Class 0311

1133 S.W. Topeka Boulevard, Topeka, Kansas 66629-0001 (785) 273-9804

CERTIFIES THAT Group Policy No. 00320000 0031 has been issued on October 1, 2021

TO: (The Policyholder)

Greenbush Health Plans Trust
Greenbush Health Plans Trust SEK Interlocal 637
400 N Pine
Pittsburg, KS 66762

CERTIFICATE OF GROUP INSURANCE

The insurance is effective only if the Certificate holder is eligible for insurance and becomes and remains insured as provided in the Policy.

You are entitled to the benefits described in the Certificate if you are eligible for insurance under the provisions of the Policy. This Certificate replaces any other Certificates for the benefits described inside. All provisions, limitations, and exclusions of the group insurance policy apply to the insurance evidenced by this Certificate, even if not mentioned in this Certificate. As a Certificate of Insurance, it is not a contract of insurance; it only summarizes the provisions of the Policy.

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SUMMARY OF BENEFITS

ELIGIBILITY

Eligible Persons must be Actively at Work a minimum of 20 hours per week.

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

	AMOUNT OF COVERAGE
Life Insurance	$15,000
Accidental Death & Dismemberment	$15,000

The amounts of Basic Life and AD&D Insurance will reduce 35% upon your attainment of age 65, will reduce additional 25% of the original amount of insurance at age 70, will reduce additional 15% of the original amount of insurance at age 75, and will terminate when you retire.

AMOUNT OF INSURANCE

The Schedule of Insurance in the Policy determines the amount of your insurance, or your dependent's insurance if applicable. The initial amount of coverage is the amount that applies to your classification on the day your coverage becomes effective. You may become eligible for increases/decreases in the amount of insurance in accordance with the Schedule of Insurance, provided you are Actively at Work on that day. Any increase/decrease will be effective on the latest of:

1) the first day of the Insurance Month which coincides with or follows the date the Company receives notification of the salary change;
2) the first day of the Insurance Month which coincides with or follows the date you become eligible for the increase/decrease
3) the day you resume Active Work if not Actively at Work on the day the increase/decrease otherwise would have been effective; or
4) the day any required Evidence of Insurability is approved by the Company.

Insurance benefits based on salary will be determined by the salary information being used to calculate an Insured's premium as shown on the Policyholder's billing at the time of a covered occurrence. The amount of an Insured's or Dependent's insurance shall be reduced by the amount of any life insurance in effect as a result of exercising the rights under the Conversion Privilege Section of this Policy.

DEFINITIONS

Accident or Accidental Bodily Injury means an unforeseen, unexpected and unintended happening resulting in an accidental bodily injury sustained by you, which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance coverage is in force.

Actively at Work or Active Work means to be eligible to be insured or for any increase in insurance, you must be actively at work; performing all of the normal duties of your job at your usual place of employment and working at least the minimum number of hours each week designated in writing by the Policyholder (or Participating Employer) and agreed to by the Company. If you are absent from work on a day when you would otherwise be eligible to become insured or increase the amount of your insurance, eligibility shall be considered suspended until you return to active work.

Eligibility will not be suspended for time off for vacation, jury duty or funeral leave where you could have been Actively at Work on that day. Eligibility will be suspended for time off due to an Injury or Sickness, a strike, lockout or layoff.

Owners, partners and individual proprietors are subject to, and required to be working each week, the minimum hourly requirement to be Actively at Work.

Except as otherwise specifically provided by the terms of this policy, you are eligible to continue to be insured only while you continue on Active Work.

Chartered Aircraft means one the Policyholder or Participating Employer does not own. It will be hired for one purpose or one trip or for general use; and, the time it is retained may not exceed 10 straight days or more than 15 days in any one year. One or more aircraft hired on a regular or frequent basis are not chartered.

Company means Advance Insurance Company of Kansas.

Contributory Insurance means insurance for which an Eligible Person enrolls and agrees to pay a portion of the premium or the entire premium. Contributory insurance requires at least 75% enrollment of the Eligible Persons. Evidence of Insurability satisfactory to the Company is required if Enrollment is not received by the Company within 63 days of Eligibility.

