

**GROUP
DISABILITY
INCOME
BENEFITS**

Insurance Documents



**G-101-303
(MS)**



CERTIFICATE OF INSURANCE

American Fidelity Assurance Company (herein called the Company) hereby certifies that it has issued and delivered to the Policyholder a group Policy, described on the Schedule of Benefits page. The group Policy covers certain eligible persons, as described in the Policy.

This booklet describes the benefits and provisions of the group Policy. This booklet becomes your Certificate of insurance only if: 1) you are eligible for the insurance; 2) you are on Active Service on the date it is to take effect; and 3) you become insured and remain insured in accordance with all the provisions of the Policy.

The insurance is to be effective only if the required premium payments are made by you or on your behalf to the Company. (See Section 2, Eligibility and Effective Date Provisions.)

No agent may change the Policy or waive any of its provisions.

This Certificate takes the place of any other Certificate previously issued to you under the group Policy for the same plan of coverage. It should be kept in a safe place.

IN WITNESS WHEREOF, American Fidelity Assurance Company has caused this Certificate to take effect on the Effective Date.

A handwritten signature in black ink, appearing to read 'Dale C. ...', with a long horizontal flourish extending to the right.
President

A handwritten signature in black ink, appearing to read '...', with a long horizontal flourish extending to the right.
Secretary

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Schedule of Benefits

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SECTION I DEFINITIONS

1.01 "Accident" means bodily injury caused by an accident which takes place while the Insured's coverage is in force. The accident must take place independent of any sickness and be the direct cause of the loss.

1.02 "Sickness" means sickness or disease which starts while the Insured's coverage is in force and is the direct cause of the loss.

1.03 "Physician" means a practitioner of the healing arts who:

- (a) is practicing within the scope of his license in the state where so licensed; and
- (b) is not related to the Insured.

1.04 "Hospital" means a licensed institution which has on its premises:

- (a) laboratory, X-ray equipment and operating rooms where major surgical operations may be performed by licensed Physicians;
- (b) permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed physician;
- (c) 24-hour-a-day nursing service by graduate registered nurses; and
- (d) the patient's written history and medical records.

"Hospital" shall not include any institution used by the Insured as:

- (a) a place for rehabilitation;
- (b) a place for rest or for the aged;
- (c) a nursing or convalescent home;
- (d) a long term nursing unit or geriatrics ward; or
- (e) an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

1.05 "Pre-Existing Condition" means an injury or sickness for which the Insured:

- (a) had treatment;
- (b) incurred expense;
- (c) took medication; or
- (d) received a diagnosis or advice from a physician,

during a twelve (12) month period immediately before the Effective Date of his coverage. The term "Pre-Existing Condition" will also include conditions which are related to such injury or sickness.

1.06 "Active Service" means that the Insured is:

- (a) doing in the usual manner all of the regular duties of his employment on a full-time basis on a scheduled work day; and
- (b) these duties are being done at one of the places of business where he normally does such duties or at some location to which his employment sends him.

An Insured will be said to be on Active Service on a day which is not a scheduled work day only if he would be able to perform in the usual manner all of the regular duties of his employment if it were a scheduled work day.

1.07 “Policyholder” means the Association, Employer, or Trustee who holds the Master Contract.

1.08 “Insured” means a person whose coverage has been applied for and is in force under the terms of the Policy.

1.09 “Total Disability” (or Totally Disabled) for the first twelve (12) months of disability means that the Insured is disabled and completely unable to do each and every duty of his employment. After that, "Total Disability" means the Insured is disabled and completely unable to engage in any occupation for wage or profit for which he is reasonably qualified by training, education, or experience.

1.10 “Successive Disabilities” which result from the same or related causes will be considered one period of disability unless the disabilities are separated by the Insured's return to Active Service for at least three (3) consecutive months.

1.11 “Elimination Period” means that period of time, which starts after the Effective Date of the Insured's coverage, during which:

- (a) the Insured is Totally Disabled; and
- (b) no disability benefits are payable.

