



Group Products
Underwritten by Dearborn Life Insurance Company

Voluntary Accidental Death & Dismemberment Insurance

Employee Benefit Booklet

EMERGING MARKETS

EAB1000113-0001

Class 1-01

Dearborn Life Insurance Company's group insurance products are offered as Specialty Benefits in cooperation with Blue Cross Blue Shield of Michigan.

Specialty Benefits group insurance products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life is a separate company and does not provide Blue Cross Blue Shield of Michigan products and is financially responsible for the products it issues.

Dearborn Life Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

DEARBORN LIFE INSURANCE COMPANY

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

Administrative Office Address: 701 E. 22nd Street, Lombard IL 60148

Having issued Group Policy No. **EAB1000113**

(herein called the *Policy*)

to

EMERGING MARKETS

(herein called the *Policyholder*)

GROUP ACCIDENTAL DEATH & DISMEMBERMENT CERTIFICATE

CERTIFIES that *You* are insured, provided that *You* qualify under the ELIGIBILITY and EFFECTIVE DATE provision, become insured and remain insured in accordance with the terms of the *Policy*. *Your* insurance is subject to all the definitions, limitations and conditions of the *Policy*, and it takes effect as stated in the ELIGIBILITY and EFFECTIVE DATE provision.

This Certificate describes *Your* eligibility for benefits and the terms and provisions of the *Policy*. It replaces and cancels any other Certificate previously issued to *You* under the *Policy*.

If the terms and provisions of the Group Insurance Certificate (issued to *You*) are different from the *Policy* (issued to the *Policyholder*), the *Policy* will govern. *Your* coverage may be canceled or changed in accordance with the terms and provisions of the *Policy*.

READ THIS CERTIFICATE CAREFULLY

Signed for Dearborn Life Insurance Company



Secretary



President

Voluntary Accidental Death & Dismemberment Group Insurance Certificate
with Dependent Accidental Death & Dismemberment Benefits
Non-Participating

THIS IS AN ACCIDENT ONLY CERTIFICATE

THIS IS NOT A WORKERS' COMPENSATION POLICY

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SCHEDULE OF BENEFITS

POLICYHOLDER: EMERGING MARKETS
POLICY NUMBER: EAB1000113
POLICY EFFECTIVE DATE: January 1, 2019 - Rebranded: November 1, 2024
ANNUAL ENROLLMENT PERIOD: October 1 to October 31

ELIGIBILITY: All active full-time and regular part-time Employees of the Policyholder working in the United States of America who are Actively at Work for the Policyholder and who have completed the Eligibility Waiting Period are eligible for the insurance. An eligible *Employee* is one who regularly works a minimum of 20 or 30 hours per week for the *Policyholder*. Seasonal and temporary *Employees* of the *Policyholder* are not eligible.
Class 01

Eligibility Waiting Period: Current *Employees*: None
 New *Employees*: None

Policyholder Contribution: Voluntary Accidental Death & Dismemberment 0% of premium
 Dependent Accidental Death & Dismemberment 0% of premium

GROUP ACCIDENTAL DEATH & DISMEMBERMENT

Individual Plan **Principal Sum**
Employee Voluntary Coverage Amount *Employee* election between \$10,000 and \$500,000 in increments of \$10,000.

Family Plan **Principal Sum**
Employee Voluntary Coverage Amount *Employee* election between \$10,000 and \$500,000 in increments of \$10,000.

Dependent Benefit Amount

Spouse 60% of the *Employee Principal Sum* if there are no covered *Dependent Children*
 50% of the *Employee Principal Sum* if there are covered *Dependent Children*

Dependent Child(ren) 15% of the *Employee Principal Sum* if there is no covered *Dependent Spouse*
 10% of the *Employee Principal Sum* if there is a covered *Dependent Spouse*

Live Birth to age 26

Reduction of Benefits Benefits reduce by 35% at age 65 and further reduce by 50% of the original amount at age 70. Benefits terminate at retirement.

INCLUDED BENEFITS

Air Bag Benefit	5% of <i>Covered Person's Principal Sum</i> , to a maximum of \$10,000
Education Benefit	3% of <i>Covered Person's Principal Sum</i> to a maximum of \$3,000 per year per Child for a maximum of 4 years
Repatriation Benefit	20% of the <i>Covered Person's Principal Sum</i> to a maximum of \$20,000
Seat Belt Benefit	10% of the <i>Covered Person's Principal Sum</i> to a maximum of \$25,000

ELIGIBILITY AND EFFECTIVE DATE PROVISIONS

Who is eligible for this insurance?

The eligibility for this insurance is as indicated in the *Schedule of Benefits*.

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When does Your Contributory insurance become effective?

Contributory means *You* pay all or a portion of the premium for this insurance coverage.

You may enroll for insurance coverage during the *Annual Enrollment Period*, unless *You* qualify because of a *Change in Family Status*. *Your Contributory* coverage will become effective on the latest of the following dates provided *You* are *Actively at Work* on that date:

1. If *You* enroll for coverage prior to the *Policy Effective Date*, the *Policy Effective Date*; or
2. If *You* enroll for coverage after the effective date on the first of the month that falls on or next follows the date *You* sign the *Enrollment Form*; or
3. If *You* enroll during an *Annual Enrollment Period*, the next *Anniversary Date* following the *Annual Enrollment Period*.

Coverage requested because of a *Change in Family Status* will become effective on the first of the month that falls on or next follows the date *You* sign the *Enrollment Form*.

Enrollment Form means the form *You* complete to enroll for coverage under the *Policy*.

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Change in Family Status

If *You* experience a *Change in Family Status*, *You* may enroll for coverage, apply for additional coverage, or request changes to *Your* current benefit program(s), provided the benefit change is consistent with the *Change in Family Status*. *You* must submit the *Enrollment Form* within 31 days of the *Change in Family Status*.

