

GE GROUP LIFE ASSURANCE COMPANY certifies that it has issued and delivered a Group Insurance Policy to the Policyholder shown below.

POLICYHOLDER: SEATTLE INSTITUTE FOR BIOMEDICAL & CLINICAL RESEARCH

EFFECTIVE DATE: OCTOBER 1, 2004

ACCOUNT NUMBER: 100-3854-00

GROUP POLICY NO: 100-3854

STATE OF ISSUE: WASHINGTON

This Certificate cancels and replaces any prior Long Term Disability Insurance Certificate issued to you.

This Group Certificate contains the terms of the Group Policy that affect your insurance. This Group Certificate is part of the Group Policy.

This Group Certificate is governed by the laws of the State of Issue shown above, which is the state of issue of the group policy.



President

GC-B-1.1 (95)

GROUP LONG TERM DISABILITY CERTIFICATE

LAST DATE PRINTED: October 29, 2004

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PART 1: INSURANCE SCHEDULE

LONG TERM DISABILITY INSURANCE

Coverage Eligibility:

EACH FULL-TIME EMPLOYEE

Eligible Class:

ALL ACTIVE FULL-TIME EMPLOYEES WHO SATISFY THE COVERAGE ELIGIBILITY REQUIREMENTS AND ARE IN A CLASSIFICATION AS LISTED BELOW:

EACH EMPLOYEE

Eligibility Waiting Period:

None

Monthly Benefit:

The Monthly Benefit will be an amount equal to the lesser of:

1. 60% of your Basic Monthly Earnings; or
2. The maximum monthly benefit of \$8,000.

The applicable amount above will then be reduced by any "Other Income".

The minimum monthly benefit is \$100.

Elimination Period:

180 days per Period of Disability

Maximum Benefit Duration:

The greater of your normal Social Security retirement age as defined in the 1983 amendment to the Social Security Act or:

Age When Period of Disability Begins:	Duration
LESS THAN AGE 60	TO AGE 65
60	TO AGE 65
61	TO AGE 65
62	42 MONTHS
63	36 MONTHS
64	30 MONTHS
65	24 MONTHS
66	21 MONTHS
67	18 MONTHS
68	15 MONTHS
69 AND OVER	12 MONTHS

Pre-existing Limitation Periods:

TREATMENT FREE PERIOD: 3 MONTHS

PRE-EXISTING LIMITATION PERIOD: 12 MONTHS

WITH RESPECT TO DISABILITIES ARISING FROM A PRE-EXISTING CONDITION:
BENEFITS ARE EXCLUDED UNLESS ELIGIBLE FOR PRIOR SERVICE CREDIT.

PART 2: DEFINITIONS

Active Full-time Employee

You are an Active Full-time Employee if you are:

1. Actively working at your Employer's usual place of business or such place or places as the Employer's normal course of business may require; and
2. A United States citizen or resident working within the United States; and
3. Performing all of the duties of your Regular Occupation and working an average of a least 30 hours per week (unless otherwise stated in the INSURANCE SCHEDULE) for the most recent 3 months or your period of employment, whichever is less; and
4. Paid for such work in accordance with applicable Wage and Hour Laws; and
5. Not a seasonal or temporary employee; that is, an employee whose annual work schedule is less than 12 months during a calendar year.

An employee who is working on a temporary assignment outside the United States for a period of 12 months or less will be deemed to be working within the United States. An employee working outside the United States on other than a temporary assignment will not be considered an Active Full-time Employee unless approved by us in writing.

Any Occupation

Any gainful occupation that you are qualified for or may reasonably become qualified for by education, training or experience. Your level of earnings from your prior occupation will be considered in determining any occupation.

Basic Monthly Earnings

"Basic Monthly Earnings" means your gross monthly rate of earnings from your Employer in effect prior to your Period of Disability. It includes employee pre-tax contributions to a deferred compensation plan which is defined by a documented, pre-determined formula. It does not include:

1. Commissions;
2. Bonuses;
3. Overtime pay; or
4. Any other fringe benefit or extra compensation.

For purposes of determining "Basic Monthly Earnings", if you are an hourly employee, your monthly pay will be based on a work week of no more than 40 hours.

Child

The term "Child":

1. Means a child who is unmarried; receiving more than 50% of support from you; and either under 19 years of age or a Full-time College Student under 25 years of age; and
2. Is limited to your natural born child or other child related to you by blood; your stepchild; your foster child; or your legally adopted child.

Child Care

Means the care of your dependent Child or Children who are under the age of 13 and who attend a Licensed Child Care Facility on the days you are actively engaged in Rehabilitation Employment.

Consumer Price Index

The Consumer Price Index (C.P.I.-W) is published by the U.S. Department of Labor. It measures the change in the cost of a typical urban wage earner's or clerical worker's purchases of certain goods and services. The change in cost is expressed as a percentage of the cost of the same goods and services in some base period.

We reserve the right to use some other similar measurement if the U.S. Department of Labor changes or stops publishing the CPI-W.

Demonstrated Relationship

With respect to Partial Disability, the Sickness or Injury must be the material and substantial factor in causing the earnings loss. A Sickness or Injury would not have a Demonstrated Relationship to a Disability if the earnings loss was produced primarily by causes which are not related to a Sickness or Injury.

Dependent

The term "Dependent" includes:

1. Your lawful spouse; and
2. Your Child or Children.

Disability Retirement Benefits

Benefits under a Retirement Plan from your Employer which:

1. Are payable due to disability as defined in that plan; and
2. Do not reduce the amount of income which would have been paid as retirement benefits at the defined normal retirement age under the Plan if the disability had not occurred.

Eligibility Waiting Period

The number of continuous days of service you must satisfy as an Active Full-time Employee in a class eligible for insurance before your coverage under the policy becomes effective. Refer to the INSURANCE SCHEDULE for the Eligibility Waiting Period.

Eligible Employee

Someone who is in a classification eligible for insurance. Refer to the INSURANCE SCHEDULE for Eligible Class.

If your earnings from the Employer are reported to the Internal Revenue Service on Form 1099 or other form designated by the Internal Revenue Service to report payments to an independent contractor rather than payments to an employee, you will not be considered to be an Eligible Employee unless approved by us in writing.

Elimination Period

The number of consecutive days of a Period Of Disability, shown in the INSURANCE SCHEDULE, which must be completed before we will pay you the Monthly Benefit. No benefits will be paid to you for any portion of your Period Of Disability that occurs during the Elimination Period.

During the Elimination Period, a Disability that is caused by the same or related Sickness or Injury will be considered as continuous even if you cease to be Disabled and return to work for a period not to exceed the applicable number of trial work days. Ten trial work days are provided for every 30 days in the Elimination Period to a maximum of 60 trial work days.

We will not count these trial work days toward satisfaction of the Elimination Period. However, if you become eligible for insurance under another group long term disability policy, the terms of this provision will not apply.

Employer (Eligible Employer)

The Policyholder shown on the first page.

Evidence Of Insurability

Any medical or other information, including a health statement or statement about other insurance coverage or income, that we may require and that is satisfactory to us in order to determine if you are eligible to become insured or if you are eligible for any increases in insurance under the policy.

Full-time Basis

A regular work schedule of at least 30 hours per week.

Full-time College Student

A Child who:

1. Is attending on a full-time basis a college or university licensed as such by the state in which it is located; and
2. Is enrolled for at least the minimum number of course credits required by such college or university to maintain standing as a full-time student.

