the date the Member fails to meet the goals and objectives established in the Rehabilitation Plan; or

c. the date the Member has received a total of 12 months of Rehabilitation Incentive Benefits; or

d. the date benefits would otherwise terminate as provided in this PART IV, Section M, Article 1.

This policy has been updated effective April 13, 2020
Section E- Survivor Benefit and Accelerated Survivor Benefit

Article 1 - Survivor Benefit

In the event a Benefit Payment Period ends because of the Member's death, a Survivor Benefit will be payable. This Survivor Benefit will be three times the Member's Benefit Payable as described in this PART IV - Section B that would have been payable had the Member not died.

The Principal will pay the Survivor Benefit to a Member's spouse, child, parent, or estate as described in this PART IV, Section Q, Claim Procedures.

Article 2 - Accelerated Survivor Benefit

a. Definition of Terminally Ill

A Member will be considered Terminally Ill under this article of this Group Policy if he or she is expected to die within 12 months of the date he or she requests payment of the Accelerated Survivor Benefit.

b. Eligibility

The Principal will pay the Member an Accelerated Survivor Benefit if he or she requests such payment and meets the following requirements. The Member must:

(1) satisfy the Benefit Qualifications listed in this PART IV, Section A; and
(2) provide proof that he or she is Terminally Ill by submitting to The Principal:
    - a statement from the Member's Physician; and
    - any other medical information that The Principal believes necessary to confirm the Member's status; and
(3) be living on the date of payment of the Accelerated Survivor Benefit.

c. Benefit

If the Member qualifies, The Principal will pay an Accelerated Survivor Benefit. This benefit will be equal to three times the Member's Benefit Payable as described in this PART IV - Section B and will be paid to the Member in a single lump sum. This benefit is paid in addition to the Member's regular Benefit Payable as described in this PART IV - Section B.

d. Effect on Survivor Benefit

This policy has been updated effective April 13, 2020
If an Accelerated Survivor Benefit is paid, no Survivor Benefit will be payable.
Section F - Cost of Living Adjustment

Article 1 - Cost of Living Adjustment

The Cost of Living Adjustment applies to all Members who are Disabled and will be applied on the anniversary of the date a Benefit Payment Period is established. The Cost of Living Adjustment will be compounded annually and will be administered as follows.

If a Member is not working during a period of Disability, the Cost of Living Adjustment will be applied to the monthly Benefit Payable.

If a Member is working during a period of Disability, the Cost of Living Adjustment will be applied to the monthly Benefit Payable, before multiplying by the Income Loss Percentage.

The Cost of Living Adjustment will be 3%.
Section I – TIAA Retirement Plan Supplement Benefit

Article 1 - Eligibility

The Member will be eligible for this benefit if he or she:

a. is participating in the Retirement Plan; and

b. has satisfied the Benefit Qualifications described in this PART IV, Section A.

Article 2 - Benefit

The Member will receive TIAA Retirement Plan Supplement Benefits in addition to the Benefit Payable described in PART IV, Section B.

If the Member has been employed by the Policyholder for less than five years, the TIAA Retirement Plan Supplement Benefit will equal the products of a) 10% of the first $400 of his or her Monthly Earnings plus 15% of any Monthly Earnings in excess of $400; and b) the applicable factor from below:

<table>
<thead>
<tr>
<th>Completed Years of Continuous Service</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year but less than 2 years</td>
<td>.20</td>
</tr>
<tr>
<td>2 years but less than 3 years</td>
<td>.40</td>
</tr>
<tr>
<td>3 years but less than 4 years</td>
<td>.60</td>
</tr>
<tr>
<td>4 years but less than 5 years</td>
<td>.80</td>
</tr>
</tbody>
</table>

If the Member has been employed by the Policyholder for more than five years, the TIAA Retirement Plan Supplement Benefit will equal 15% of any Monthly Earnings.

The TIAA Retirement Plan Supplement Benefit will also be subject to the Cost of Living Adjustment as described in PART IV, Section F.