1.12 “Regular Care and Attendance” means attended by a Physician at least once a month.

1.13 “Certificate” means the individual certificate issued to the Insured. It describes the Insured’s coverage under the Policy.

1.14 “Policy” means the policy issued to the Policyholder which covers the Insureds.

1.15 “Effective Date” means the date described in the Policy. The date shown in the individual Certificate or Policy of the Insured will be the effective date of coverage for that Insured. The "Effective Date" will start at 12:01 A.M. at the main place of business of the Policyholder.

1.16 “Schedule of Benefits” (or Schedule) means the benefit schedule set forth in the Policy. If a certain coverage provided for in the Policy does not apply to an Insured, the word "nil" will appear in the space next to such coverage on the Schedule in the Insured's Certificate.

1.17 “Monthly Compensation” means one-twelfth (1/12) the annual salary of the Insured. This does not include bonus or overtime earnings.

SECTION II ELIGIBILITY AND EFFECTIVE DATE

2.01 All persons who:

- (a) are on Active Service as employees of the Policyholder or members or employees of a member of the Policyholder; and
- (b) qualify as eligible Insureds as defined in the master application; and
- (c) meet the definition of Full-time Employee as stated in the Schedule,

are eligible to be insured under the Policy. Evidence of insurability acceptable to the Company may be required.

2.02 The insurance on eligible Insureds will take effect on the Effective Date of the Policy if such persons:

- (a) apply in writing on or before said Effective Date; and
- (b) meet the underwriting rules of the Company; and
- (c) are on Active Service as defined in Paragraph 1.06.

After the Effective Date of the Policy, the insurance of eligible Insureds will take effect on the first day of the month after approval of their written application if the Insured is on Active Service. The insurance of these Insureds will be subject to the rules stated in the master application.

2.03 Insureds who want to apply for this insurance must apply for coverage which will provide benefits according to the applicable class set out in the master application.

2.04 If an Insured is not on Active Service due to an injury or sickness when his coverage would otherwise take effect, it will take effect on the first day of the month after the date the Insured goes back to Active Service.

2.05 A change in the amount of benefits will take effect on the first day of the next month following written notice to the Company if:

- (a) such change is approved by the Company; and
- (b) the Insured is on Active Service on the date such change is to take effect.

The new benefit amount will apply only to new periods of disability which begin after such date, subject to Paragraph 1.10, "Successive Disabilities."

SECTION III DISABILITY BENEFITS

3.01 Monthly Disability Benefits will be paid if an Insured is Totally Disabled as defined in Paragraph 1.09. Total Disability must begin while an Insured's coverage is in force. Benefits will be paid for each month Total Disability continues beyond the Elimination Period. No such benefits will be paid beyond the Maximum Disability Period stated in the Schedule.

3.02 No Monthly Disability Benefit will be paid for any period in which the Insured is not under the Regular Care and Attendance of a Physician.

3.03 Disability Benefits will be paid for only one disability when:

- (a) more than one disability exists at the same time; or
- (b) a disability results from two or more causes.

3.04 Total Disability will be deemed to have commenced on the date the Insured first receives personal treatment from a Physician following continuous cessation of work.

3.05 If any monthly benefit is to be paid for less than a full month, the amount of benefit will be reduced pro rata on the basis that one day's benefit equals one-thirtieth (1/30th) of the Monthly Disability Benefit.

SECTION IV ADDITIONAL BENEFITS

4.01 If an Insured needs personal treatment by a Physician due to an Accident or Sickness, the expense incurred for such treatment will be paid by the Company if:

- (a) claim for no other benefit is made under the Policy; and
- (b) the expense is not for routine dental care; and
- (c) the expense is not more than the applicable Physician's Benefit shown in the Schedule.

This benefit will be paid for Sickness only if:

- (a) the expense is incurred during one full day of Total Disability during which time the Insured missed one full day of work; and
- (b) the Insured is personally seen and treated by a Physician.