Indexed Pre-Disability Earnings

Your Pre-Disability Earnings increased by the lesser of the following, starting on the January 1st following 12 consecutive calendar months of Disability and on each subsequent January 1st:

1. 10%; or
2. The percentage increase in the Consumer Price Index (CPI-W) for the twelve month period ending on the previous September 30.

Injury

A bodily injury resulting directly from an accident and independently of all other causes.

Licensed Child Care Facility

A facility which:

1. Is licensed as a Child Care Facility by the state or other appropriate agency, unless specifically exempt from state licensing requirements in the jurisdiction in which it operates; and
2. Provides daily Child Care services by or under the supervision of certified personnel.

Mental Illness

The term "Mental Illness":

1. Means any Sickness, disease or disorder, including those which are the result in any way of a genetic, chemical, organic or biologic cause, which:
 - a) is medically classified or considered, whether in whole or in part, to be a psychological, behavioral or emotional condition; or
 - b) is manifested by psychological distress or impaired social functioning, or both; or
 - c) is treated by or dealt with, in whole or in part, through psychotherapeutic or sociotherapeutic methods or by medication which is intended to alter or affect emotions, behavior or thought content.
2. Includes but is not limited to:
 - a) anxiety, panic, and somatoform disorders;
 - b) mood disorders, including depression and bipolar disorder (manic depression);
 - c) dissociative disorders and schizophrenia;
 - d) personality and eating disorders; and
 - e) any Sickness, disease or disorder which a reasonable person would commonly consider to be a mental or emotional disease or disorder.

This listing is intended to present examples of Mental Illness and shall not be taken or construed as a limitation of the term as it is defined above.

Non-Salaried Employee

An Active Full-time Employee who:

1. Is paid by the hour by the Employer; or
2. Does not meet the definition of Salaried Employee.

Participation in a Riot

The words "Participation" and "Riot" in this phrase mean:

Participation - includes promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but will not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firefighters.

Riot - includes all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to person or property or unlawful act or acts is the intent or the consequence of such disorder.

Part-time Basis

A regular work schedule of fewer than 30 hours per week.

Period Of Disability

The number of consecutive days that you are Disabled beginning with the first day you are:

1. Disabled; and
2. Under the regular care of a Physician for the Sickness or Injury causing your Disability.

Physician

A person who fulfills all requirements of 1., 2., and 3. below:

1. Is a legally qualified physician or health care practitioner.
2. Is acting within the scope of his or her license.
3. Is someone other than a member of your immediate family.

Immediate family is limited to:

- a) you;
- b) your spouse; and
- c) parents, brothers, sisters or children of either you or your spouse, whether related by blood or marriage.

Pre-existing Condition

A Sickness or Injury for which you, during the Treatment Free Period (as shown in the INSURANCE SCHEDULE) before the effective date of your insurance under the policy:

1. Received medical care, treatment or consultation, diagnosis or diagnostic tests; or
2. Took any drugs, medicine or medication prescribed or recommended by a Physician.

An Injury or Sickness may be a Pre-Existing Condition regardless of whether it was diagnosed prior to the effective date of your insurance.

Prior Policy

The Group Plan of Long Term Disability Insurance:

1. Provided through or sponsored by your Employer; and
2. Under which you were insured on the day before the effective date of this plan.

Prior Policy Benefit

The benefit that would have been paid to you under the Prior Policy for your Disability had you remained insured under that policy.

Proof

Any information that is:

1. Required by us under the terms of the policy; and
2. Satisfactory to us.

Proportional Benefit Formula

The Proportional Benefit Formula is (A divided by B) multiplied by C, where:

1. (A) means your Indexed Pre-Disability Earnings less your earnings from Rehabilitative Employment;
2. (B) means your Indexed Pre-Disability Earnings; and
3. (C) means the Monthly Benefit.

Regular Occupation

The occupation you are performing when your Period of Disability commences. This refers to your occupation as it is typically performed rather than the duties required by a specific employer or at a specific location.

Retirement Plan

A Retirement Plan is:

1. A defined benefit plan; or
2. A defined contribution plan.

The term Retirement Plan will not include the following:

- a) a profit-sharing plan;
- b) a thrift plan;
- c) a deferred compensation plan;
- d) a non-qualified pension plan;
- e) an Individual Retirement Account (IRA);
- f) a Tax Sheltered Annuity (TSA);
- g) a salary reduction plan (401K);
- h) a Keogh plan (HR-10) with respect to Partners;
- i) an Employee Stock Ownership Plan (ESOP).

Salaried Employee

An Active Full-time Employee who:

1. Performs, in his job with the Employer, only administrative, sales, clerical or supervisory duties; and
2. Is paid by the Employer on a regular salaried basis.

Sickness

Disease or illness, Mental Illness, Substance Abuse or pregnancy.

Substance Abuse

Alcoholism, the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance.

Total Disability and Totally Disabled

Total Disability must be caused by Sickness or Injury and must commence while you are insured under the policy. You will be considered Totally Disabled if:

1. During the Elimination Period and the following 36 months, you are unable to perform all the material and substantial duties of your Regular Occupation.
2. After the Elimination Period and the following 36 months, you are unable to perform the duties of Any Occupation.

Partial Disability and Partially Disabled

A Partial Disability must be caused by Sickness or Injury and must commence while you are insured under the policy. You will be considered Partially Disabled if:

1. During the Elimination Period and the following 36 months you are:
 - a) unable to perform all the material and substantial duties of your Regular Occupation;
 - b) performing at least one of the material duties of your Regular or Any Occupation on a Full-time Basis or Part-time Basis; and
 - c) earning at least 20% less than your Pre-Disability Earnings immediately prior to the onset of Disability and there is a Demonstrated Relationship between this earnings loss and your current Disability.
2. After the Elimination Period and the following 36 months, you are:
 - a) unable to perform the duties of Any Occupation; and
 - b) performing at least one of the material duties of your Regular or Any Occupation on a Full-time Basis or Part-time Basis.

Benefits for Partial Disability will be paid in accordance with the Rehabilitation provisions described in the REHABILITATION part of this Certificate.

Disability and Disabled

Disability means that you are either Totally Disabled or Partially Disabled.

If a particular occupation requires a license, you will not be considered Disabled solely because you are unable to either obtain a license or continue to qualify for a license.

Total Income Replacement

Total Income Replacement means the sum of:

1. Your Monthly Benefit as determined in the INSURANCE SCHEDULE;
2. Other Income as defined in the OTHER INCOME part of this Certificate; and
3. Any earnings you receive while collecting the benefits payable under this plan, including any earnings received from Rehabilitative Employment.

You (Your)

The Employee.

We (us, Our)

GE Group Life Assurance Company

PART 3: EMPLOYEE INSURANCE

Date of Eligibility (waiting period)

Only Employees who are Active Full-time Employees in an Eligible Class as shown in the INSURANCE SCHEDULE are eligible for coverage under this plan. If you are an Active Full-time Employee, you will be eligible for coverage on the later of the following dates provided you complete the number of consecutive days of full-time continuous active service in an Eligible Class as shown in the Eligibility Waiting Period in the INSURANCE SCHEDULE:

1. The effective date of the policy if you have completed the Eligibility Waiting Period;
2. The date on which you complete the Eligibility Waiting Period as shown in the INSURANCE SCHEDULE; or
3. The date we approve any Evidence of Insurability.

"Full-time continuous active service" means that you satisfy the Active Full-time Employee definition at all times during the Eligibility Waiting Period. If you were on an approved leave of absence granted in accordance with a State Family Leave Law or the Federal Family and Medical Leave Act (FMLA), you will be considered an Active Full-time Employee for the purpose of this provision, provided you were insured under the Prior Plan during this leave and continuation of coverage is based upon a uniform policy of your Employer and not individual selection.