Article 3 – Facility of Payment

The Principal will normally apply the TIAA Retirement Plan Supplement Benefit to the Member’s account. All payments so made will discharge The Principal to the full extent of those payments.

This policy has been updated effective April 13, 2020
Article 4 - Termination

This TIAA Retirement Plan Supplement Benefit will be paid during the Member’s Benefit Payment Period and benefit will terminate the earliest of:

a. the date the Member’s payments for other benefits provided by this Group Policy terminate; or

b. the date the Member ceases to be a participant under the Retirement Plan.
Section K - Monthly Payment Limit

Article 1 - Monthly Payment Limit

In no event will the sum of amounts payable for:

a. Benefits Payable under this PART IV, Section B, Article(s) 1, 2, and 3; and

b. Rehabilitation Incentive Benefit;

c. income from Other Income Sources;

d. Current Earnings from the Member's Own Occupation or any occupation;

e. Medical Premium Supplement Benefit;

exceed 100% of Predisability Earnings.

In the event the Member's total income from all sources listed above exceeds 100% of Predisability Earnings, the benefits under this Group Policy will be reduced by the amount in excess of 100% of Predisability Earnings.
Section M - Benefit Payment Period and Recurring Disability

Article 1 - Benefit Payment Period

Benefits are payable:

a. if Disability begins before age 65, until the later of the date 36 months after the Benefit Payment Period begins, or the date the Member attains Social Security Normal Retirement Age; or

b. if Disability begins at or after age 65, until the later of the date of Social Security Normal Retirement Age, or the date of completion of the number of months shown below after the Benefit Payment Period begins.

<table>
<thead>
<tr>
<th>Member's Age on the Date Disability Begins</th>
<th>Months of the Benefit Payment Period (Beginning with the date the Benefit Payment Period begins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-67</td>
<td>24</td>
</tr>
<tr>
<td>68-69</td>
<td>18</td>
</tr>
<tr>
<td>70-71</td>
<td>15</td>
</tr>
<tr>
<td>72 and over</td>
<td>12</td>
</tr>
</tbody>
</table>

However, in no event, will benefits continue beyond:

a. the date of the Member's death; or

b. the date Disability ends, unless a Recurring Disability exists as explained in this section; or

c. the date the Member fails to provide any required proof of Disability; or

d. the date the Member fails to submit to any required medical examination or evaluation as provided in this PART IV, Section Q, Article 13; or

e. the date the Member fails to report any required Current Earnings information; or

f. the date the Member fails to report income from Other Income Sources; or

g. the date ten days after receipt of notice from The Principal if the Member fails to pursue Social Security Benefits or benefits under a Workers' Compensation Act or similar law as outlined in this PART IV, Section Q, Article(s) 8 and 9; or

This policy has been updated effective April 13, 2020
h. if Disability results from alcohol, drug or chemical abuse, dependency, or addiction, or a Mental Health Condition, the date 24 months after the Benefit Payment Period begins; or

i. the date the Member ceases to be under the Regular and Appropriate Care of a Physician; or

j. the date the Member refuses to participate in or does not comply with a Rehabilitation Plan.

**Article 2 - Recurring Disability**

A Recurring Disability will exist under this Group Policy if:

a. after completing an Elimination Period and during a Benefit Payment Period, a Member ceases to be Disabled; and

b. the Member then returns to Active Work; and

c. while insured under this Group Policy, but before completing six continuous months of Active Work, the Member is again Disabled; and

d. the current Disability and the Disability for which the Elimination Period was completed result from the same or a related cause.