Eligible Person means an individual who is a resident citizen of the United States or alien legally residing in the United States, who:

1) is employed with the Policyholder or Participating Employer as your main occupation;
2) is working at this occupation at least the minimum number of hours each week as designated in writing by the Policyholder or Participating Employer and agreed to by the Company;
3) is a member of an Eligible Class that is covered by this Policy;
4) has been Actively At Work for at least three out of the four working weeks immediately preceding your eligibility date for coverage; and
5) is not a part-time, temporary, seasonal, leased, contracted or 1099 employee.

Evidence of Insurability means a medical history that is satisfactory to the Company that will include, but is not limited to, your health statement (or your dependent's, if applicable), submitting to a medical examination, if requested, and medical records provided to the Company by the physician, medical practitioner, medical facility or other provider of medical services for the person(s) enrolling in coverage. Evidence of Insurability must be provided at your expense. We will use the medical history to determine if you or your dependents are eligible to become insured under the Policy, or eligible for any increases in insurance.

Guarantee Issue means the guaranteed coverage you may receive, up to a specified amount, without providing Evidence of Insurability satisfactory to the Company, when your Enrollment is received by the Company within 63 days of Eligibility. After 63 days, the enrollee is not eligible for Guarantee Issue if the Insurance is Contributory or Non-contributory Insurance is rejected in writing.

DEFINITIONS (continued)

Hospital means an institution that is a short term, acute, general hospital or intensive care unit that:

1) is a duly licensed public or private institution;
2) has organized departments for medicine and major surgery; and
3) for compensation, is engaged in providing inpatient, diagnostic, therapeutic, and psychiatric services for diagnosis, treatment, and care of sick and injured persons.

Insurance Month means that period of time beginning at 12:00 A.M. on the first day of any calendar month and ending at 11:59 P.M. on the last day of the same calendar month.

Insured or Insured Person means the individual who is eligible for the coverage provided by the Policy, who is enrolled, the required premium is paid, and coverage is in force under this Policy.

Leased Aircraft means one the Policyholder or Participating Employer does not own. The aircraft will be used for the term of the written lease. The time must be longer than a few days or one or two trips. The Policyholder or Participating Employer cannot alter or sell the aircraft without consent of the owner.

Male Pronoun whenever used includes the female.

Owned Aircraft means one to which the Policyholder or Participating Employer holds legal or equitable title. The Policyholder or Participating Employer can use, alter or sell the property as they wish.

Non-Contributory Insurance means insurance for which the Policyholder pays the entire premium. Non-Contributory Insurance requires 100% enrollment of the Eligible Persons except for those who reject the coverage in writing or any as to whom Evidence of Insurability is not satisfactory to the Company. The Policyholder will be billed for premium from the Effective Date of insurance.

Physician means a person who is: 1) a doctor of medicine, osteopathy, psychology, or other healing art recognized by the Company; and 2) licensed to practice in the state or jurisdiction where care is being given; and 3) practicing within the scope of that license.

"Physician" will not include you or a relative of you.

Policy means this Group Insurance Policy issued by the Company to the Policyholder.

Policyholder means the employer or association as shown on the Cover Page of the Policy.

Regular Care of a Physician means you personally see and are attended by a Physician (who is not the Insured or a relative):

1) with medical training and clinical experience suitable to treat the Insured's disabling condition; and
2) whose treatment is consistent with the diagnosis of the disabling condition; and, according to guidelines established by medical, research, and rehabilitative organizations; and, administered as often as needed to achieve the maximum medical improvement.

Sickness means illness, disease, pregnancy, and complications of pregnancy, childbirth, and miscarriage. The Sickness must begin while the Insured is covered under this Policy.

Total Disability or Totally Disabled means that you, as a result of Injury or Sickness, are under the Regular Care of a Physician, and are unable to engage in any employment or occupation for which you are, or become, qualified by reason of education, training or experience. The failure to pass a physician examination required to maintain a license to perform the duties of the Insured's occupation does not alone mean that the Insured is disabled. Total Disability must begin while your coverage is in force under the Policy. A person engaged in any gainful employment for wage or profit is not Totally Disabled.