Conditions of Insurability

Your insurance under the policy will be effective on the date you are eligible provided you:

1. Submit any Evidence of Insurability we may require; and
2. Complete and submit one of our enrollment cards or, if applicable, one of the enrollment cards that we and your Employer have agreed to use in place of our enrollment cards, and agree to make any required contribution toward the cost of the insurance. If you submit this card more than 31 days after you become eligible, you will be required to submit Evidence of Insurability at your own expense.

If you are not an Active Full-time Employee on the scheduled effective date of your insurance under the policy due to a Sickness or Injury, the effective date of your insurance under this plan will be deferred until you are again an Active Full-time Employee.

Increases in Insurance

- A. If for any reason there is an increase in the amount of insurance or benefits for which you are eligible, whether due to a change of earnings, classification or Insurance Schedule, you will be insured for such increased amount or benefits on the later of:
 - 1. The date of the increase; or
 - 2. The date we approve any required Evidence Of Insurability.
- B. If you are not an Active Full-time Employee on such date due to a Sickness or Injury, the effective date of such increased amount will be deferred until you are again an Active Full-time Employee.
- C. Any increase in the amount of your insurance because of a change in the INSURANCE SCHEDULE will not be payable for any Period of Disability which:
 - 1. Begins during the first 12 months after the date of your increase in the insurance under the policy; and
 - 2. Is caused by, contributed to by or results from a Pre-existing Condition. A Pre-existing Condition is a Sickness or Injury, for which you, during the 3 month period prior to the increase in the policy's INSURANCE SCHEDULE:
 - a) received medical care, treatment or consultation, diagnosis or diagnostic tests; or
 - b) took any drugs, medicine or medication prescribed or recommended by a Physician.

Decreases in Insurance

If there is a decrease in the amount of insurance or benefits for which you are eligible, you will be insured for such decreased amount or benefits on the date of the decrease.

PART 4: MONTHLY BENEFIT

Who Is Eligible For The Monthly Benefit

We will pay you the Monthly Benefit shown in the INSURANCE SCHEDULE for a Period Of Disability, subject to all of the terms of the policy, if you satisfy all of the following conditions:

1. You must send Proof to us that you have become Disabled;
2. You must be insured under the policy at the time your Disability commences;
3. You must be under the regular care of a Physician for the Sickness or Injury causing your Disability; and
4. You must have completed the Elimination Period shown in the INSURANCE SCHEDULE.

Calculation Of The Monthly Benefit

To determine the Monthly Benefit we will pay each month while you are Disabled:

1. Multiply your Basic Monthly Earnings by the benefit percentage as noted in the Monthly Benefit part of the INSURANCE SCHEDULE;
2. Take the lesser of:
 - a) the resulting figure; or
 - b) the maximum Monthly Benefit as shown in the INSURANCE SCHEDULE.
3. Carry forward the resulting figure in item 2 above and from it subtract all Other Income benefits, as defined in the OTHER INCOME part of the Certificate.

The Monthly Benefit will be payable subject to all the terms of the policy, including, but not limited to, the reductions for Other Income. If you are Partially Disabled, the Monthly Benefit will be determined in accordance with the REHABILITATION part of the Certificate. The benefit payable will never be less than the minimum monthly benefit shown in the INSURANCE SCHEDULE.

When The Monthly Benefit Is Paid

The Monthly Benefit will be paid:

1. At the end of each consecutive monthly period, following the Elimination Period, during the uninterrupted continuance of your Disability; and
2. In an amount that is equal to 1/30 of the Monthly Benefit for each day of a Period Of Disability, following the Elimination Period, that is less than a full month.

When Payment Of The Monthly Benefit Ends

We will continue to pay you the Monthly Benefit during a Period Of Disability, subject to all the terms of the policy, until the earliest of:

1. The date you cease to be Disabled.
2. The date you reach the Maximum Benefit Duration shown in the INSURANCE SCHEDULE.
3. The date you fail to give us required Proof that you are still Disabled.
4. The date you refuse to allow an examination we request or fail to cooperate fully during such examination.
5. The date you are no longer under the regular care of a Physician.
6. The date you die.
7. The date benefits terminate in accordance with the REHABILITATION part of this Certificate.
8. The date you become eligible for any other Group Long Term Disability coverage.
9. The date you commit an act of material misrepresentation to obtain benefits under the policy.

PART 5: OTHER INCOME

Other Income

Other Income means those benefits or amounts you receive or are eligible to receive as indicated below:

1. Any temporary or permanent award under:
 - a) any Workers' Compensation Law;
 - b) any Occupational Disease Law;
 - c) any other similar act or law; or
 - d) any settlement or damages which is made in lieu of Workers' Compensation benefits and is paid to you, or which you would be entitled to in the absence of recovery by your Employer or a Workers' Compensation insurer, but only to the extent that any such damages or settlement represent compensation for your loss of income.
2. Any disability benefits under any compulsory benefit act or law.
3. Any disability or loss of income benefits provided under:
 - a) any other group insurance plan including any disability benefits received under the terms of a group life insurance policy for permanent total disability.
 - b) any Retirement Plan.
 - c) any governmental retirement system as a result of your job with your Employer.
 - d) any basic automobile reparations insurance (no fault) coverage unless prohibited by state law.
4. Any benefits received under any Retirement Plan from your Employer, including Disability Retirement Benefits, except that only that portion that is not funded by employee contributions will be considered a Retirement Plan benefit.
5. Any amount of disability or retirement benefits under:
 - a) the United States Social Security Act to which;
 - i) you are entitled; and
 - ii) your Dependents may be entitled because of your disability or retirement;
 - b) the Railroad Retirement Act;
 - c) any other similar act or law provided in any jurisdiction.

If you were receiving Social Security Retirement benefits prior to becoming Disabled, we will consider as Other Income only the amount of the increase in your Social Security Retirement benefits which results directly from a reduction in your work earnings
6. Any income received from any formal or informal salary continuance plan. We will only consider as Other Income that amount which, when added to your Gross Monthly Benefit, exceeds 100% of your Basic Monthly Earnings. By Gross Monthly Benefit we mean the amount of your Monthly Benefit prior to any reductions by Other Income.
7. Any benefits under Unemployment Compensation Laws.

Right of Recovery

With respect to Other Income, without our consent you shall not enter into any agreement, settlement, or take any action which may prejudice our rights. You must execute and deliver to us documents we may require to protect our rights and do whatever else is required to help us secure our rights. Any amounts which you are entitled to recover from any agreement, settlement or action will be considered as Other Income.

Application for Other Income

If you, your spouse, child, or children are or become eligible for any Other Income, you, your spouse, child, or children must:

1. Apply for such Other Income; and
2. Cooperate with us in making reasonable efforts to reapply for or appeal the denial of any application for such Other Income.

Until approval or denial is made we will, at your option, make payments under either Method A or B below:

Method A: We will estimate the amount of Other Income you will receive and reduce your Monthly Benefit by this amount. If Other Income benefits are estimated, your Monthly Benefit will be adjusted when we receive Proof of the amount awarded or that benefits have been denied. If your application is denied, the amount estimated will be returned to you in a lump sum. During subsequent appeals Method B will be used.