Change in Family Status means:

1. *You* get married or execute a *Domestic Partner* affidavit; or
2. *You* have a *Dependent Child*, or *You* adopt or become the legal guardian of a *Dependent Child*; or
3. *Your Spouse* dies or *You* become divorced; or
4. *Your Dependent Child* becomes emancipated or dies; or
5. *Your Spouse* is no longer employed, resulting in a loss of group insurance; or
6. *You* have a change in classification which results in *You* changing from part-time to full-time, or full-time to part-time employment.

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When does Dependent insurance become effective?

Your Dependent's coverage will become effective the latest of:

1. The date *Your* insurance becomes effective under the *Policy*, If *You* have enrolled for *Dependent* coverage on or before that date; or
2. The first day of the month following the date *You* enroll for *Dependent* coverage.

When does coverage for a new Spouse become effective?

Coverage for a new *Spouse* starts automatically at *Your* marriage, if *You* have not previously elected *Dependent* coverage. Such *Spouse* will be a *Covered Person* for 31 days. The *Spouse* will cease to be a *Covered Person* unless:

1. *You* request, in writing, and within such period noted above, continuation of such *Dependent* coverage; and
2. The required premium, if any, is paid.

If additional premium is required for such *Spouse*, premium will be charged from the date of marriage.

When does coverage for a newborn Child become effective?

Coverage for a newborn *Child* starts automatically from the moment of birth if a *Child* is born to *You* and *You* have not previously elected *Dependent* coverage. The newborn *Child* will be a *Covered Person* for 31 days. The newborn *Child* will cease to be a *Covered Person* unless:

1. *You* request, in writing, and within such period noted above, continuation of such *Dependent* coverage; and
2. The required premium, if any, is paid.

If additional premium is required for such *Child*, premium will be charged from the date of birth.

Dependent coverage will also be extended to newly adopted, foster or step *Children*, as of the date they become financially dependent on *You* for support, provided they otherwise meet the definition of a *Dependent Child*.

00005

What is an Annual Enrollment Period?

Unless otherwise specified, ***Annual Enrollment Period*** means a period of time during which eligible *Employees* may enroll for coverage or request changes to their benefit plan. The *Annual Enrollment Period* is shown on the *Schedule of Benefits*.

Initial requests for coverage or requests for changes to existing coverage made during the *Annual Enrollment Period* will become effective on the *Policy* anniversary date.

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Changes to Your coverage

A change in *Your* coverage may occur if:

1. *You* enroll for a different coverage option; or
2. there is a *Policy* change; or
3. *You* enter another class and become eligible for a change in benefits; or

If *You* are eligible for additional coverage due to a *Policy* change, the additional coverage will be effective on the date the *Policy* change is effective, as requested by the *Policyholder* and agreed upon by *Us*.

If a change results in additional coverage, for reasons other than a *Policy* change, the change will be effective the first of the month following the later of:

1. The date *You* enroll for the additional coverage; or
2. The date *You* become eligible for the additional coverage, if enrollment is not required.

Additional *Contributory* coverage is subject to payment of premium.

If a change results in a decrease in coverage the change will take effect immediately.

Exception: Increases or decreases to *Your* benefit program elected during the *Annual Enrollment Period* will become effective on the next *Policy* anniversary date.

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Eligibility after You Terminate Employment

If *Your* coverage ends due to termination of employment, *You* must meet all the requirements of a new *Employee* if *You* are rehired by the *Policyholder* at a later date.

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ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Coverage Plans Available

Individual Plan: If You enroll in the *Individual Plan*, You may select a *Principal Sum* within the range set forth in the Schedule of Benefits, and You will be covered for the amount selected while coverage remains in force, subject to any adjustments resulting from an increase in age.

Family Plan: If You enroll in the *Family Plan*, You may select a *Principal Sum* within the range shown on the Schedule of Benefits, and Your *Eligible Dependents* will be covered for a percentage of Your *Principal Sum* as shown on the Schedule of Benefits, subject to any adjustments resulting from an increase in age.

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

00012

What is the Accidental Death & Dismemberment Benefit?

If a *Covered Person* suffers an *Injury* in an *Accident*, We will pay for those *Losses* set forth in the Table of Losses below. The amount paid will be the percentage stated in the Table of Losses but not more than the *Principal Sum* set forth in the Schedule of Benefits. The *Loss* must:

1. occur within 365 days of the *Accident*; and
2. be the direct and sole result of the *Accident*; and
3. be independent of disease or bodily infirmity.

TABLE OF LOSSES	% OF PRINCIPAL SUM and/ or MAXIMUM PAYABLE
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Quadriplegia	100%
Paraplegia	75%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	50%
Hemiplegia	50%
Loss of Thumb and Index Finger (on same hand)	25%
Uniplegia	25%

The total amount of benefits payable for all losses above, for any *Covered Person* resulting from any one *Accident*, will not be greater than the *Principal Sum* set forth in the Schedule of Benefits.

Except as provided in a particular benefit provision, *We* will pay benefits for Loss of Life to the beneficiary(ies) named. Benefits for all other *Losses* will be paid to *You*.
00013

When is an Accidental Death Benefit payable?

We will pay *Your* beneficiary the amount of coverage in force as of the date of *Your Accidental* death provided:

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

We will determine the amount of insurance payable based upon the Schedule of Benefits.

Who will receive Your Accidental Death Benefits?

Your primary beneficiary means the person or persons *You* name to receive death benefits under the *Policy*. *Your* contingent beneficiary is the person or persons *You* name to receive death benefits if *Your* primary beneficiary does not survive *You*. *You* may name more than one beneficiary. If *You* name two or more beneficiaries, payment of proceeds will be apportioned equally unless *You* specify otherwise.