Waiting Period means the number of days you must be Actively at Work in an eligible class before becoming eligible for insurance. The Waiting Period is described in the Application for Group Insurance or as designated in writing by the Policyholder (or Participating Employer) and agreed to by the Company.

ELIGIBILITY AND EFFECTIVE DATES OF COVERAGE

Eligibility. If you are an Eligible Person, you will become eligible for the coverage on the later of:

1) the Policy's date of issue; or
2) the first day of the Insurance Month coinciding with or next following the date you complete the Waiting Period as an Eligible Person.

Enrollment. To enroll in coverage, or reject Non-Contributory Insurance, you must submit the information required by the Company:

1) electronically; or in writing in a group insurance enrollment form or waiver form which is satisfactory to us; and
2) sign and deliver it to the Employer; and
3) it must be received by the Company within 63 days of eligibility.

Evidence of Insurability satisfactory to the Company must be submitted if:

1) the Insurance is Contributory and your enrollment form is received more than 63 days after you become eligible for the coverage;
2) the Insurance is Non-Contributory and you reject coverage; or
3) you enroll in an amount of insurance exceeding the Guarantee Issue, if applicable.

Effective Date. Your insurance is effective on the later of the dates that you enroll and:

1) you become eligible for the coverage;
2) you resume Active Work if you are not Actively at Work on the day you become eligible; or
3) the day your coverage is approved by the Company if Evidence of Insurability is required.

TERMINATION OF COVERAGE

Your coverage terminates on the earliest of:

1) the day the Policy terminates;
2) the last day of the Insurance Month in which you request termination of coverage;
3) the last day of the Insurance Month your insurance premium is paid;
4) the day you cease to be a member of a class eligible for coverage;
5) the day you cease to be a Full-time Employee Actively at Work including a temporary layoff, leave of absence or a general work stoppage (including a strike or lockout);
6) the day you enter the Armed Forces of any state or country on active duty except for duty of 30 days or less for training in the Reserves or National Guard or leave of absence pursuant to the Uniformed Services Employment & Reemployment Rights Act (USERRA);
7) with respect to any particular insurance benefit, the day that portion of the Policy providing the benefit terminates;
8) the day the Insured's employer ceases to be a Participating Employer;
9) the last day of the Insurance Month in which your employment with the Policyholder (or Participating Employer) terminates; or
10) the last day of the Insurance Month in which a written waiver is received rejecting Non-contributory Insurance.

It may be possible to continue all or part of your insurance during a temporary lay-off, a leave of absence or when you are not able to work due to sickness or injury. The conditions concerning the continuance may be found in the Policy. See your Policyholder for this information.

REFUND OF PREMIUM

If any premium is paid beyond the date coverage terminated, the Company will refund the amount paid up to twelve (12) months. Coverage will not extend beyond your termination date, subject to the terms of the preceding paragraph dealing with the cessation of active work.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given within 20 days after the occurrence or commencement of any loss covered by this Policy or as soon thereafter as is reasonably possible. Notice given by or on behalf of you or your beneficiary to the Company at its home office or to any authorized agent of the Company, with information sufficient to identify you, will be deemed notice to the Company.

Claim Forms. When notice of claim is received, the Company will send forms for filing the required proof to the claimant. If the claimant does not receive these forms within 15 days, the proof of loss requirement may be met by giving the Company a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

Proofs of Loss. Written proof of loss must be furnished to the Company's Home Office in case of claim for loss for which the Policy provides coverage within 90 days after the commencement of the period for which the Company is liable. Failure to furnish the proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within the time, provided the proof is furnished as soon as reasonably possible.

Time Payment of Claims. Benefits payable under the Policy will be paid upon receipt of required written proof of the loss.

Legal Actions. No legal action to recover any benefits may be brought before 60 days after the required written proof of loss has been given. No legal action may be brought more than 5 years after written proof of loss is required to be given.

Amount Payable on Death. Upon receipt of satisfactory proof of your death, the Company will pay a lump sum death benefit equal to the amount of Life Insurance that is in effect on the date of death, as shown in the Schedule of Insurance. The benefit will be paid in U.S. currency in accordance with the Beneficiary and Payment of Claims Sections.