Method B: Subject to your written agreement, we will pay your Monthly Benefit with no reduction for estimated Other Income until any Other Income payor reaches a decision. When a decision is reached, you must send us a copy of such decision and reimburse us in full for any overpayment we have made as a result of that decision, regardless of whether or not your coverage is still in force on the date you recover such amount. Additionally, if an award is made, we will reduce your Monthly Benefit by the amount of Other Income you receive, in accordance with the terms of the policy. If you choose this Method B and have not applied for other benefits to which you may be entitled, you must agree to apply for such benefits immediately. If you do not apply we will automatically use Method A.

You are not required to apply for any early Retirement Plan benefits.

Cost of Living Freeze

If you receive a Cost of Living Increase, with regard to your Other Income, after the effective date of the benefits payable under this plan, we will not further reduce your Monthly Benefit by such cost of living increase. For purposes of this provision a Cost of Living increase is any annual increase reasonably related to the annual increase in any generally recognized cost of living measurement that applies to all persons who are entitled to receive such benefits.

Lump Sum Payments

If any Other Income is paid in a lump sum, we will reduce the Monthly Benefits paid or payable by the monthly equivalent of that sum as determined below:

1. Over the period of time for which the sum is given, if a period of time is stated; or
2. If such period of time cannot be determined we will prorate the lump sum over a period of 60 months from the date of the lump sum award.

PART 6: INDEMNITY FOR ACCIDENTAL DISMEMBERMENT AND LOSS OF SIGHT

Accidental Dismemberment and Loss of Sight Benefit

We will pay you the Monthly Benefit shown in the INSURANCE SCHEDULE for the lesser of the number of months shown in the Loss and Benefit Duration Schedule below, or the Maximum Benefit Duration regardless of the continuance of your Disability, if you satisfy the following conditions:

1. You sustain an Injury that results in one of the losses listed below within 365 days of a covered accident;
2. You send Proof to us of such loss;
3. You are insured under the policy at the time of such Injury; and
4. You have completed the Elimination Period shown in the INSURANCE SCHEDULE.

Loss and Benefit Duration Schedule

Loss:	Number of Monthly Benefits:
For the loss of the sight of both eyes entirely, irrecoverably, and uncorrectably	48 months
For permanent loss of both hands by severance at or above the wrist joint	48 months
For permanent loss of both feet by severance at or above the ankle joint	48 months
For permanent loss of one hand by severance at or above the wrist joint and permanent loss of one foot by severance at or above the ankle joint	48 months
For permanent loss of one hand by severance at or above the wrist joint and the loss of the sight of one eye entirely, irrecoverably and uncorrectably	48 months
For permanent loss of one foot by severance at or above the ankle joint and loss of the sight of one eye entirely, irrecoverably and uncorrectably	48 months
For permanent loss of one hand by severance at or above the wrist joint or permanent loss of one foot by severance at or above the ankle joint	24 months
For the loss of the sight of one eye entirely, irrecoverably and uncorrectably	12 months

Payments of Benefits

No combination of losses other than the ones shown above can be used to extend the Number of Monthly Benefits beyond the durations as shown above. If you sustain more than one of the above losses in any one accident, we will pay you for the one loss with the greatest number of monthly payments. Benefits may still be payable to you after the Number of Monthly Benefits have been paid if you are still Disabled and have not received the Maximum Benefit Duration specified in the INSURANCE SCHEDULE, subject to all of the terms of the policy.

Claim Payments

If you die before all payments are made, we will pay benefits in accordance with the "Facility of Payment" section of LONG TERM DISABILITY CLAIM PROVISIONS in this certificate. Such benefits will be paid monthly.

PART 7: SURVIVOR BENEFIT

When We Will Pay A Survivor Benefit

If you die while insured under this plan, we will pay a benefit to your Eligible Survivor provided:

1. You were Disabled prior to your death and your current Period of Disability lasted for at least 180 consecutive days; and
2. You were receiving or eligible to receive a Monthly Benefit under this plan for such current Period Of Disability at the time of your death.

The Survivor Benefit will not be paid if there are no Eligible Survivors.

Amount We Will Pay Your Eligible Survivor

If the above conditions are met, we will pay your Eligible Survivor, the lesser of:

1. Three times your Monthly Benefit for the month prior to your death; or
2. The maximum amount allowable by state law.

Such Monthly Benefit will disregard any earnings from Rehabilitative Employment. Only one lump sum will be paid regardless of the number of Eligible Survivors. If there is more than one Eligible Survivor, said lump sum will be paid in equal shares to such persons.

Who Is An Eligible Survivor

The term Eligible Survivor means your lawful spouse, if living at the time of your death; otherwise, your Child or children living at the time of your death.

PART 8: EXCLUSIONS AND LIMITATIONS

I. Exclusions

Long Term Disability Benefits will not be paid:

1. For any Period Of Disability due to or resulting from:
 - a) war, declared or undeclared, or any act of war or any resistance to armed invasion or aggression, or international police action.
 - b) active Participation in a Riot.
 - c) attempted suicide or intentionally self-inflicted Injury.
 - d) participation in the commission of a felony.
2. While you are not under the regular care of a Physician for the Sickness or Injury causing your Disability.
3. For any Period of Disability which is caused by, contributed to by, or results from a Pre-existing Condition, unless otherwise stated in the INSURANCE SCHEDULE. This exclusion, however, will not apply:
 - a) if your Disability commences after you have been insured continuously under the policy for the Pre-existing Limitation Period shown in the INSURANCE SCHEDULE; or
 - b) if you are eligible for the Prior Service Credit as described below in the "Limitations" section.
4. During the Elimination Period.
5. For any Period Of Disability that occurred prior to your becoming insured under the policy.
6. For any day that you are confined in a penal or correctional institution for conviction of a criminal or public offense.

II. Limitations

Mental Illness and Substance Abuse

If a Period of Disability is caused by, contributed to by, or results from Mental Illness, the Monthly Benefit will be paid for not more than a total of 24 months during a Period Of Disability.

If a Period Of Disability is caused by, contributed to by, or results from Substance Abuse, the Monthly Benefit will be paid for not more than a total of 24 months for all such disabilities during your lifetime.

Benefits, however, may be paid beyond these 24 month periods under the following circumstances:

1. While you are confined in a hospital or institution that is licensed to give care and treatment for Mental Illness or Substance Abuse and is not a place primarily for convalescent care, provided:
 - a) you were hospital confined at the end of the said 24 month period; and
 - b) the confinement lasts for at least 14 consecutive days during which treatment is being rendered for such disability; and
2. During a period of recovery that follows a confinement described in item 1 above. Such benefit will be paid one time during a Period Of Disability provided that you continue to be Disabled for the lesser of:
 - a) 90 days; or
 - b) the period of recovery.

Prior Service Credit

1. We will pay benefits under this plan for a Period Of Disability that is caused by, contributed to by, or results from a Pre-existing Condition subject to the following conditions:
 - a) you were insured under the Prior Policy on a premium paying basis on the day before the effective date of this plan;
 - b) you became insured under this plan on its effective date; and
 - c) you can satisfy the greater of the Pre-existing Condition requirements of this plan or the Prior Policy after we combine the periods of time you were insured before the start of your Disability under:
 - i) the Prior Policy; and
 - ii) this plan.
2. If the above conditions are satisfied, benefits will be payable in an amount equal to the lesser of:
 - a) the Prior Policy's Benefit; or
 - b) this plan's benefit.

PART 9: WAIVER OF PREMIUMS

Waiver of Premiums

We will continue your Long Term Disability Insurance without payment of premiums while you are Disabled and receiving benefit payments from us.