You must make *Your* beneficiary designation on a form which *We* provide or on a form accepted by *Us*. The *Policyholder* may not be named as beneficiary. Unless *You* provide otherwise, if a beneficiary dies before *You*, *We* will divide that beneficiary's share equally between any remaining named beneficiaries.

If *You* name an irrevocable beneficiary, *You* may not change the beneficiary without the consent of the irrevocable beneficiary. An irrevocable beneficiary has a vested interest in the proceeds of the contract. Therefore the contract holder cannot exercise certain rights without the permission of the irrevocable beneficiary.

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

Facility of Payment

If no named beneficiary survives *You* or if *You* do not name a beneficiary, *We* will pay the amount of insurance:

1. to *You* spouse, if living; if not,
2. in equal shares to *Your* then living natural or legally adopted children, if any; if none,
3. in equal shares to *Your* father and mother, if living; if not,
4. in equal shares to *Your* brothers and/or sisters, if living; if not,
5. to *Your* estate.

If any benefits under this provision are to be paid to *Your* estate, *We* may pay an amount not greater than \$500 to any person *We* consider equitably entitled by reason of having incurred funeral or other expenses incident to *Your* death. Any and all payments made by *Us* shall fully discharge *Us* in the amount of such payment.

May You change Your beneficiary?

You may change *Your* beneficiary at any time by completing a form provided or accepted by *Us*, and sending it to the *Policyholder*. *Your* written request for change of beneficiary will not be effective until it is recorded by the *Policyholder*. After it has been so recorded, it will take effect on the later of the date *You* signed the change request form or the date *You* specifically requested. If *You* die before the change has been recorded, *We* will not alter any payment that *We* have already made. Any prior payment shall fully discharge *Us* from further liability in that amount.
00014

AIR BAG BENEFIT

What is the Air Bag Benefit?

We will pay an additional amount, as set forth in the Schedule of Benefits, if a benefit is payable for Loss of Life as the result of an *Accident* to a *Covered Person* which occurs while driving or riding in an *Automobile* provided that:

1. The *Covered Person* was positioned in a seat that was equipped with an *Air Bag*; and
2. The *Covered Person* was properly strapped in a *Seat Belt* when the *Air Bag* inflated; and
3. The police report establishes that the *Air Bag* inflated properly upon impact.

If it is unclear whether the *Covered Person* was properly wearing a *Seat Belt* or if it is unclear whether the *Air Bag* inflated properly, then the Air Bag Benefit will be \$1,000.

This benefit is payable in addition to any other benefits provided in the *Policy*.

Definitions which apply to the Air Bag Benefit:

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

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

00017

EDUCATION BENEFIT

What is the Education Benefit?

This benefit applies if *You* are covered under the *Family Plan*. We will pay an additional amount, as set forth in the Schedule of Benefits, to *Your Dependent Student* if a benefit is payable for *Your* or *Your* covered *Spouse's* Loss of Life. We will only pay one Education Benefit to any one *Dependent Student* during any one school year. If the *Dependent Student* is a minor, We will pay the benefit to the legal representative of the minor.

This benefit is payable in addition to any other benefits provided under the *Policy*.

Definitions which apply to the Education Benefit:

Dependent Student means an *Eligible Dependent Child* who, on the date of *Your* or *Your Dependent Spouse's* death, is:

1. A full-time post-high school student in a *School of Higher Education*; or
2. A student in the 12th grade but who becomes a full-time post-high school student in a *School of Higher Education* within 365 days after *Your* or *Your Dependent Spouse's* death.

School of Higher Education means an institution which:

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

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

1. Our payment of the fourth installment of the Dependent Education Benefit on behalf of or to the *Dependent Student*; or
2. At the end of the period during which due proof must be submitted if no due proof is submitted.

If *Your* eligible *Dependent Child* does not qualify as a *Dependent Student*, but is enrolled in an elementary or high school, We will pay a one-time Child Education Benefit in the amount of \$1,000. This benefit is payable once proof that *You* or *Your Dependent Spouse* died as a result of an *Accident* for which Loss of Life benefits are payable and that, within 12 months after *Your* or *Your Dependent Spouse's* death, *Your* eligible *Dependent Child* is a full-time student in an elementary or high school.

00028

REPATRIATION BENEFIT

What is the Repatriation Benefit?

We will pay an additional amount, as set forth in the Schedule of Benefits, for *Eligible Expenses* incurred for the return of a *Covered Person's* body to their place of residence if:

1. A benefit is payable for the *Covered Person's* Loss of Life; and
2. The *Covered Person's* death occurs at least 75 miles away from their principal residence.

This benefit is payable in addition to any other benefits provided under the Policy.

For purposes of the Repatriation Benefit, *Eligible Expenses* means costs, pre-approved by *Us*, for:

1. embalming;
2. cremation;
3. coffin or urn;
4. transportation of the body or remains;
5. necessary travel expenses of an escort. Necessary travel expenses are limited to food, hotel room and economy class transportation charges.

00052

SEAT BELT BENEFIT

What is the Seat Belt Benefit?

We will pay an additional amount, as set forth in the Schedule of Benefits, if a benefit is payable for a *Covered Person's* Loss of Life as the result of an *Accident* which occurs while driving or riding in an *Automobile*, if:

1. the *Automobile* is equipped with *Seat Belts*; and
2. the *Seat Belt* was in actual use and properly fastened at the time of the *Accident*; and
3. the position of the *Seat Belt* is certified in the official report of the *Accident* or by the investigating officer. A copy of the police accident report must be submitted with the claim; and
4. The *Covered Person* was driving or riding in an *Automobile* driven by a licensed driver who was not under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance unless administered on the advice of a licensed *Doctor* and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence.