Payment of Claims. Benefits will be payable in accordance with the beneficiary designation and the provisions respecting the payment which may be prescribed herein and effective at the time of payment. If any benefit under this Policy becomes payable, but no designated beneficiary is then living, the Company may, at its option, pay a sum not exceeding $250.00 to any person appearing to the Company equitably entitled by reason of having incurred funeral or other expenses incident to your last illness or death. Any payment made in good faith under this Section will fully discharge the Company to the extent of the payment.

Appeal Process. If your claim is denied, you or your representative may appeal to us for a full and fair review. You may: 1) request a review upon written application within 180 days of the claim denial; 2) request copies of all documents, records and other information relevant to your claim; 3) submit written comments, documents, records and other information relating to your claim.

We will make a decision no more than 45 days after we receive your appeal unless we determine special circumstances exist that require an extension of time to process the appeal. If your appeal requires extension, we will make our decision no more than 90 days after we receive your appeal. If we request additional information from you, the time from our request for information until we receive it is not included in the time limit for a decision to be made. The written decision will include specific references to the Policy provisions on which the decision is based.

Interpreting the Policy Terms and Conditions. Pursuant to the Employee Retirement Income Security Act of 1974, as amended (ERISA), if applicable, or pursuant to contract if ERISA does not apply, your employer/benefit plan has delegated to us the discretionary authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the policy, as well as the discretionary authority to make factual determinations as to whether any individual is entitled to receive benefits pursuant to the policy. We have the continuing fiduciary duty to act prudently and in the interest of you, your beneficiaries, and other plan participants and beneficiaries. If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in court for a review of your eligibility or entitlement to benefits under the policy. This right accrues only upon exhaustion of the appeals procedure provided above. This provision applies whether or not the interpretation of the policy is governed by ERISA.

Right to Recovery. If a payment made by the Company under the Policy exceeds the correct amount due under the Policy, the Company may recover the overpayment from the person, or their estate, or entity to which the benefit was paid.

BENEFICIARY

Your Beneficiary is the person or persons designated at enrollment. The Beneficiary may be changed in accordance with the terms of the Policy. If no named Beneficiary is living when you die, the death benefit will be paid in accordance with the terms of the Policy.

WAIVER OF PREMIUM BENEFIT

If You Become Totally Disabled

The Basic and Optional Life Insurance for you and your Insured Dependents will be continued without payment of premiums if you, while Insured:

1) become Totally Disabled from any occupation before you reach age 60; and
2) submit proof of your disability which is received by the Company within 12 months of the day your Total Disability began; and
3) remain continuously Totally Disabled for at least 6 months;
4) remain Totally Disabled; and
5) are not otherwise a member of a class of persons eligible for insurance under this policy; and
6) ensure that all required premium has been paid.

Amount of Insurance to be Continued. The Basic and Optional Life Insurance to be continued will be the amount of insurance in effect for you and your Dependent's, if applicable on the day you become Totally Disabled. In no event will the insurance be increased for any reason while you are Totally Disabled under the terms of this Policy. The Life insurance continued will be subject to the limitations, reductions and terminations shown in the Policy.

From time to time, you must submit proof that your disability is continuing. After two years, as long as you claim to be Totally Disabled, proof of continued Total Disability will be required annually.

Any Basic and Optional Life Insurance that has been continued under this benefit will be terminated automatically on the day you:

1) cease to be Totally Disabled;
2) cease to be under the Regular Care of a Physician;
3) fail to take a required medical examination;
4) fail to submit any required proofs; or
5) reach age 70.

Rights After Termination. If continuation of life insurance under this Waiver of Premium provision ceases and you return to a class of persons eligible for insurance under the Policy, your coverage for you and any Insured Dependents will resume when premium payments are resumed. If continuation of life insurance under this Waiver of Premium provision ceases but you do not return to a class of persons eligible for insurance, you and any Insured Dependents then become eligible only for those benefits outlined in the Conversion Privilege Section.

Conversion Policies. If you or an Insured Dependent, if applicable, obtains a conversion policy under the terms of the Conversion Privilege Section prior to your being approved for Waiver of Premium, and you are later approved for the Waiver of Premium benefit, the conversion policy must be surrendered to the Company without claim, except for the return of any unearned premium.