Termination of Waiver of Premiums

This continuance will end on the date your benefit payments end. In this case, you may again become insured for Long Term Disability Insurance if:

1. You are again an Active Full-time Employee:
 - a) in a class of Employees eligible for Long Term Disability Insurance; and
 - b) for the Employer for whom you worked at the time you became Disabled;
2. Premium payments for the cost of your Long Term Disability Insurance are resumed; and
3. Your Employer continues to be insured under the policy.

PART 10: SUCCESSIVE PERIODS OF DISABILITY

When A Disability Will Be Considered A New Period of Disability

If, after receiving a Monthly Benefit under this plan, you resume all of the material duties of your Regular or Any Occupation on an uninterrupted Full-time Basis for 6 full months or more and again become Disabled by the same or related Sickness or Injury, your Disability will be considered a new Period Of Disability.

If, after receiving a Monthly Benefit under this plan, you resume all of the material duties of your Regular or Any Occupation on an uninterrupted Full-time Basis and again become Disabled but your Disability is due to a Sickness or Injury that is unrelated to the cause of your prior Period Of Disability, your Disability will be considered a new Period Of Disability.

You must complete a new Elimination Period in either case.

When A Disability Will Not Be Considered A New Period of Disability

If after receiving a Monthly Benefit under this plan, you resume all of the material duties of your Regular or Any Occupation on an uninterrupted Full-time Basis for less than 6 full months and again become Disabled by the same or related Sickness or Injury, your Disability will be considered a continuation of the same Disability. You will not have to complete a new Elimination Period. The Monthly Benefit will continue to be calculated according to your original Basic Monthly Earnings in effect at the time your initial Period of Disability began.

When This Part Will Not Apply To You

If you become eligible for any other Group Long Term Disability Coverage, this Part will no longer apply to you.

PART 11: REHABILITATION

Monthly Benefit For Rehabilitation

If you are Partially Disabled, your employment will be considered Rehabilitative Employment and we will pay you the Monthly Benefit subject to the calculation indicated in the section below, "How the Monthly Benefit Will Be Determined". By Rehabilitative Employment we mean any occupation or employment for wage or profit for which you are reasonably fitted by training, education or experience and in which you engage during a Period of Disability. Earnings for Rehabilitation will be based on your gross earnings. Business expense deductions will not be considered unless agreed to by us.

How the Monthly Benefit Will Be Determined

The Monthly Benefit will be determined as follows:

- A. If you were Totally Disabled through the Elimination Period, your Monthly Benefit will be payable as follows:
 - 1. During the first twelve months of Rehabilitative Employment, the Monthly Benefit will be reduced only by the amount of your Total Income Replacement that exceeds 100% of your Basic Monthly Earnings in effect prior to your current Period Of Disability.
 - 2. After the first twelve month period of Rehabilitative Employment, the monthly benefit payable will be the greater of:
 - a) the Monthly Benefit reduced by 50% of any earnings you receive from Rehabilitative Employment; or
 - b) the Monthly Benefit as calculated under the Proportional Benefit Formula.
- B. If you were Partially Disabled through the Elimination Period, the Monthly Benefit will be payable as follows:
 - 1. During the first twelve months of Rehabilitative Employment:
 - a) if your Rehabilitative Employment earnings are equal to or less than 20% of your Basic Monthly Earnings, the Monthly Benefit as determined in the INSURANCE SCHEDULE will be payable;
 - b) if, at any time, your Rehabilitative Employment earnings exceed 20% of your Basic Monthly Earnings, the Monthly Benefit payable will be the greater of:
 - i) the Monthly Benefit reduced by 50% of any earnings you receive from Rehabilitative Employment; or
 - ii) the Monthly Benefit as calculated under the Proportional Benefit Formula.
 - 2. If your earnings continue to be equal to or less than 20% of your Basic Monthly Earnings after this twelve month period, the Monthly Benefit payable will be the greater of:
 - a) the Monthly Benefit reduced by 50% of any earnings you receive from Rehabilitative Employment; or
 - b) the Monthly Benefit as calculated under the Proportional Benefit Formula.

For the purposes of items A-2, B-1, and B-2 above, we will determine which benefit calculation provides you with the greater Monthly Benefit. Once this benefit calculation is determined, it will be applied for the entire duration of your period of Rehabilitative Employment.

If, at any time, your Total Income Replacement exceeds 100% of your Basic Monthly Earnings in effect prior to your current Period Of Disability, the Monthly Benefit will be reduced by the amount in excess of 100%.

When Payment of the Monthly Benefit for Rehabilitation Ends

We will continue to pay you such Monthly Benefit until the earliest of the following:

1. The date the actual period of Rehabilitative Employment ends;
2. The date you are no longer considered Partially or Totally Disabled;
3. The date when the payment of the Monthly Benefit would otherwise end; or
4. The date your earnings from Rehabilitative Employment exceed 80% of your Indexed Pre-Disability Earnings.

What We Will Pay If You Become Totally Disabled

If you become Totally Disabled during your Rehabilitative Employment, you will not have to complete a new Elimination Period. The Monthly Benefit will continue to be calculated according to your original Basic Monthly Earnings in effect at the time your initial Period of Disability began.

PART 12: CHILD CARE BENEFIT

Who Is Eligible For The Child Care Benefit

Child Care benefits will only be paid while you are engaged in Rehabilitative Employment as described in the REHABILITATION part of this Certificate. We will pay you the amount described below, subject to all of the terms of the policy, if you satisfy all the following conditions:

1. You must be receiving a Monthly Benefit under the policy and must have completed at least 3 consecutive months of Rehabilitative Employment.
2. You must send proof to us that each Child for whom you are claiming a benefit is under the age of 13 and is attending a Licensed Child Care Facility.

How The Child Care Benefit Is Paid

We will pay you an amount that equals the lesser of:

1. A monthly benefit of 50% of the actual charges incurred by you for dependent Child Care in a Licensed Child Care Facility; or
2. A maximum monthly benefit of \$500, regardless of the number of children receiving Child Care; or
3. A monthly benefit amount when added to your Total Income Replacement does not exceed 100% of your Basic Monthly Earnings in effect prior to your current period of Disability.

Reimbursement

If you become ineligible for the CHILD CARE BENEFIT any amounts due to you or refundable to us will be calculated based on 1/30th of the monthly benefit for each day of a Period of Disability that is less than a full month.

When Payment Of The Child Care Benefit Ends

We will continue to pay you the Child Care Benefit subject to all of the terms of the policy, until the earliest of:

1. The date you cease to be Disabled;
2. The date your Rehabilitation Employment ends;
3. The date you have received Child Care benefits for 24 months;
4. The date you reach the Maximum Benefit Duration shown in the INSURANCE SCHEDULE;
5. The date you become eligible for any other Group Long Term Disability coverage;
6. The date you die, regardless of any other Survivor Benefit or Family Income Benefits which may be payable;
7. The date your Child attains the age of 13; or
8. The date you fail to give us required Proof that such Child is still receiving Child Care in a Licensed Child Care facility.

PART 13: FUNCTIONAL AND COGNITIVE IMPAIRMENT BENEFIT

When the Functional and Cognitive Impairment Benefit Is Payable

We will pay you the amount described below if all of the following conditions are satisfied:

1. You are Totally Disabled and receiving a Monthly Benefit under the policy;
2. You are Cognitively Impaired or Functionally Impaired;
3. Your Cognitive Impairment or Functional Impairment is due to the same Injury or Sickness that caused your Total Disability;
4. You are under a Plan of Care; and
5. Your Functional Impairment or Cognitive Impairment began after the effective date of your coverage under the policy.