If the required certification is not available and if it is unclear whether the *Covered Person* was properly wearing a *Seat Belt*, then *We* will pay an additional benefit of \$1,000.

This benefit is payable in addition to any other benefits provided under the *Policy*.

For purposes of the Seat Belt Benefit, *Seat Belt* means those belts that form an occupant restraint system.

00054 MI

EXPOSURE AND DISAPPEARANCE

If, as a result of an *Accident* while insured, a *Covered Person* is unavoidably exposed to the elements and suffers a *Loss* as a result of that exposure, that *Loss* will be covered. If the *Covered Person's* body has not been found within one (1) year of an *Accidental* disappearance, forced landing, sinking or wrecking of a conveyance in which the *Covered Person* was an occupant, the *Covered Person* will be deemed to have suffered Loss of Life.

00061

LIMITATIONS AND EXCLUSIONS

Limitations:

We will not pay any benefit for *Loss* resulting from or caused by:

1. any disease or infirmity of mind or body, and any medical or surgical treatment thereof; or
2. any heart, coronary or circulatory malfunction; or
3. any infection, except a pus-forming infection of an *Accidental* cut or wound; or
4. suicide or attempted suicide, while sane or insane; or
5. any intentionally self-inflicted *Injury*; or
6. war, declared or undeclared, whether or not a member of any armed forces; or
7. travel or flight in any aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft; or
8. commission of, participation in, or an attempt to commit an assault or felony under a state or federal law; or
9. The *Covered Person* being under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a licensed *Doctor* and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence; or
10. active participation in a *Riot*. ***Riot*** means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether with or without a common intent and whether or not damage to person or property or unlawful act is the intent or the consequence of such disorder; or

Exclusions:

We will not pay any benefits for death or dismemberment if the death or dismemberment occurred while *You* were operating a motor vehicle and *You* were either:

1. under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a licensed *Doctor* and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence.

00063 MI

UNIFORM PROVISIONS

Initial Notice of Claim

We must receive written notice of loss within 30 days of the date of loss, or as soon as reasonably possible. If it is not possible to give *Us* written proof within 30 days, the claim is not affected if the proof is given as soon as possible. The *Policyholder* can assist with the appropriate telephone number and address of *Our* Claim Department. Notice may be sent to *Our* Claim Department at the address shown on the claim form or given to *Our* Agent.

Claim Forms

Within 15 days of *Our* being notified in writing of a claim, *We* will supply the claimant with the necessary claim forms. The claim form is to be completed and signed by the claimant, the *Policyholder* and, if applicable, the claimant's *Doctor*. If the appropriate claim forms are not received within 15 days, then the claimant will be considered to have met the requirements for written proof of loss if *We* receive written proof, which describes the occurrence, extent and nature of the *Loss*.

Time Limit for Filing Your Claim

We must receive written proof of loss within 90 days after the date a loss is incurred. If it is not possible to give *Us* written proof within 90 days, the claim is not affected if the proof is given as soon as possible.

However, unless the claimant is legally incapacitated, written proof of loss must be given no later than one year after the time proof is otherwise due.

No benefits are payable for claims submitted more than one year after the time proof is due. However, benefits may be paid for late claims if it can be shown that:

1. It was not reasonably possible to give written proof during the one year period; and
2. Proof of loss satisfactory to *Us* was given as soon as was reasonably possible.

For the Education Benefit, proof of loss must:

1. Include proof of *Dependent Student* status; and
2. Be submitted no later than:
 - a. Two months after completion of course work for that particular school year if the *Dependent Student* is enrolled in a *School of Higher Education* at the time of *Your* death. School year shall deemed to begin September 1st and end August 31st; or
 - b. Within 6 months after enrollment in a *School of Higher Education* if the *Dependent Student* is in the 12th grade at the time of *Your* death.

After the first year in a *School of Higher Education*, due proof must be submitted in accordance with the time limits defined in Item (a.) above.

Right to Appeal an Adverse Decision on Your Claim

Any denied claim may be appealed to *Us* by *You* or *Your* authorized representative. The appeal request must be in writing and received by *Us* within 60 days of the date of the original claim denial, along with any new information, documents, or records relevant to the claim.

A decision will be made by *Us* no more than 60 days after receipt of *Your* completed request for review, except in special circumstances (such as the need to obtain additional evidence), but in no case more than 120 days after the request for review is received. *We* will notify *You* in writing if an extension is needed. If *You* do not provide the information in that time period, *We* may decide *Your* appeal without that information.

Physical Examination/Autopsy

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

Time of Payment of Claim

As soon as *We* have all necessary substantiating documentation for proof of loss, *We* will pay the claim within 30 days.
00064

TERMINATION PROVISIONS

When does Your coverage under the Policy end?

Your coverage will terminate on the earliest of the following dates. Termination will not affect Your claim for a covered Loss which occurred while the coverage was in force.

1. the date on which the *Policy* is terminated; or
2. the date You stop making any required contribution toward payment of premiums; or
3. the effective date of an amendment to the *Policy* which terminates insurance for the class to which You belong; or
4. the date You
 - a. are no longer a member of a class eligible for this insurance; or
 - b. request termination of coverage under the *Policy*; or
 - c. are retired or pensioned; or
 - d. are no longer *Actively at Work*.