CONVERSION PRIVILEGE

If your insurance or insurance on a Dependent terminates for any reason except:
1) termination or amendment of the Policy; or
2) your request for:
   i. termination of insurance; or
   ii. cancellation of your payroll deduction,

an individual life policy, known as a conversion policy, may be purchased without Evidence of Insurability.

To purchase a conversion policy, application and payment of the first premium must be made within 31 days after the Life Insurance is terminated.

The conversion policy will:
1) be in an amount not to exceed the amount of Life Insurance which was terminated, less the amount of any group life insurance for which you become eligible within 31 days after insurance terminates;
2) be on any form (except term) then issued by the Company at the age and amount for which application is made;
3) be issued at the person's age at nearest birthday;
4) be issued without Accidental Death & Dismemberment, disability or other supplemental benefits; and
5) require premiums based on the class of risk to which the person then belongs.

A conversion policy also may be purchased if:
1) all or part of your insurance or insurance on a Dependent terminates due to amendment or termination of the Policy; and
2) the person applying for the conversion Policy has been covered continuously under the Policy for at least five years.

The amount of the conversion policy may not exceed the lesser of:
1) $2,000; or
2) the amount of Life Insurance which terminates, less the amount of any group life insurance for which the person becomes eligible within 31 days after the insurance terminates.

The conversion policy will take effect on the later of:
1) the date of issue; or
2) 31 days after the date the Life, or Dependent Life, Insurance terminates.

If death occurs during the 31 day conversion period, the Company will pay the Life Insurance that could have been converted even if no one applied for the conversion policy.

When your insurance terminates, written notice of your right to convert will be given to you by the Policyholder.

If written notice is not given to you at least 15 days before the 31 day conversion period ends, an additional period in which to convert will be granted. Any extension of the conversion period will expire on the earliest of:
1) 15 days after you are given the written notice; or
2) 60 days after the 31-day conversion period ends, even if you are never given the notice.

No death benefit will be payable under the Policy after the 31 day conversion period expires, even though the right to convert may be extended.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Benefit. If you sustain an accidental bodily injury that directly causes one of the following losses within 90 days of the date of the injury, the Company will pay the benefit listed below. The total benefit for all losses resulting from the same accident may not exceed the Principal Sum. The Principal Sum is shown in the Summary of Benefits.

LOSS	BENEFIT
Loss of thumb and index finger of the same hand through or above the joint closest to the wrist	One-fourth the Principal Sum
Loss of one hand by severance at or above the wrist	One-half the Principal Sum
Loss of one foot by severance at or above the ankle	One-half the Principal Sum
Irrecoverable loss of the sight in one eye **resulting in legal blindness**	One-half the Principal Sum
Loss of Speech that is the total and irrecoverable loss of audible communication	One-half the Principal Sum
Loss of Hearing that is permanent total deafness in **both** ears such that it cannot be corrected to any functional degree by any aid or device	One-half the Principal Sum
Paraplegia	One-half the Principal Sum
Hemiplegia	One-half the Principal Sum
Quadriplegia	Principal Sum
Any combination of two or more of the losses listed above	Principal Sum
Loss of life	Principal Sum

Exclusions: No benefit will be paid for a Loss caused by or contributed to by:

1) any intentionally self-inflicted injury, suicide, suicide attempt, taking of poison (this does not include accidental ingestion of a poisonous food substance) or intentional asphyxiation or inhaling of gas (including carbon monoxide), while sane or insane;
2) sickness, disease, bodily or mental infirmity (this does not include bacterial infection which results from an accidental cut or wound);
3) war or act of war, whether declared or undeclared, insurrection, rebellion, or participating in a riot or civil commotion;
4) accident occurring while you are serving on full-time active duty for more than 30 days in any Armed Forces. Reserve or National Guard active duty for training is not excluded or a leave of absence pursuant to the Uniformed Services Employment & Reemployment Rights Act (USERRA);
5) your attempt of or commission of an assault or felony;
6) taking drugs, sedatives, narcotics, barbiturates, amphetamines, or hallucinogenic drugs unless taken as prescribed by, or administered by, a licensed physician;
7) your intoxication. Intoxication means that blood alcohol content or the results of other means of testing alcohol level, meet or exceed the legal presumption of intoxication as defined by the jurisdiction in which the accident occurs; or
8) travel or flight (including getting in or out, on or off) in any aircraft, including balloons or gliders, except as a fare-paying passenger on a regularly scheduled flight with a commercial airline or Chartered Aircraft. It will not include travel or flight:
   i. in a private aircraft;
   ii. in any aircraft or device:
      a) being used by or owned, leased, operated or controlled by or for the named Policyholder or any of its subsidiaries and affiliates.
      b) for test or experimental purposes; or
   iii. when you are:
      a) serving as pilot or crew member (or student taking a flying lesson); or
      b) parachuting for recreational purposes.