How the Functional and Cognitive Impairment Benefit Is Paid

We will pay you an additional monthly benefit amount equal to the lesser of:

1. 30% of your gross Monthly Benefit under the policy; or
2. The Maximum Benefit shown in the Insurance Schedule less the amount of the Monthly Benefit after reduction for Other Income.

When Payment of the Functional and Cognitive Impairment Benefit Ends

We will continue to pay you the Functional and Cognitive Impairment Benefit, subject to all of the terms of the policy, until the earliest of:

1. The date you are no longer Functionally Impaired or Cognitively Impaired;
2. The date you are no longer under a Plan of Care;
3. With respect to a Cognitive Impairment, the date we have paid you the Functional and Cognitive Impairment Benefit for a total of 24 months while you are insured under the policy;
4. The date you fail to provide us with an updated Plan of Care or additional assessment from your Physician upon our request; or
5. The date the Monthly Benefit ends in accordance with the "When Payment Of The Monthly Benefit Ends" section of the MONTHLY BENEFIT part of the Certificate.

DEFINITIONS:

Activities of Daily Living (ADL)

Activities of Daily Living means:

1. Bathing – the ability to wash oneself in a tub, shower, or sponge bath with or without the aid of equipment.
2. Continence – the ability to voluntarily control bowel and bladder function, or in the event of incontinence, the ability to maintain a reasonable level of personal hygiene.
3. Eating – the ability to consume food that has already been prepared and made available, with or without the use of adaptive utensils.
4. Dressing – the ability to put on and take off all garments and/or any braces or artificial limbs and to secure and unfasten the garments or devices.
5. Toileting – the ability to do all of the following, with or without the aid of equipment:
 - a) get to and from the toilet;
 - b) get on and off the toilet; and
 - c) maintain a reasonable level of personal hygiene for the body.
6. Transferring – the ability to move in and out of a chair, wheelchair or bed. If you can move with the help of equipment such as a cane, walker, crutches, grab bars or other support devices, then you will be considered able to transfer positions.

Cognitive Impairment or Cognitively Impaired

Cognitive Impairment means a loss or deterioration in intellectual capacity that:

1. Requires Substantial Supervision to protect you from threats to your health and safety;
2. Is comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia; and
3. Is measured by clinical evidence and standardized tests that reliably measure impairment in a person's:
 - a) short-term or long-term memory;
 - b) orientation as to people, places or time; and
 - c) deductive or abstract reasoning.

Functional Impairment or Functionally Impaired

Functional Impairment means the inability to perform at least two (2) Activities of Daily Living:

1. Without Standby Assistance or Hands-on Assistance; and
2. Due to a loss of functional capacity that is expected to last at least 90 days.

Substantial Supervision

Substantial Supervision means continual supervision by another person that is necessary to protect a Cognitively Impaired Person from threats to his or her health or safety. Substantial Supervision may include cueing by verbal prompting, gestures, or other demonstrations.

Plan of Care

A Plan of Care is a formal, individualized plan written by a Physician that:

1. Addresses your health care needs for:
 - a) assistance in performing Activities of Daily Living due to Functional Impairment; or
 - b) Substantial Supervision due to Cognitive Impairment.
2. Describes your needs and specifies the type, frequency, duration and providers of all formal and informal care; and
3. Does not include care provided by a member of your family unless:
 - a) such person is a regular employee of the organization providing assistance and supervision services;
 - b) the organization receives payment for such person's services; and
 - c) such person receives no compensation other than the normal compensation from the organization providing the services.

Stand-by Assistance

Stand-by Assistance is the presence of another person within arms reach of you that is necessary to prevent, by physical intervention, injury to you while you are performing an Activity of Daily Living.

Hands-on Assistance

Hands-on assistance is the physical presence of another person without which you would be unable to perform the Activity of Daily Living.

PART 14: COBRA CONTINUANCE PREMIUM BENEFIT

Who Is Eligible For The COBRA Continuation Premium Benefit

We will pay you the amount described below, subject to all of the terms of the policy, if you satisfy all of the following conditions:

1. You are Disabled and receiving the Monthly Benefit under the policy;
2. You have elected the COBRA Continuation under the Medical and/or Dental insurance plan sponsored by the Employer; and
3. You provide us with satisfactory proof on a quarterly basis that you are making premium payments to the Employer for the COBRA Continuation of Medical and/or Dental insurance.

How The COBRA Continuation Premium Benefit Is Paid

We will pay you an amount that equals the lesser of:

1. \$400 per month; or
2. The actual amount of your COBRA Continuation premium.

Payment of the COBRA Continuation Premium Benefit will not result in a reduction of the Monthly Benefit amount for which you are eligible.

Reimbursement

If you discontinue making premium payments to the Employer for the COBRA Continuation benefit, any amounts due to you or refundable to us under this COBRA Continuation Premium Benefit will be calculated based on 1/30th of the monthly benefit for each day of a Period of Disability that is less than a full month.

When Payment Of The COBRA Continuation Premium Benefit Ends

We will continue to pay the COBRA Continuation Premium Benefit, subject to all the terms of the policy, until the earliest of:

1. The date your COBRA Continuation under the Employer-sponsored Medical and/or Dental plan ends;
2. The date you fail to give us the required proof that you are making premium payments to the Employer for the COBRA Continuation of Medical and/or Dental insurance; or
3. The date the Monthly Benefit ends in accordance with the "When Payment Of The Monthly Benefit Ends" section of the MONTHLY BENEFIT part of the Certificate.

DEFINITIONS:

COBRA Continuation

The Federal continuation of the Employer's Medical and/or Dental insurance required by the Consolidated Omnibus Reconciliation Act of 1985, as amended from time to time, including changes made by the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

PART 15: TERMINATION PROVISIONS

Termination of Employee Insurance

The LONG TERM DISABILITY INSURANCE coverage for you will automatically cease on the earliest date shown below:

1. On the date you are no longer an Active Full-time Employee in a class eligible for insurance;
2. On the date your employment terminates. Cessation of active employment will be deemed termination of employment as an Active Full-time Employee, except that your insurance will be continued while you are Disabled and entitled to benefits under this plan provided your premiums continue to be paid during the Elimination Period.
3. On the date you fail to make any required contribution;
4. On whichever of the following dates is applicable:
 - a) the date you are laid off, whether on a temporary or permanent basis;
 - b) the date your leave of absence begins, except if you are on an approved leave of absence granted in accordance with a State Family Leave Law or the Federal Family and Medical Leave Act (FMLA), your coverage will be deemed to continue, provided premium payments are made and continuation of coverage during this leave is based upon a uniform policy of your Employer and not individual selection, for the lesser of the duration of the approved leave or 4 months from the last day of active work, unless your Employer cancels your insurance before the end of that time; or
 - c) the date you cease to be an Active Full-time Employee because of a general work stoppage, including a strike or lockout, resulting from a labor dispute.
5. On the date the policy terminates.
6. On the date you commit an act of material misrepresentation to obtain benefits under the policy.

If your coverage terminates due to a layoff or leave of absence and you return to work for the Employer within 2 months, you will not be required to satisfy a new Eligibility Waiting Period.

Termination Without Prejudice

Any termination will be without prejudice to any claim arising prior to such termination, provided you are Disabled on the date of termination. If you are working as of the date of termination and have previously received a Monthly Benefit under this plan, then subsequent coverage will be determined as described in the SUCCESSIVE PERIODS OF DISABILITY part of this Certificate.