A Recurring Disability will be treated as if the initial Disability had not ended, except that no benefits will be payable for the time between Disabilities. The Member will not be required to complete a new Elimination Period. Benefits will be payable from the first day of each Recurring Disability, but only for the remainder, if any, of the Benefit Payment Period established for the initial Disability. The effective date of any salary increase received during return to Active Work as stated in PART III, Section B, Article 6 which would otherwise be effective, will not apply to any benefit payable under this Recurring Disability provision.
Section N - Treatment of Alcohol, Drug or Chemical Abuse, Dependency, or Addiction, or a Mental Health Condition

Article 1 - Treatment of Alcohol, Drug or Chemical Abuse, Dependency, or Addiction, or a Mental Health Condition

The Member's period of Disability will be considered due to alcohol, drug or chemical abuse, dependency, or addiction, or a Mental Health Condition if:

a. the Member is limited by one or more of the stated conditions; and

b. the Member does not have other conditions which, in the absence of the above stated conditions, would continue to exist, limit activities and lead The Principal to conclude that the Member is Disabled for another condition in and of itself.

When Disability results from alcohol, drug or chemical abuse, dependency, or addiction, or a Mental Health Condition, a Member's maximum number of Benefits Payable for all such periods of Disability is limited to 24 months. This is not a separate maximum for each such condition, or for each period of Disability, but a combined lifetime maximum for all periods of Disability and for all of these conditions, either separate or combined.

However, if at the end of that 24 months, the Member is confined in a Hospital or other facility qualified to provide necessary care and treatment for alcohol, drug or chemical abuse, dependency, or addiction, or a Mental Health Condition, then the Benefit Payment Period may be extended to include the time during which the Member remains confined.

Benefits will be payable for the length of the confinement and for up to 60 days following the end of the confinement. If the Member is Hospital confined again during the 60-day period for at least ten consecutive days, benefits will be payable for the length of the second confinement and for up to 60 days following the end of the second confinement.
Section O - Limitations

Article 1 - Limitations

No benefits will be paid for any Disability that:

a. results from willful self-injury or self-destruction, while sane or insane; or

b. results from war or act of war; or

c. results from voluntary participation in an assault, felony, criminal activity, insurrection, or riot; or

d. is a new Disability that begins after a prior Benefit Payment Period has ended or a claim for benefits has been denied and the Member has not returned to Active Work; or

e. is a continuation of a Disability for which a Benefit Payment Period has ended or a claim for benefits has been denied and the Member has not returned to Active Work (except as provided for a Recurring Disability in this PART IV, Section M, Article 2); or

f. is caused by, a complication of, or resulting from a Preexisting Condition as described in this Group Policy.

Article 2 - Preexisting Conditions Exclusion for Initial Coverage

A Preexisting Condition is any sickness or injury, including all related conditions and complications, or pregnancy, for which a Member:

a. received medical treatment, consultation, care, or services; or

b. was prescribed or took prescription medications;

in the three month period before he or she became insured under the Group Policy.

No benefits will be paid for a Disability that results from a Preexisting Condition unless, on the date the Member becomes Disabled, he or she has been Actively at Work for one full day after completing 12 consecutive months during which the Member was insured under the Group Policy.

Article 3 - Preexisting Conditions Exclusion for Benefit Increases

This policy has been updated effective April 13, 2020
A Preexisting Condition is any sickness or injury, including all related conditions and complications, or pregnancy, for which a Member:

a. received medical treatment, consultation, care, or services; or

b. was prescribed or took prescription medications;

in the three month period prior to an increase in benefits or change in the Group Policy, including increases in benefits due to a change in Monthly Earnings of 25% or greater.

The benefits and the Group Policy provisions in force immediately prior to the increase or change will be payable for the duration of a Disability that:

a. results from a Preexisting Condition; and

b. begins within 12 months after the effective date of the increase in benefits or change in the Group Policy provisions.
Section Q - Claim Procedures

Article 1 - Notice of Claim

Written notice of claim must be given to The Principal within 20 calendar days after the date of loss for which claim is being made. Failure to give notice within the time specified will not invalidate or reduce any claim if notice is given as soon as reasonably possible.

Article 2 - Claim Forms

Claim forms and other information needed must be filed with The Principal in order to make a claim determination. The Policyholder will provide forms to assist the Member in filing claims. If notice is given and the completed forms are not provided within 15 days after The Principal receives such notice, the Member will be considered to have complied with the requirements of the Group Policy upon submitting, within the time specified below for filing proof of Disability, Written proof covering the occurrence, character, and extent of the loss.