Limitations. This Provision does not apply to injury occurring during the 31-day period as provided by the Conversion Privilege or while being continued in accordance with the Waiver of Premium Benefit.

SEAT BELT AND AIR BAG BENEFIT

If you die as a result of a motor vehicle accident while driving or riding as a passenger in a Private Passenger Automobile, the Company will pay an additional Seat Belt benefit equal to the lesser of 10 percent of the amount of your Principal Sum or $10,000. The Principal Sum is shown in the Schedule of Insurance.

This benefit is in addition to the Accidental Death & Dismemberment Insurance and will be paid when the Company receives proof that:

1) your death was the result of a covered accident;
2) you died while coverage under the policy was in force;
3) you died within 90 days of the covered accident;
4) the Private Passenger Automobile was equipped with seat belts at the time of the accident;
5) your seat belt was in actual use and was properly fastened at the time of the accident;
6) the position of the seat belt is certified in the official accident report, or by the investigating officer.

If a benefit is payable under the Seat Belt Benefit and the automobile is equipped with a factory installed Air Bag system, the Company will pay an additional benefit of the lesser of 5 percent of your Principal Sum or $5,000 if:

1) you are positioned in a seat that is designed to be protected by an air bag; and
2) the air bag inflated properly upon impact and is certified in the official accident report; or by the investigating officer.

A Seat Belt and Air Bag benefit will not be payable if Accidental Death & Dismemberment Insurance is not payable.

Private Passenger Automobile means a four-wheel passenger car (including Policyholder-owned cars), station wagon, jeep, pick-up truck, SUV and van-type car that is licensed for use on public highways at the time of the accident.

Seat Belt means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration or any successor government agency. Seat belt will include a lap belt alone, but only if the Personal Passenger Automobile did not have a combination lab and shoulder restraint system when manufactured. Seat belt does not mean a shoulder restraint alone.

REPATRIATION of REMAINS BENEFIT

If you die as a result of injury sustained in a covered accident that occurs at least 150 miles from your current primary place of residence and a Principal Sum is payable under the Policy, the Company will pay a Repatriation Benefit. This benefit provides reimbursement for covered expenses reasonably incurred, to transport the body by the most direct and economical route to a mortuary near your current primary place of residence.

However, when combined with two or more AICK insurance plans containing a Repatriation of Remains Benefit, the combined overall maximum for these plans together cannot exceed the actual expenses for the preparation and transportation of your body to a mortuary.

The Repatriation Benefit is equal to the reasonable expenses incurred to a maximum of the lesser of 2 percent of your Principal Sum or $2,000 for the following services:

1) documentation and authorization from local authorities;
2) embalming or cremation;
3) a coffin or urn appropriate for the transportation of mortal remains; or
4) transportation of the mortal remains to the funeral director responsible for burial.

This benefit is paid in addition to the Principal Sum to the Beneficiary.

A Repatriation of Remains Benefit will not be payable if Accidental Death & Dismemberment Insurance is not payable.

Reasonable Expense means the usual and customary fee or charge for the services rendered and the supplies furnished in the area where the services are rendered or supplies furnished. Proof of actual paid expenses must be presented within one year following your death for payment of the Repatriation of Remains benefit.

LIVING BENEFIT – AN ACCELERATED BENEFIT

A living benefit is an Accelerated Benefit that, when paid, reduces the face amount of your Basic Term Life Insurance. The balance of the face amount available for life insurance benefits after payment of a living benefit is called the Reduced Face Amount.