PART 16: CONVERSION PRIVILEGE

Eligibility

If your Long Term Disability Insurance Coverage under the Group Policy terminates you will be entitled to have issued to you, a policy or certificate of insurance (called the Converted Policy within), without Evidence of Insurability, if you make application and pay the first premium (see the "Application and Premium for Converted Policy" section below), provided all the following conditions are met:

1. The termination of your insurance coverage under the Group Policy was a result of voluntary termination of your employment with the Employer. If you were terminated for cause you are not eligible for the Converted Policy.
2. You have been insured under this Conversion Privilege for at least 12 months immediately prior to the date of termination, except that time for which you were covered under a similar Conversion Privilege with the prior carrier in effect immediately prior to this plan will be applied toward the satisfaction of the 12 month requirement.
3. On the date of termination you must be in a class eligible for the Conversion Privilege as shown in the INSURANCE SCHEDULE;
4. Such Group Policy is not being replaced by any plan of Long Term Disability Insurance within 31 days of such termination if the Group Policy is being terminated for all employees of the Employer;
5. You must continue to be employed on a Full-time Basis through subsequent employment;
6. At the time you apply for a Converted Policy, you are not covered or eligible to be covered for any other Group or Individual Insurance Plan; and
7. You are not a retired employee. By retired employee we mean one who is receiving benefits from a pension plan of a current or prior employer.

CONVERTED POLICY

Coverage under Converted Policy

The Converted Policy will provide Long Term Disability Insurance then being offered by us in accordance with our underwriting rules and any applicable laws.

A description of the details of the current Converted Policy is available from us upon request.

General Exclusions and Limitations

The following exclusions and limitations apply:

1. If you are eligible to participate in Medicare you cannot be insured under the Converted Policy.
2. The Converted Policy will contain the same Exclusions and Limitations contained in the Group Policy, except that if there is a Pre-Existing Limitation, this Limitation will not be a part of the Converted Policy.
3. The Converted Policy will contain a two year benefit limitation if disability is due to Mental Illness, as defined in the Converted Policy.
4. The Converted Policy does not contain a provision for Survivor Benefits.

Application and Premium for Converted Policy

Application for the Converted Policy and payment of the first premium must be made to us within the 31 days following termination of coverage under the Group Policy. Additionally, the policy is a 1 year term renewable policy. Each year you must reapply for the Converted Policy prior to the Policy Anniversary Date. We will provide you with an application 90 days prior to the Anniversary Date.

The premium for the Converted Policy is payable on a quarterly basis.

Effective Date of Converted Policy

The effective date of the Converted Policy is the date of termination of coverage under the Group Policy.

Conversion Privilege in Other Jurisdictions

If we cannot lawfully issue the Converted Policy in the jurisdiction in which you live or apply for conversion, then such Conversion Policy will not be available in that jurisdiction.

PART 17: GENERAL PROVISIONS

The Policy and Application

The group policy issued to the Policyholder, together with the application of the Policyholder, is the entire contract between us and the Policyholder. All statements that the Policyholder or you, the Employee, make are deemed to be representations and not warranties. No written statement signed by you will be used in any legal action against you unless we give you or your representative a copy.

Changes To The Policy

We and the Policyholder can change the policy in its entirety or with respect to any or all class or classes of Employees at any time if we and the Policyholder agree in writing to make such a change. Any such change will be valid without the consent of any person other than the Policyholder and us. All such changes will be signed by our President, Vice President, Secretary or Treasurer and countersigned by one of our registrars or our President, Vice President, Secretary or Treasurer. No agent may change or waive any of the policy provisions; nor can an agent make any agreement that would be binding on us.

Limit Of Premium Refunds

Whether premiums were paid in error or otherwise, we will refund only that part of the excess premium that was paid during the 12 month period that preceded the date we learned of such overpayment.

Clerical Error

Clerical errors in connection with the policy or delays in keeping records for the policy whether by us or the Policyholder:

1. Will not terminate insurance that would otherwise have been effective;
2. Will not continue insurance that would otherwise have ceased or should not have been in effect.

If appropriate, a fair adjustment of premium will be made to correct the error, subject to the "Limit of Premium Refunds" section.

Misstatement of Facts

If relevant facts about the Policyholder or any Employee relating to this insurance are not accurate:

1. If appropriate, a fair adjustment of premium will be made, subject to the "Limit of Premium Refunds" section.
2. The true facts will decide whether, and in what amount, and for what duration insurance is valid under the policy.

Time Periods

All time periods referred to in the policy will begin and end at 12:01 A.M. standard time at the Policyholder's home office.

Waiver of Policy Provision

If at some time we choose not to enforce a policy provision, we still retain our right to enforce that provision at any other time. To be effective, a waiver of any of the terms of the policy must be in writing and signed by a person authorized by us to waive such terms.

Assignment

You cannot assign any interest in the policy.

Notice

Any obligation we may have to give written notice will be satisfied by sending such notice to the last known address of the person or institution entitled to such notice.

PART 18: LONG TERM DISABILITY CLAIM PROVISIONS

Notice of Claim

You must send written notice of your claim:

1. Before the end of the Elimination Period;
2. To our Home Office; and
3. With enough information to identify you and your Employer.

If you cannot send notice within this time, we will not deny or reduce your claim if you can prove that notice was sent as soon as reasonably possible.

Claim Forms

We will send claim forms to you within 15 days after we receive your notice of claim. If we do not send the forms, you can send us written Proof of your Disability within the time shown in "Proof of Loss".

Proof of Loss

To aid in the determination of benefits payable, you will be required to submit all Proofs of claim on forms satisfactory to us within 90 days after the Elimination Period. If you cannot send such Proof within this time limit, it must be sent as soon as reasonably possible; but in no event, except in the absence of legal capacity, later than one year after the time such Proof is otherwise required.

As part of Proof of Loss, we have the right to require:

1. Clinical evidence substantiating your Sickness or Injury;
2. Your signed statement identifying all Other Income benefits;
3. Proof that you and your dependents have applied for all Other Income benefits that are available; and
4. Business and financial records or any other pertinent financial documentation we may deem necessary.

We may require additional Proof of your claim at any reasonable time during the Period of Disability. Any additional Proof of your claim must be returned to us within 30 days after we request it.

We have the right at any time to conduct an investigation of your claim. No benefits will be paid until we have had a reasonable time to conduct and complete our investigation.

Examination

While a claim is pending or after payments have commenced, we have the right to have you examined by a Physician or vocational expert of our choice as often as is reasonably necessary. Such examination will be at our expense. Approval of claim for benefits and the continuation of benefits are subject to your cooperation in submitting to such examination.

Legal Actions

For 60 days after the written Proof of claim as required by us has been filed, no legal or equitable action may be brought against us for that claim. No action at all may be brought against us after 3 years from the date on which written Proof of claim is required.

Time Limits

The time limits for giving notice of claim, Proof of claim or filing legal action will be changed to comply with the minimum requirements of any applicable law.

Employer Contributions

These disability income benefits may be taxable to the employee as ordinary income based on the amount of premium attributable to Employer contribution in accordance with Internal Revenue Service regulations. We will administer the eligibility and benefit provisions of this plan based on the Employer's contribution to premium at the time of initial plan enrollment. A subsequent change in the amount of Employer contribution may result in a premium adjustment for this coverage. We will require the payment of any required premium adjustments prior to changing the administration of the plan to a contributory basis.

Workers' Compensation

This insurance does not take the place of or affect any requirement for coverage by Workers' Compensation Insurance.