To be eligible for more than one payment for the same or related condition the Insured must have returned to Active Service for at least fourteen (14) consecutive work days.

4.02 If an Insured is Totally Disabled due to a mental illness or functional nervous disorder, Monthly Disability Benefits will be paid for the period of disability shown in the Schedule. After that, benefits will be paid only if the Insured is confined to a Hospital.

4.03 If an Insured is Totally Disabled due to alcoholism or drug addiction, a limited benefit of up to fifteen (15) days of disability will be paid in any one twelve (12) month period.

4.04 If an Insured is confined as a patient in a Hospital due to an Accident or Sickness, a Monthly Hospital Benefit will be paid based on each full day of hospital confinement. This benefit is subject to the following:

- (a) The benefit will be equal to the Monthly Hospital Benefit shown in the Schedule. If the benefit is to be paid for less than a full month, the amount of benefit will be reduced pro rata on the basis that one day's benefit equals one-thirtieth (1/30th) of the Monthly Hospital Benefit.
- (b) The benefit period is limited to the Maximum Hospital Confinement Period as shown in the Schedule.
- (c) The benefit will be paid in lieu of any other benefit.
- (d) The period for which benefits are paid will be included in computing the maximum period for which benefits will be paid under Paragraph 3.01.
- (e) The benefit period will begin following the applicable Elimination Period, if any.

4.05 The Accidental Death Benefit stated in the Schedule will be paid if:

- (a) the Insured dies as the direct result of an injury caused by an Accident;
and
- (b) death occurs within ninety (90) days after the date of the Accident.

4.06 If the Insured dies and the Accidental Death Benefit applies, such benefit will be increased one percent (1%) for each full month that the Insured's Certificate was continuously in force just prior to death. The total increase shall not be more than sixty percent (60%).

SECTION V ADJUSTMENTS AND LIMITATIONS

5.01 Prior to the Commencement of Adjustments as shown in the Schedule, the sum of:

- (a) the Monthly Disability Benefits paid to the Insured; and
- (b) the payments from the sources described in the Paragraph below,

will not exceed the Covered Percent of Monthly Compensation shown in the Schedule.

After the Commencement of Adjustments, the Monthly Disability Benefits paid to the Insured will be reduced by the lump sum or periodic payments the Insured or his dependents are entitled to receive from:

- (a) group insurance coverage or like coverage for persons in a group;
- (b) Federal Social Security Act (this includes benefits paid to the Insured or his dependents on account of the Insured's disability);
- (c) state or federal government disability or retirement plan;
- (d) pension plan to which the Policyholder or Employer contributes or makes payroll deductions;
- (e) salary or wage continuance plans paid for by the Policyholder or the Employer of the Insured which extend beyond the period stated in the Schedule;
- (f) Workers' Compensation or like law; and
- (g) Federal Old Age Benefits under the Federal Social Security Act on the Insured's own behalf.

For the purposes of items (b) and (g), unless the Insured shows proof to the Company that payments under these acts have been applied for but will not be paid, the Company will:

- (a) assume each Insured who is covered under the Federal Social Security Act is receiving such payments; and
- (b) deduct any lump sum payment received by the Insured from the Monthly Disability Benefits payable.

5.02 The Company will pay a limited Monthly Disability Benefit for a Pre-Existing Condition. This benefit will be equal to one month's disability benefit during any twelve (12) month period. This limitation will be waived after the Insured has gone one year treatment free for such condition after his Effective Date of coverage.