The Living Benefit allows you to apply for an accelerated benefit paid during your lifetime providing you have a Terminal Condition as defined herein. You must be covered under the Living Benefit for a minimum of 30 days prior to applying for an accelerated benefit for a terminal condition related to an illness. For a terminal condition related to an accident, you may apply from the Effective Date of this benefit.

The Living Benefit is available to you as an advance of part of the Basic Term Life Insurance in-force under the Policy. If you decide not to apply for a Living Benefit, the full amount of the Basic Term Life Insurance will be paid to your Beneficiary if you die while insured under the Policy.

If while insured under the Policy, you provide written proof satisfactory to us that you have a Terminal Condition, as defined herein, we will pay you a Living Benefit of up to fifty percent (50%) of the amount of your Basic Term Life Insurance under the Policy or $50,000, whichever is less.

There is no additional premium charge to you or the Policyholder for this Living Benefit.

The Living Benefit is **NOT A LONG TERM CARE BENEFIT**. The amount is paid to you in one lump sum and may be used in any way.

DEFINITION OF TERMINAL CONDITION: A terminal condition means a medically determinable condition which can be expected to result in your death within 24 months.

To apply for a Living Benefit you must provide certification acceptable to us from a licensed physician (M.D. or D.O.) of a medically determinable condition that can be expected to result in your death within twelve months.

We reserve the right to have you examined at our expense in connection with your claim for a Living Benefit. Any examination will be conducted by one or more physicians of our choice.

THE FULL AMOUNT OF THE LIVING BENEFIT PAID MAY BE TAXABLE INCOME. THE COMPANY IS NOT RESPONSIBLE FOR THE TAX CONSEQUENCES OF ANY PAYMENTS. PLEASE CONSULT A PERSONAL TAX ADVISOR OR SOCIAL SERVICE AGENCY BEFORE APPLYING FOR A LIVING BENEFIT.

LIVING BENEFIT – AN ACCELERATED BENEFIT (continued)

EXCEPTIONS AND LIMITATIONS

No Living Benefit will be paid:

1) if the required group insurance premium is delinquent;
2) on any optional/additional Term Life Insurance or Dependent Life Insurance in-force under the Policy, or converted life coverage;
3) if you have named an irrevocable beneficiary or made collateral or absolute assignments of the Term Life Insurance unless, the beneficiary or assignee so consents in writing;
4) on any part of your Term Life Insurance which must be paid to your child(ren) or former spouse pursuant to a divorce decree;
5) if you are married, without the written consent of your spouse; or
6) due to any intentionally self-inflicted injury or suicide attempt.

RULES AND CONDITIONS GOVERNING PAYMENT OF THE LIVING BENEFIT

The Living Benefit must be paid to you during your lifetime and while you are insured for Basic Term Life Insurance under the Policy.

1) The Living Benefit will be paid to you in one lump sum, rounded to the nearest thousand, not to exceed 50% or $50,000, whichever is less, of your in-force Basic Term Life Insurance.
2) If the amount of your Basic Term Life Insurance is scheduled to reduce because of an age-related reduction within twelve months after the date you apply for a Living Benefit, your maximum Living Benefit will be limited to fifty percent (50%) of the amount of your Basic Term Life Insurance that will be in effect after the scheduled age-related reduction.
3) Only one Living Benefit will be paid to you under the Policy.
4) If you recover from the Terminal Condition after we have paid a Living Benefit to you, you will not be asked refund any part of the Living Benefit paid.
5) If you receive a Living Benefit and then have a right to convert under the Policy, the amount of Basic Term Life Insurance you have a right to convert will be based on the reduced face amount.
6) The premiums payable for the Reduced Face Amount under the Policy will not decrease after a Living Benefit is paid.
7) The Living Benefit paid to you reduces the amount of your Basic Term Life Insurance but does not have any effect on the amount of your Accidental Death and Dismemberment Insurance, if applicable, under the Policy.

DEATH BENEFIT

If you die after receiving the Living Benefit, while still insured for Basic Term Life Insurance under the Policy, your beneficiary will receive the Reduced Face Amount of your Basic Term Life Insurance.