Facility of Payment

Benefits will be paid monthly. We will pay you all benefits (other than any benefit due solely to your death), if your Proof of claim is satisfactory to us, except in the following situations:

1. You are a minor. In such case, claim may be made by your duly appointed guardian, conservator, or committee and we will pay to such person or persons; or
2. Due to physical or mental incapacity, you cannot, in our judgment, give us a valid receipt for payments. In such case, claim may be made as described in item 1; or
3. There are remaining benefits payable at the time of your death. In such case, claim may be made for the unpaid amount by your executor or administrator of your estate and we will pay to such person or persons.

If we do not pay you and claim is not made by the appropriate person designated above, we may, at our option, pay the whole or any part of such benefit:

- a) to your lawful spouse, up to a cumulative amount of \$1,500; or
- b) if you have no lawful spouse, up to a cumulative amount of \$750 to any one or more of the following relatives in the following order of priority:
 - i) your child or children; or
 - ii) your mother or father.

Payments under all benefit provisions will be subject to this "Facility of Payment" section, if applicable.

Discharge Of Our Responsibility

Payment made under the terms of any section of the policy will, to the extent of such payment, release us from all further obligations under the policy. We will not be obligated to see to the application of such payment.

Telephonic Claim Notification

In lieu of written Notice of Claim, we may accept telephonic notice and Proof. All time limits in the policy applicable to the filing of Notice of Claim, Proof of Loss and commencement of Legal Actions shall apply to notice and Proof filed by telephone or other means acceptable to us.

Non-Discrimination

In the administration of the plan, the Policyholder is obligated to treat you and other Employees in like situations fairly.

Reimbursement

We have the right to recover from you any and all overpayments due to:

1. Fraud;
2. Any error that we make in processing your claim; and
3. Your receipt of Other Income.

You must reimburse us in full. We may reduce or withhold future benefit payments, including the minimum benefit, to recover any such overpayments. We have the right to recover from you any amount of collection or legal costs we incur to recover the overpayment.

Fraud

We will pursue all appropriate legal remedies available under state and federal law to prosecute individuals who commit fraud in applying for coverage or obtaining benefits under the policy.

**END OF
INSURANCE CERTIFICATE**

If your Employer's benefit plans are subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), the following provisions apply:

Your Rights Under ERISA

As a participant in your employer's benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

1. Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites, all Plan documents, including insurance contracts, and copies of all documents filed by the plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.
2. Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Administrator may make a reasonable charge for these copies.
3. 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, if the firm is required to file Form 5500 or 5500C/R.
4. Receive notice of our benefit claim decision, and have this decision reviewed if you disagree with it in any respect. You may request further information about your claim or have the decision reviewed as part of an appeal's process.
5. Receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.
6. Submit your issues and comments to us in writing. ERISA governs the procedure under which you may appeal our claims decision. ERISA also provides certain limits upon the actions which are available to challenge that claims decision.

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 the 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, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your claim for a benefit is denied or ignored, in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a 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 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, for example, if it finds your claim is frivolous.

Claims for benefits under the Plan are to be submitted to GE Group Life Assurance Company as provided herein. Payment of claims under the Plan will be made by GE Group Life Assurance Company. If your claim for benefits under the Plan is denied, you will receive a written explanation giving detailed reasons for the denial, specific reference to policy provisions on which the denial 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, as well as an explanation of the claim appeal procedure.

Appeal Procedure If you are not satisfied or do not agree with the reasons for the denial of the claim, you may appeal the decision to the Claims Fiduciary named below. Should you desire a review of the claim decision, you or your designated representative must send a written request to GE Group Life Assurance Company within 180 days of your receipt of the benefit determination addressed to:

Leader, Disability Benefits
Disability Management Services
GE Group Life Assurance Company
Employer Services Group
100 Bright Meadow Boulevard
P.O. Box 1955
Enfield, CT 06083-1955

Your request should include your account number, the name of your employer and your social security number.

Your appeal **must be in writing** and can be made by you or your duly authorized representative. It must set out the reasons for the appeal and your dissatisfaction or disagreement. You also have the opportunity following this notification to submit written comments, documents, records, and other information relating to your claim for benefits. Any evidence or documentation to support your position should be submitted with your written appeal. Any further review will take into account all comments, documents, records, and other information submitted by you relating to your claim, without regard to whether such information was submitted or considered in the initial benefit determination. If an internal rule, guideline, protocol, or other similar criterion was relied upon in making your benefits determination, either the specific rule, guideline, protocol, or other similar criterion, or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon, will be provided to you. A copy of such rule, guideline, protocol, or other criterion will be provided free of charge to you upon your request.

GE Group Life Assurance Company is the Claims Fiduciary for all claims and appeals. It will promptly review the claim and any appeal. You will be notified of a final decision within 45 days following the Claim Fiduciary's receipt of your written request for review. If special circumstances beyond the Claim Fiduciary's control require an extension of time for processing the appeal, or obtaining more information or conducting an investigation of the facts, you will be notified in writing of this additional 45-day extension prior to the termination of the initial 45-day period. If GE Group Life Assurance Company does not receive written request from you or your authorized representative within 180 days of your receipt of benefit determination, GE Group Life Assurance Company's claim decision will be final. Should you disagree with your benefit claims decision following the Plan's review and your appeal, you may bring a civil action under Section 502(a) of the Employee Retirement Income Security Act.

Assistance with Your Questions

If you have any questions about your Plan, you should review the Summary Plan Description for further information about your rights under ERISA. Your Plan Administrator is required to furnish the Summary Plan Description to you. If your question is not resolved by reviewing the Summary Plan Description, you should then contact the Plan Administrator. If you have questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest Office of the Employee Benefits 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, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Plan Modification, Amendment and Termination

The Employer has the right to amend or terminate the Plan at any future time. No consent of any future participant is required to terminate, modify, amend or change the Plan. Your individual coverage terminates (a) when you leave your employment, (b) when you are no longer eligible, (c) if the plan is contributory, when you cease to contribute, or (d) when the Plan terminates, whichever happens first.

Note: If you cease active work, see your supervisor to determine what arrangements, if any, may be made to continue your coverage after the date you cease active work.

Claims Fiduciary

GE Group Life Assurance Company is a fiduciary, as that term is used in ERISA and the regulations which interpret ERISA, with respect to insurance policies under which you, and if applicable, your dependents are insured. In this capacity, we are charged with the obligation, and possess discretionary authority to make claim, eligibility and other administrative determinations regarding those policies, and to interpret the meaning of their terms and language.

GE Group Life Assurance Company, as Claims Fiduciary, shall have the sole and exclusive discretion and authority to carry out all actions involving claims procedures explained in the Policy. The Claims Fiduciary shall have the sole and exclusive discretion and power to grant and/or deny any and all claims for benefits, and construe any and all issues relating to eligibility for benefits. All findings, decisions, and/or determinations of any type made by the Claims Fiduciary shall not be disturbed unless the Claims Fiduciary has acted in an arbitrary and/or capricious manner. Subject to the requirements of law, the Claims Fiduciary shall be on the sole judge of the standard of proof required in any claims for benefits and/or in any question of eligibility for benefits. All decisions of the Claims Fiduciary shall be final and binding on all parties. Whenever a decision on a claim is involved, the Claims Fiduciary is given broad discretionary powers, and the Claims Fiduciary shall exercise said powers in a uniform and nondiscriminatory manner in accordance with the Plan's terms. Our authority is limited to such insurance policies and we are not a fiduciary of any other aspect of the Plan, insured or otherwise. We are not the Plan Administrator (as that term is understood under ERISA) and we are not responsible for any asset or property which belongs to the Plan.