Article 3 - Proof of Disability

Completed claim forms and other information needed to prove Disability should be filed promptly. Written proof that Disability exists and has been continuous should be sent to The Principal within six months after the date the Member completes an Elimination Period. Proof required includes the date, nature, and extent of the loss. Further proof that Disability has not ended must be sent when requested by The Principal. The Principal may request additional information to substantiate loss or require a Signed unaltered authorization to obtain that information from the provider, Internal Revenue Service, Social Security Administration or any other entity required for Proof of Disability or Earnings Documentation. The Principal reserves the right to determine when these conditions are met. Failure to comply with such request could result in declination of the claim. Receipt of claim will be considered met when the Elimination Period has been completed and the appropriate completed claim form is received by The Principal.

Article 3A - Documentation of Loss

The Principal must receive satisfactory Written proof of loss. Until The Principal receives the proof of loss requested, benefits will not be paid. Proof of loss may include:

a. Any requested claim form including claim forms from the Member or the Member's Physician.

This policy has been updated effective April 13, 2020
b. Documentation that the Member is under Regular and Appropriate Care by a Physician.

c. Copies of medical records, test results and/or Physician's progress notes.

d. Occupation information, such as documentation of work duties and activities. This may include the Member's job description or appointment calendar from the Policyholder or the Member's current employer.

e. Independent medical examination(s) (see Examinations and Evaluations in Article 13 below).

f. Any Written authorizations necessary, signed by the Member, on a form supplied by The Principal, to obtain medical and financial records and information needed to determine the Member's eligibility for benefits.

g. Earnings Documentation.

h. Other proof of loss as required by The Principal.

Article 3B - Earnings Documentation

The Principal may require proof to determine the Member's Predisability Earnings and Current Earnings. A company representative has the right to examine the Member's financial and business records, including the Member's individual and business Federal income tax returns and supporting documentation, as often as The Principal may require. In addition, The Principal reserves the right to request such documentation to verify benefits were paid appropriately during the year. In the event benefits have not been paid appropriately, any overpayment of benefits determined would be recovered as outlined in Right to Recover Overpayments.

Article 3C - Investigation of Member's Claim

The Principal may conduct an investigation of the Member's claim at any time, which may include a personal interview with a company representative and/or an examination under oath. Benefits may not be payable until The Principal has had a reasonable time to conduct an investigation of the Member's claim and determines benefits are payable.

Any costs involved in submission of proof of loss or earnings documentation are the Member's responsibility to pay, except for costs incurred by The Principal for copies of medical records, test results and/or Physician's progress notes and independent medical examination(s) as shown under Documentation of Loss above, or personal interview or financial examination.

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PART IV - BENEFITS
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Once the Member's claim is approved, no benefits will be continued beyond the end of the period for which the Member has provided The Principal with satisfactory proof of loss. The Principal will require the Member to provide additional documentation of the Member's claim, at the Member's expense, at reasonable intervals while the Member is claiming Disability.

If the Member provides false, incomplete, or misleading information including omissions on any statement the Member makes to obtain coverage, an increase in coverage, or when filing a claim, The Principal will deny the claim. If the Member knowingly and with intent to injure, defraud, or deceive provided or omitted information, the Member will be subject to prosecution and punishment to the fullest extent under state and/or federal law.

Article 4 - Proof of Disability while outside the United States

If during a period of Disability, the Member is residing or staying outside the United States, the following will apply:

a. The Member must provide proof that the Physician is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

b. The Member may be required to return to the United States at a frequency The Principal deems necessary to substantiate the Member's claim for Disability. All expenses incurred by the Member for returning to the United States will be the Member's responsibility.

c. The Member must notify The Principal in advance of any return to the United States and any change of address.