However, if You are no longer *Actively at Work* as a result of a *Disability*, layoff, or leave of absence or sabbatical, or Military Leave or Reserve-National Guard You may continue to be eligible for group insurance coverage, as follows:

- | | |
|-------------------------------|---|
| Disability | Until the end of the 12 th month following the month in which the disability began, provided all premiums are paid when due, the <i>Policy</i> is in force, and Your coverage is not replaced with group accidental death and dismemberment insurance provided by another carrier. |
| Layoff | Until the end of the month following the month during which the layoff began, provided all premiums are paid when due, the <i>Policy</i> is in force, and Your coverage is not replaced with group accidental death and dismemberment insurance provided by another carrier. |
| Leave of Absence | Until the end of the month following the month during which the leave of absence began, or, the period of time in accordance with the FMLA provision below, provided all premiums are paid when due, the <i>Policy</i> is in force, and Your Coverage is not replaced with group accidental death and dismemberment insurance by another carrier. |
| Sabbatical | Until the end of the month following the sixth month in which the sabbatical began, provided all premiums are paid when due, the <i>Policy</i> is in force and Your coverage is not replaced with group accidental death and dismemberment insurance by another carrier. |
| Military Leave | Until the end of the twelfth month following the month in which the military leave began, provided all premiums are paid when due, the <i>Policy</i> is in force, and Your coverage is not replaced with group accidental death and dismemberment insurance provided by a new carrier. |
| Reserve National Guard | If You are a member of an organized United States Reserve Corps or National Guard Unit, coverage will continue while You are: <ol style="list-style-type: none">1. In attendance at annual field training, cruise or other active duty training period of less than 60 days (except while attending a service school lasting beyond 60 days, in which case coverage will extend for the duration of the school); or2. on the way to or from such training; or3. participating in an authorized periodic inactive duty training, assembly or other inactive duty training authorized by unit orders; or4. participating as a member of Your unit in an authorized parade, exhibition or ceremony. |

For the purposes of this provision, ***Disability*** means You are unable to perform all of the *Material and Substantial Duties* of Your Regular Occupation.

00065

Will coverage be continued if You are eligible for leave under FMLA?

In the event You are eligible for and the *Policyholder* approves a leave under the Family and Medical Leave Act of 1993 (FMLA), or any applicable state family and medical leave law (State FML), provided the required premium continues to be

paid, the *Policy* is in force and *Your* coverage is not replaced with group accidental death and dismemberment insurance with another carrier, *Your* insurance will continue for a period of up to the later of:

1. the leave period permitted by FMLA and any amendments; or
2. the leave period permitted by applicable state law.

You are eligible for leave under FMLA in order to provide care:

1. After the birth of a *Child*; or
2. After the legal adoption of a *Child*; or
3. After the placement of a foster *Child* in *Your* home; or
4. To a *Spouse*, *Child* or *Parent* due to their serious illness; or
5. For *Your* own serious health condition.

While granted an FMLA leave:

1. The *Policyholder* must remit the required premium according to the terms of the *Policy*; and
2. coverage will terminate if *You* do not return to work as scheduled according to the terms of *Your* agreement with the *Policyholder*.

00066

When does Dependent coverage end?

Dependent coverage will end on the earliest of:

1. the first premium due date *You* are no longer an insured *Employee* (except in the case of disability, layoff or leave of absence or sabbatical or military leave or Reserve-National Guard as set forth above); or
2. the date on which the *Policy* is terminated; or
3. the first premium due date *You* stop making any required contribution toward payment of premiums; or
4. the effective date of an amendment to the *Policy* which terminates insurance for the class to which *You* belong; or
5. the first premium due date *You*:
 - a. are no longer a member of a class eligible for this insurance; or
 - b. request termination of coverage under the *Policy*; or
 - c. are retired or pensioned; or
6. the date a *Dependent Child* or *Spouse* no longer meets the *Policy* definition of *Eligible Dependent*; or
7. the first of the month following 90 days after the date of *Your* death. Premium will be payable during this period.

Note: Coverage will continue past the age limit for eligible *Dependent Children* who are primarily dependent upon *You* for support and who cannot work to support themselves due to a physical or intellectual disability which began before the age limit was reached. Proof of such incapacity must be provided to *Us* upon request.

00067

GENERAL PROVISIONS

Entire Contract; Changes

The Entire Contract consists of:

1. The Group Insurance *Policy*;
2. The *Application*;
3. This *Certificate*;
4. The *Enrollment Forms* of the persons insured, including any individual statements; and
5. Any riders; endorsements; or amendments to the *Policy* or the *Certificate*.

Coverage under the *Policy* can be amended by mutual consent of the *Policyholder* and *Us*. No change in the *Policy* is valid unless approved in writing by one of *Our* officers. No agent has the right to change the *Policy* or to waive any of its provisions.

Statements on the Application

All statements made in any signed *Application*, or other written and signed statement, are considered representations and not warranties (absolute guarantees). No representation by:

1. the *Policyholder* in applying for the *Policy* will make it void unless the representation is contained in the signed *Application* or other written and signed statement; or
2. any *Employee* in applying for insurance under the *Policy* will be used to reduce or deny a claim unless a copy of the *Application* for insurance, signed by the *Employee*, or other written and signed statement, is or has been given to the *Employee*.

Legal Actions

Unless otherwise provided by federal law, no legal action brought to recover on the *Policy* of any kind may be filed against *Us*:

1. until 60 days after proof of claim has been given; or
2. more than 3 years after proof of *Loss* must be filed, unless the law in the state where *You* live allows a longer period of time.

Clerical Error

Clerical error or omission by *Us* to the *Policyholder* will not:

1. Prevent *You* from receiving coverage, if *You* are entitled to coverage under the terms of the *Policy*; or
2. Cause coverage to begin or coverage to continue for *You* when the coverage would not otherwise be effective.

If the *Policyholder* gives *Us* information about *You* that is incorrect, *We* will:

1. Use the facts to decide whether *You* have coverage under the *Policy* and in what amounts; and
2. Make a fair adjustment of the premium.