GENERAL PURPOSES AND LIMITATIONS OF THE
KANSAS LIFE AND HEALTH
INSURANCE GUARANTY ASSOCIATION
K.S.A. 40-3001 et. seq.

DISCLAIMER

THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION MAY NOT PROVIDE COVERAGE FOR ALL OR A PORTION OF THIS POLICY. IF COVERAGE IS PROVIDED, IT MAY BE SUBJECT TO SUBSTANTIAL LIMITATIONS AND EXCLUSIONS, AND IS CONDITIONED UPON RESIDENCY IN THIS STATE. THEREFORE, YOU SHOULD NOT RELY UPON COVERAGE BY THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION IN SELECTING AN INSURANCE COMPANY OR IN SELECTING AN INSURANCE POLICY. INSURANCE COMPANIES AND THEIR AGENTS ARE PROHIBITED BY LAW FROM USING THE EXISTENCE OF THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION IN SELLING YOU ANY FORM OF AN INSURANCE POLICY, OR TO INDUCE YOU TO PURCHASE ANY FORM OF AN INSURANCE POLICY. EITHER THE KANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OR THE KANSAS INSURANCE DEPARTMENT WILL RESPOND TO ANY QUESTIONS YOU HAVE REGARDING THIS DOCUMENT.

Kansas Life and Health Insurance Guaranty Association
3745 SW Wanamaker Rd Suite C
Topeka, KS 66610

Kansas Insurance Department
1300 SW Arrowhead Rd
Topeka, KS 66604

This is a brief summary of the Kansas Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. If there is any inconsistency between this notice and Kansas law, then Kansas law will control.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Kansas law, with funding from assessments paid by other insurance companies. This safety net was created under Kansas law, which determines who and what is covered and the amounts of coverage. The basic protections provided by the Association are:

- Life Insurance
  $300,000 in death benefits
  $100,000 in cash surrender or withdrawal values
- Health Insurance
  $500,000 in hospital, medical and surgical insurance benefits
  $300,000 in disability insurance benefits
  $300,000 in long-term care benefits
  $100,000 in other types of health insurance benefits
- Annuities
  $250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $300,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits, as well as certain aggregate limits.

Notice of Conversion Privilege

This is not an application – it is a request for information only.
Returning this form is not an obligation to continue coverage.

Subscriber ID ______________________ Group Number ______________________

Name of Employer (the group policyholder) ______________________

Please read this notice.

This group life insurance program under which you (and your insured dependents, if applicable) have been insuredcontains an important conversion privilege. The conversion privilege entitles you (and your insured dependents, if applicable) to apply for and purchase an individual whole life insurance policy without evidence of insurabilitywhen:

1) your active employment terminates;
2) the amount of group life insurance decreases due to a change in classification;
3) the amount of group life insurance reduces or terminates due to age; or
4) the number of hours you work each week drops below the minimum required to be eligible for your group's life insurance plan.

provided the application and payment of the first premium is made to us within 31 days after the group life insurance terminates.

In order to receive an application and premium information, the following information must be completed and returned to Advance Insurance Company of Kansas (AICK). The premium for the individual whole life insurance policy is based on your age nearest the issue date of the policy.

Section 1 – Insured Information

First Name ______________________ MI ______

Gender ☐ Male ☐ Female

Date of Birth ______

Last Name ______________________ Suffix ______

Social Security Number ______

Mailing Address ______________________

Home Phone Number ______ Cell Phone Number ______

City ______________________

Work Phone Number ______

State ______ ZIP Code ______ +4 ______

Section 2 – Conversion Coverage

Amount of life insurance at termination:

$ ______________________

The amount of group life insurance being converted may not be more than you were entitled to under the group life plan but may be any lesser amount (in increments of $1,000) that you choose instead.

Reason for termination: ☐ Disability* ☐ Retirement ☐ Other ______________________

What date did you last physically report to your job at the usual place of employment and perform all normal duties of your job? And your official termination date?

Date last reported to work ______ Termination Date ______

* If termination of the group life insurance coverage is due to disability, you may want to inquire about the Waiver of Premium benefit.

For more information, please call our office.

Section 3 – Authorization

Your signature required

Signature of Insured ______________________ Date Signed ______

Print Name ______________________