Failure to comply with the request of The Principal could result in declination of the claim. For purposes of satisfying the claims processing timing requirements, receipt of claim will be considered met when the Elimination Period has been completed and the appropriate claim form is received by The Principal.

In administering the benefits provided under the Group Policy, all Predisability Earnings and Current Earnings will be expressed in U.S. dollars and all premium and benefit amounts must be paid in U.S. dollars.

Article 5 - Payment, Denial, and Review

Claims will normally be processed within 45 days from receipt of the claim. If a claim cannot be processed due to incomplete information, The Principal will send a Written explanation prior to the expiration of the 45 days. The claimant is then allowed 45 days to provide all additional information requested. The Principal is permitted two 30-day extensions for processing an incomplete claim. Written notification will be sent to the claimant regarding the extension.

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In actual practice, benefits under the Group Policy will be payable sooner, provided The Principal receives complete and proper proof of Disability. Further, if a claim is not payable or cannot be processed, The Principal will submit a detailed explanation of the basis for the denial.

The claimant may request an appeal of a claim denial by Written request to The Principal within 180 days of the receipt of notice of the denial. The Principal will make a full and fair review of the claim. The Principal may require additional information to make the review. The Principal will notify the claimant in Writing of the appeal decision within 45 days after receipt of the appeal request. If the appeal cannot be processed within the 45-day period because The Principal did not receive the requested additional information, The Principal will send a Written explanation prior to the expiration of the 45 days. The claimant is then allowed 45 days to provide all additional information requested. The Principal is permitted a 45-day extension for the review. Written notification will be sent to the claimant regarding the extension.

For purposes of this section, "claimant" means the Member.

**Article 6 - Proof of Payments from Other Income Sources**

When asked, the Member must give The Principal:

a. proof of all payments from Other Income Sources; and

b. proof of application for all such income for which the Member and the Member's Dependents are eligible; and

c. proof that any application for such income has been rejected; and

d. authorizations for any entity from which the Member may be receiving income.

**Article 7 - Lump Sum Payments from Other Income Sources**

If any income from Other Income Sources are payable in a lump sum (except as described below), the lump sum will be deemed to be paid in monthly amounts prorated over the time stated. If no such time is stated, the lump sum will be prorated monthly over the lesser of:

a. 60 months; or

b. the expected remaining number of months for which the Member would be entitled to benefits from the Group Policy based on the proof of loss submitted to The Principal.

Lump Sum Payments under:

This policy has been updated effective April 13, 2020
a. a retirement plan will be deemed to be paid in the monthly amount which:

(1) is provided by the standard annuity option under the plan as identified by the Policyholder; or
(2) is prorated under a standard annuity table over the lesser of the Benefit Payment Period or the Member's expected life span (if the plan does not have a standard annuity option);

b. a Workers' Compensation Act or other similar law (which includes benefits paid under an award or a settlement) will be deemed to be paid monthly starting from the date of the last Workers' Compensation payment issued to the Member, or if no previous payments were issued, starting from the onset of the Benefit Payment Period:

(1) at the rate stated in the award or settlement; or
(2) at the rate paid prior to the lump sum (if no rate is stated in the award or settlement); or
(3) at the maximum rate set by the law (if no rate is stated and the Member did not receive a periodic award).

c. A salary continuance or sick leave program for Members whose annual contract salary is issued on a 12 month basis will be deemed to be paid in a monthly amount which is equal to 1/12 of the Member's annual contract salary in effect prior to the date Disability begins.

Any lump sum payment for Other Income Sources due prior to the date of the award will be treated as an overpayment. See Right to Recover Overpayments section below.

Article 8 - Social Security Estimates

Until exact amounts are known, The Principal may estimate the Social Security benefits for which the Member and Dependents are eligible and may include those estimates in the Member's Other Income Sources.