Incontestability

The validity of the *Policy* shall not be contested, except for non-payment of premiums, after it has been in force for two years from the date of issue. No statement *You* made relating to *Your* insurability under the *Policy* will be used to contest the validity of the insurance with respect to which such statement was made after such insurance has been in force for two years during *Your* lifetime, and in no event unless the statement is contained in a written instrument signed by *You* and a copy is given to *You* or to *Your* beneficiary.

Premium Provisions

Premiums are payable in United States dollars on or before their due dates. The *Policyholder* agrees to and is responsible for remitting such premiums for the entire time coverage under the *Policy* is in effect.

Premium charges for increases in insurance amounts becoming effective during a *Policy* month will begin on the next premium due date. Premium charges for insurance terminating during a *Policy* month will cease at the end of the month in which such insurance terminates. This method of charging premium is for accounting purposes only. It will not extend any insurance coverage beyond the date it would otherwise have terminated.

Misstatement of Age

If *You* have misstated *Your* age or the age of a *Dependent*, the true age will be used to determine:

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

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

Conformity with State Statutes and Regulations

If any provision of the *Policy* conflicts with the statutes and regulations of the state in which the *Policy* was issued or delivered, it is automatically changed to meet the minimum requirements of the statute.

Assignment

Insurance, if any, on *Your Spouse* or *Child* is not assignable. *You* have the right to make an absolute assignment of all rights and interest under the *Policy* to any person permitted by law, subject to all of the following terms and conditions:

1. The assignment must transfer rights and interest of all insurance under the *Policy*. *You* may not make a collateral or partial assignment.
2. *Your* rights and interest under the *Policy* include, but are not limited to the following:
 - a. the right to make contributions required to keep the insurance in force;
 - b. the right to change the *Beneficiary*; and
 - c. the right to convert.
3. The assignment will apply to all insurance under the *Policy* in effect on the date of the assignment or which becomes effective after that date. The assignment will have no effect unless it is made in writing, signed by *You*, and delivered to the *Policyholder* during *Your* lifetime. The assignment will take effect on the date *You* signed the assignment, provided the *Policyholder* receives it before benefits are paid or any other action is taken by *Us*. If *We* have paid benefits or taken any other action before the *Policyholder* receives *Your* designation, the assignment will not go into effect. Neither *We*, nor the *Policyholder* are responsible for the validity, sufficiency or effect of the assignment.
4. All insurance benefits will be paid in accordance with the beneficiary designation on file with the *Policyholder*, and the beneficiary provisions of the *Policy* (not to the assignee unless the assignee is also the *Beneficiary*). Any payment made by *Us* in accordance with the beneficiary designation on file with the *Policyholder* and the *Beneficiary* provisions of the *Policy* will fully discharge *Us* to the extent to the payment.
5. *You* may only change an absolute assignment made by *You* with written consent of the absolute beneficiary(s), and a copy of the written consent must be on file with the *Policyholder*.

You may not make any assignment which is inconsistent with these requirements.

On *Your* death, *Your* beneficiary may make an assignment of benefits to a funeral home provided that *We* receive written notice of the assignment prior to payment of any benefits. Any payment made by *Us* to a beneficiary prior to receiving notice of the assignment will fully discharge *Us* to the extent of the payment.

00068

DEFINITIONS

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

Accident* or *Accidental means a sudden, unexpected event that was not reasonably foreseeable. If the event is the result of *Your* plan, design, or intent, it is not *Accidental*. If the event was caused or contributed to by a disease or bodily infirmity, it is not *Accidental*.

00069

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

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Automobile means a validly registered private passenger car (or *Policyholder*-owned car), station wagon, jeep-type vehicle, SUV, pick-up truck or van-type car that is not licensed commercially or being used for commercial purposes.

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Covered Person means *You* who are covered under the *Policy*.

00073

Dependent means:

1. *Your* lawful *Spouse*; and/or
2. *Your Child*(ren) who are not in active military service; and are within the age limits set forth in the Schedule of Benefits.

Child includes:

1. *Your* natural or step child; or
2. a child placed with *You* for adoption from the date of placement or the date *You* are party in a suit in which *You* seek the adoption of the child. Eligibility will continue unless the child is removed from placement; or
3. a child of *Your* child who is *Your* dependent for federal income tax purposes at the time application for coverage of the child of *Your* child is made.

00074

Doctor means a person legally licensed to practice medicine, psychiatry, psychology or psychotherapy, who is neither *You* nor a member of *Your* immediate family. A licensed medical practitioner is a *Doctor* if applicable state law requires that such practitioners be recognized for purposes of certification of covered *Loss*, and the treatment provided by the practitioner is within the scope of his or her license.

00075

Effective Date – See Policy Effective Date

Employee means an *Actively at Work* person whose principal employment is with the *Policyholder*, at the *Policyholder's* usual place of business or such place(s) that the *Policyholder's* normal course of business may require, who is *Actively at Work* for the minimum hours per week as set forth in the *Schedule of Benefits*.

00076

Hemiplegia means the total *Paralysis* of the upper and lower limbs of the same side of the body.

00077

Injury means bodily harm or damage resulting directly from an *Accident* and independent of all other causes.

00078

Insured means the eligible *Employee* whose insurance is in force under the terms of the *Policy*.

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Male Pronoun whenever used includes the female.

Paraplegia means the total *Paralysis* of both lower limbs.