If it is reasonable that the Member would be entitled to disability benefits under the Federal Social Security Act, The Principal will require that the Member:

a. apply for disability benefits within 10 days after receipt of Written notice from The Principal requesting the Member to apply for such benefits; and

b. give satisfactory proof within 30 days after receipt of Written notice from The Principal that the Member has applied for these benefits within the 10-day period; and

This policy has been updated effective April 13, 2020
c. request reconsideration of the application for Social Security benefits if the original application is denied, and appeal any denial or reconsideration if an appeal appears reasonable.

If the Member has reached Social Security Normal Retirement Age, The Principal will:

a. request the Member apply for retirement benefits within 10 days after receipt of Written notice from The Principal; or

b. if the Member prefers not to apply for retirement benefits, estimate the Social Security benefits for which the Member is eligible and include those estimates in the Member's Other Income Sources.

**Article 9 - Other Disability Coverage Estimates**

Until exact amounts are known, The Principal may estimate benefits from Workers' Compensation, any other occupational disease law or similar act, Canadian pension Plan, Quebec pension Plan, Railroad Retirement Act or other similar plan or act, Jones Act, or state compulsory/statutory benefit law for which the Member is eligible and may include those estimates in the Member's Other Income Sources.

If it is reasonable that the Member would be entitled to benefits under the sources listed above, The Principal will require that the Member:

a. apply for benefits within 10 days after receipt of Written notice from The Principal requesting the Member to apply for such benefits; and

b. give satisfactory proof within 30 days after receipt of Written notice from The Principal that the Member has applied for these benefits within the 10-day period.

**Article 10 - Payments for Less Than a Full Month**

The Benefit Payable for each day of any part of a Benefit Payment Period that is less than a full month will be the monthly benefit divided by 30.

**Article 11 - Right to Recover Overpayments**

If an overpayment of benefits occurs under the Group Policy, The Principal will have the option to:

**This policy has been updated effective April 13, 2020**
a. reduce or withhold any future benefits The Principal determines to be due, including the Minimum Monthly Benefit; or

b. recover the overpayment directly from the Member; or

c. take any other legal action.

Article 12 - Facility of Payment

Benefits under the Group Policy will be payable each month of a Benefit Payment Period, provided complete and proper proof of Disability has been received by The Principal.

The Principal reserves the right to make a lump sum payment in lieu of continued monthly payments where liability has been established for a Benefit Payment Period.

Any unpaid balance that remains after a Benefit Payment Period ceases will be immediately payable.

The Principal will normally pay benefits directly to the Member. However, in the special instances listed below, payment will be as indicated. All payments so made will discharge The Principal to the full extent of those payments.

a. If payment amounts remain due upon the Member's death, those amounts may, at the option of The Principal, be paid to the Member's spouse, child, or parent.

b. If The Principal believes a person is not legally able to give a valid receipt for a benefit payment, and no guardian has been appointed, The Principal may, at its discretion, pay whoever has assumed the care and support of the person.

If the Member has no eligible survivors, payment will be made to the Member's estate, unless there is none. In this case, no benefit will be payable.

Article 13 - Examinations and Evaluations

The Principal has the right to require the Member to undergo medical evaluations, including but not limited to, functional capacity evaluations, vocational evaluations, home visits, and/or psychiatric evaluations during the course of a claim or claim appeal. The examinations or evaluations will be performed by a Physician or evaluator The Principal chooses as appropriate for the condition and will be conducted at the time, place and frequency The Principal reasonably requires. The Principal will pay for these examinations and evaluations and will choose the Physician or evaluator to perform them. Failure to attend and fully complete a medical examination or cooperate with the Physician may be cause for suspension or denial of the

This policy has been updated effective April 13, 2020
Member's benefits. Failure to attend and fully complete an evaluation or to cooperate with the evaluator may also be cause for suspension or denial of the Member's benefits. If the Member fails to attend and fully complete an examination or an evaluation, any charges incurred for not attending an appointment as scheduled will be the Member's responsibility and will be deducted from future benefits.

**Article 14 - Legal Action**

Legal action to recover benefits under this Group Policy may not be started earlier than 90 days after required proof of Disability has been filed. Further, no legal action may be started later than three years after that proof is required to be filed.

If the Member's claim is subject to ERISA (Employee Retirement Income Security Act of 1974), before bringing a civil legal action under the federal labor law known as ERISA, the Member must exhaust available administrative remedies. Under this Group Policy, the Member must first exhaust the appeal procedures listed above. After the required reviews:

a. the Member or the Member's beneficiary may bring legal action under Section 502(a) of ERISA; and

b. The Principal will waive any right to assert that the Member failed to exhaust administrative remedies.

**Article 15 - Time Limits**

Any time limits listed in this section will be adjusted as required by law.
Section V - Medical Premium Supplement Benefit

Article 1 - Eligibility

A Member will be eligible for Medical Premium Supplement Benefits if he or she:

a. has satisfied the Benefit Qualifications listed in this PART IV, Section A; and

b. has been Disabled for 90 days; and

c. is eligible for and has elected Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage under an employer-sponsored group medical insurance plan; or

d. is eligible for and has elected any medical coverage continuation that may be available under a state continuation law.

Article 2 - Benefit Payable

In addition to the Benefit Payable described in this Part IV, Section B, Articles 1 and 2, The Principal will reimburse the Member for actual monthly medical premium expenses incurred, not to exceed $750 per month for a period of up to 24 consecutive months.

Article 3 - Termination

The Medical Premium Supplement Benefit will terminate on the earliest of:

a. the date benefits would otherwise terminate as described in this PART IV, Section M, Article 1; or

b. the date the Member becomes covered under an employer-sponsored medical plan other than coverage provided under COBRA or a state continuation law; or

c. the date the Member terminates any group medical coverage he or she has elected under COBRA as described in Article 1 of this section; or

d. the date the Member terminates any group medical coverage he or she has elected under a state continuation law as described in Article 1 of this section.

This policy has been updated effective April 13, 2020
PART V - PARTICIPATING UNIT PROVISIONS

Section A - Eligible Participating Unit

Any entity that is an affiliate or subsidiary of the Policyholder may become a Participating Unit under this Group Policy, provided such affiliate or subsidiary is related to the Policyholder through common control or ownership.

Section B - Participating Unit

A Participating Unit is any entity listed in this PART V, Section F, on the Date of Issue of this Group Policy or so listed later by amendment or endorsement to this Group Policy; or identified to this Group Policy by The Principal.

The Participating Unit must:

a. apply for coverage under this Group Policy; and

b. pay all premiums required for insurance on its eligible Members and maintain the contribution level as described in PART II, Section A;

c. fulfill the employee participation requirements as described in PART II, Section A.

An entity will become a Participating Unit on:

a. the Date of Issue of this Group Policy, if eligible on that date; or

b. the date the entity is eligible to become a Participating Unit, if after the Date of Issue of this Group Policy.

Section C - Member Insurance

Insurance eligibility dates, effective dates, and termination dates for a Participating Unit's Members will be determined as outlined in PART III of this Group Policy.

Section D - Administration

Each Participating Unit will be bound by the terms of this Group Policy. A Participating Unit may not change or terminate this Group Policy.

Section E - Termination

An entity will cease to be a Participating Unit on the earliest of:

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a. the date it is no longer an Eligible Participating Unit; or
b. the date it suspends business, or is dissolved, or is merged; or
c. the date it is removed from the Group Policy by amendment or endorsement.

All insurance for a Participating Unit's Members will terminate on the date the entity ceases to be a Participating Unit. The rights of all such Members will be determined as if the Group Policy had terminated on that date. The Participating Unit must advise all Members of the date of termination. The Participating Unit must refund or otherwise account for all Member contributions not used to pay premiums.

Section F - List of Participating Units

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<thead>
<tr>
<th>Unit Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>IOWA BRAILLE AND SIGHTSAVING SCHOOL</td>
<td>January 1, 2020</td>
</tr>
<tr>
<td>IOWA SCHOOL FOR THE DEAF</td>
<td>January 1, 2020</td>
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