00082

Policy means the contract between the *Policyholder* and *Us* including the attached *Application*, which provides group insurance benefits.
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Policy Effective Date or **Effective Date** means the date stated on the *Schedule of Benefits*.
00086

Policyholder means the person, firm, or institution to whom the *Policy* was issued. *Policyholder* also means any covered subsidiaries or affiliates set forth on the face of the *Policy*.
00087

Principal Sum means the amount of accident insurance that applies to *You* and *Your* covered *Dependents* as shown or described in the *Schedule of Benefits*.
00088

Quadriplegia means the total *Paralysis* of both upper and lower limbs.
00089

Sickness means illness, disease, pregnancy or complications of pregnancy.
00090

Spouse means lawful *Spouse*.
00091

Uniplegia means the total *Paralysis* of one limb.
00093

Voluntary means coverage for which *You* pay 100% of the premium.
00094

We, Our and **Us** means Dearborn Life Insurance Company, Chicago, Illinois.
00095

You, Your and **Yours** means the *Employee* to whom this *Certificate* is issued and whose insurance is in force under the terms of the *Policy*.
00096

DEARBORN LIFE INSURANCE COMPANY

Chicago, Illinois

AMENDATORY RIDER

This Rider is effective January 1, 2019. It is part of the Policy or Certificate to which it is attached. It is subject to all provisions of the Policy or Certificate not in conflict with the provisions of this Rider.

CAMPUS VIOLENCE BENEFIT

What is the Campus Violence Benefit?

We will pay an additional amount, as shown below, to *You*, or in the event of *Your* death, to *Your* designated beneficiary if, as the result of a violent event on Campus, *An Insured Person* suffers:

1. *Injury* or Loss of Life; and
2. *Injury* or Loss of Life is the direct result of the following;
 - a. Shooting, stabbing, bombing, poisoning, aggravated assault or other similar activity directed at *Employees* or students of the *Policyholder*; and
 - b. The *Injury* or Loss of Life is inflicted by persons other than *Employees* or members of *Your* family or household.

This benefit is payable in addition to any other benefits provided under the *Policy*.

For purposes of the Campus Violence Benefit, *Campus* means any building or property owned or controlled by an institution within the same reasonably contiguous geographic area and used by the institution in direct support of, or in a manner related to, the institution's educational purposes. This also includes residence halls. It also includes any building or property owned or controlled by a student organization that is officially recognized by the institution; or any building or property owned or controlled by an institution that is used in direct support of, or in relation to, the institution's educational purposes; is frequently used by students, and is not within the same reasonably contiguous geographic area of the institution. Examples include:

- a. research facilities;
- b. university-owned hospitals;
- c. off-campus student housing facility owned by a third party that has a written contract with the institution to provide student housing;
- d. student residential facility owned or controlled by the institution;
- e. a publicly owned athletic stadium that is leased by the institution for its athletic events or other institution functions.

In the event of a covered *Injury* and Loss of Life resulting from the same incident, only one benefit, the Loss of Life benefit, will be payable.

For purposes of the Campus Violence Benefit only:

Hospital Confinement means the assignment to a bed as an inpatient in a Hospital on the advice of a *Doctor* for a period no less than 24 continuous hours or confinement in an observation unit within a Hospital for a period of no less than 20 continuous hours on the advice of a *Doctor*.

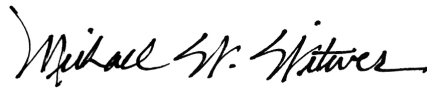
Injury means bodily harm or damage resulting in *Hospital Confinement* directly from a campus violence event.

The additional amount payable is as follows:

Loss of Life = 25% of Principal Sum to maximum of \$50,000

Injury = 10% of Principal Sum to maximum of \$25,000

Nothing contained in this Rider shall be held to alter or affect any provision or condition of your coverage other than as stated above.

A handwritten signature in black ink that reads "Michael S. Stives". The signature is written in a cursive style with a large initial "M".

President

END OF CERTIFICATE

STATEMENT OF ERISA RIGHTS

As a participant in the Plan You are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, 29 U.S.C. §1001, *et seq.*, as amended ("ERISA"). ERISA provides that all plan participants shall be entitled to:

1. Receive Information about Your Plan and Benefits

- a. Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.
- b. Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- c. Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

2. Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Employee benefit plan. The people who operate Your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of You and other plan participants and beneficiaries. No one, including Your employer, Your union, or any other person, may fire You or otherwise discriminate against You in any way to prevent You from obtaining a welfare benefit or exercising Your rights under ERISA.

3. Enforce Your Rights

If Your claim for a welfare benefit is denied or ignored, in whole or in part, You have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps You can take to enforce the above rights. For instance, if You request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, You may file suit in federal court. In such case, the court may require the Plan Administrator to provide the materials and pay You up to \$110 a day until You receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If You have a claim for benefits which is denied or ignored, in whole or in part, You may file suit in a state or federal court. If it should happen that plan fiduciaries misuse the plan's money, or if You are discriminated against for asserting Your rights, You may seek assistance from the U.S. Department of Labor, or You may file suit in a federal court. The court will decide who should pay court costs and legal fees. If You are successful the court may order the person You have sued to pay these costs and fees. If You lose, the court may order You to pay these costs and fees if, for example, it finds Your claims are frivolous.

4. Assistance with Your Questions

If You have any questions about Your Plan, You should contact the Plan Administrator. If You have questions about this statement or about rights under ERISA, or if You need assistance in obtaining documents from the Plan Administrator, You should contact the nearest office of the Employee Benefit Security Administration, U.S. Department of Labor, listed in Your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, Washington, D.C. 20210. You may obtain certain publications about Your rights and responsibilities under ERISA by calling the publication hotline of the Employee Benefits Security Administration.

ERISA INFORMATION STATEMENT

The benefits described in Your certificate are insured by an Insurance Policy ("Policy") issued by Dearborn Life Insurance Company ("We" or "Insurer"), pursuant to an "Employee welfare benefit plan" ("the Plan") as defined in Section 3(1) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), 29 U.S.C. §1002(1) established by Your employer, or where applicable, employee organization (the "Policyholder").

Every employee welfare benefit plan must be established and maintained pursuant to a written instrument that provides for a Plan Administrator. Your Plan Administrator has delegated the authority to administer claims under the Policy to the Insurer. As claims administrator, We will make decisions concerning eligibility and benefit determinations in accordance with the Policy provisions.

A. ADMINISTRATION OF THE PLAN

The Plan Administrator is the person or entity responsible for the administration of the Plan. The Plan Administrator has full discretionary authority and control over the Plan. This authority provides the Plan Administrator with the power necessary to operate, manage and administer the Plan. This authority includes, but is not limited to, the power to interpret the Plan and determine who is eligible to participate, to determine the amount of benefits that may be paid to a participant or his or her beneficiary, and the status and rights of participants and beneficiaries. The Plan Administrator also has the authority to prescribe the rules and procedures under which the Plan shall operate, to request information, and to employ or appoint persons to aid the Plan Administrator in the administration of the Plan.

Failure by the Plan or the Plan Administrator to insist upon compliance with any provisions of the Plan at any time or under any set of circumstances shall not operate to waive or modify the provision or in any manner render it unenforceable as to any other time or as to any other occurrence, whether the circumstances are or are not the same. No waiver of any term or condition of the Plan shall be valid unless contained in a written memorandum expressing the waiver and signed by the person authorized by the Plan Administrator to sign the waiver.

The Plan may be amended, terminated or suspended in whole or in part, at any time without the consent of the Employees or beneficiaries. Any amendment, termination or suspension shall be in writing, and attached to the Plan. Any amendment, termination or suspension shall be executed according to the Employer's authorized procedures. Any such authorization may be specific to the Plan or persons authorized to act on behalf of the Employer or may be general as to duties of such person. Except for termination or suspensions, any amendments affecting the Policy and/or Certificate must also be approved in writing by an officer of the Insurer and shall be effective as of the date agreed to, in writing by the Plan Sponsor and the Insurer. Notwithstanding anything to the contrary in this document, the Policy shall terminate according to the provisions in the Policy.

The Plan has other fiduciaries, advisors and service providers. The Plan Administrator may allocate fiduciary responsibility among the Plan's fiduciaries and may delegate responsibilities to others. Any allocation or delegation must be done in writing and kept with the records of the Plan. As stated above, the Plan's benefits are provided to You pursuant to an insurance Policy issued to the Company. The Insurer shall, with respect to the Policy:

- resolve all matters when a review pursuant to the claims procedures has been requested;
- interpret, establish and enforce rules and procedures for the administration of the Policy and any claim under it; and
- determine eligibility of Employees and dependents for benefits and their entitlement to and the amount of benefits.

Each fiduciary is solely responsible for its own improper acts or omissions. Except to the extent required by ERISA, no fiduciary has the duty to question whether any other fiduciary is fulfilling all of the responsibilities imposed upon the other fiduciary by law. Nor is a fiduciary liable for a breach of fiduciary duty committed before it became, or after it stopped being, a fiduciary. However, a fiduciary may be liable for a breach of fiduciary responsibility of any Plan fiduciary, to the extent provided in ERISA Section 405(a), 29 U.S.C. §1105(a). The Employer makes no promise to continue these benefits in the future and rights to future benefits will never vest. Retirement does not give any retiree any vested right to continue to participate or receive Plan benefits, except as provided in the Plan.

B. CLAIMS PROCEDURE:

When You or Your Beneficiary are eligible to receive benefits, You or Your Beneficiary, or Your authorized representative (collectively, "You") must follow the claim procedures described in Your Group Insurance Certificate by submitting the proper form in writing to the Insurer at:

Claims Department
Dearborn Life Insurance Company
701 E. 22nd Street
Lombard, IL. 60148
1-855-649-9648

For the purpose of this Section, the terms "written" and "in writing" include "electronic." Any action required to be "written" or "in writing," may be done electronically, where available. If the Insurer uses electronic notices, it will do so in accordance with 29 CFR 2520.104b-1c(i), (iii) and (iv).

Accidental Death & Dismemberment Insurance Plans

We will give You a decision no more than 90 days after receipt of due proof of loss, except in special circumstances (such as the need to obtain further information), but in no case more than 180 days after the due proof of loss is received.

If the claim is denied, in whole or in part, the claimant will receive a written notice giving the following:

- the reasons for the adverse benefit determination;
- reference to the specific Policy provisions on which the determination is based;
- a description of any additional material or information necessary for You to perfect the claim and an explanation of why such material or information is necessary;
- a statement that You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim; and
- a description of the Plan's review procedures and the time limits applicable to such procedures, including a statement of Your rights to bring a civil action under ERISA §502(a), 29 U.S.C. §1132(a) following an adverse benefit determination on review.

Any denied claim may be appealed to the Insurer by You or Your authorized representative, at the address specified in the claim denial, for a full and fair review. The review will be conducted by a person different from the person who made the initial decision and the reviewer will not review the merits of the claim with the original examiner nor be the original examiner's subordinate. The claimant may:

- a) request a review upon written Application within 60 days of receipt of claim denial;
- b) upon request and free of charge, review pertinent documents, records and other information relevant to the claim and receive copies of same; and
- c) submit issues, comments, records, and other information in writing.

A decision will be made by the Insurer no more than 60 days after receipt of the request for review, except in special circumstances (such as the need to obtain additional evidence), but in no case more than 120 days after the request for review is received. We will notify You in writing if an extension is needed. If We need information from You and You deliver that information within the time specified, the extension will begin after You provide the information. If You do not provide the information in that time period, We may decide Your appeal without that information. The written decision will include specific reasons for the decision and specific references to the Plan provisions on which the decision is based. The decision will advise You of any other appeal rights You have under the Plan, as well as Your right to bring an action under Section 502(a) of ERISA, 29 U.S.C. §1132(a).

Administrative Office:

701 E. 22nd Street • Lombard, Illinois 60148