5.03 The Monthly Disability Benefit payable will be no less than the Minimum Benefit amount set out in the Schedule.

SECTION VI EXCLUSIONS

6.01 The Policy does not cover any loss, fatal or non-fatal, which results from:

- (a) intentionally self-inflicted injury while sane or insane;
- (b) an act of war, declared or undeclared;
- (c) taking part in a riot, insurrection, or rebellion
- (d) taking part in a civil commotion, civil disobedience, or unlawful assembly, except while acting in a lawful manner within the scope of authority;
- (e) drug addiction unless such drugs were taken on the advice of a Physician, except as stated in Paragraph 4.03;
- (f) accident sustained or sickness contracted while in the service of the armed forces of any country;
- (g) mental illness or functional nervous disorder, except as stated in Paragraph 4.02;
- (h) committing a felony;
- (i) committing a misdemeanor;
- (j) alcoholism, except as stated in Paragraph 4.03;
- (k) taking part in a sport or contest of speed, parachuting, or hang gliding;
- (l) intoxication;
- (m) air travel, except while riding as a fare-paying passenger on a regularly scheduled commercial airline, or as a passenger for transportation only and not as a pilot or crew member nor for the performance of any duty of his occupation connected with such flight;
- (n) elective or cosmetic surgery, unless due to an Accident as defined in Paragraph 1.01;
- (o) accident or sickness arising out of and in the course of any occupation for wage or profit or for which the Insured is entitled to Workers' Compensation.

SECTION VII TERMINATION OF INSURANCE

7.01 The insurance coverage on an Insured will end on the earliest of these dates:

- (a) the date the Insured does not qualify as an Insured;
- (b) the date the Insured retires;
- (c) the date the Insured ceases to be on Active Service as defined in Paragraph 1.06;
- (d) the last day of the period for which the Insured has made the required contribution, if any, toward the cost of the insurance;
- (e) the date the Policy is discontinued;
- (f) the Termination Age of the Insured as set out in the Schedule.

7.02 If an Insured's coverage ends as a result of his termination of Active Service and such termination is caused by an Accident or Sickness for which Monthly Disability Benefits would be payable, benefits will be paid as if such termination had not occurred.

7.03 The Company may end the coverage of an Insured if the Insured makes a fraudulent claim.

7.04 The Company or the Policyholder may end the Policy on any premium due date. Thirty-one (31) days written notice of such termination must be given.

7.05 The Company may end the coverage of a subscribing employer unit if fewer persons are insured than the application requires.

SECTION VIII INDIVIDUAL CERTIFICATES

8.01 Individual Certificates will be issued for delivery to each Insured. The Certificates will describe:

- (a) the benefits under the Policy;
- (b) to whom benefits will be paid; and
- (c) the limitations and terms of the Policy.

8.02 If more than one Certificate is issued under the Policy to an Insured, only the last one issued will be in effect.

SECTION IX PREMIUM CALCULATION AND PAYMENT

9.01 Premiums will be figured on the basis stated in the application.

9.02 The first premium is due on or before the Effective Date of the individual Insured's coverage. Premiums after the first are due on or before the premium due date stated in the application. Premiums may be paid to:

- (a) the Company's Home Office; or
- (b) an authorized agent of the Company.

9.03 The premium may be changed based on experience at the first anniversary date of the Policy or any premium due date after that. No such increase in rate will be made unless thirty-one (31) days prior notice is given to the Policyholder.

9.04 If a change in benefit increases the Company's liability, premium rates may be changed on the date that the liability is increased.

SECTION X GENERAL PROVISIONS

10.1 ENTIRE CONTRACT-CHANGES: The entire contract shall include:

- (a) the Policy;
- (b) the application of the Policyholder;
- (c) the Insured's application, attached to the Certificate; and
- (d) all endorsements and amendments.

Statements made by the Policyholder or the Insured are representations and not warranties, if fraud was not intended. (The words "if fraud was not intended" do not apply in Georgia or North Carolina.) No such statements will be used to avoid the insurance, reduce benefits, or defend a claim under the Policy unless:

- (a) the statement is in writing; and
- (b) a copy of that statement is given to the Insured.

The terms of the Policy can be changed only by endorsement or amendment approved by an executive officer of the Company. No agent may change the Policy or waive its provisions.

10.2 TIME LIMIT ON CERTAIN DEFENSES: After two (2) years from the Effective Date of coverage for an Insured, no statements in the application, except fraudulent misstatements, can be used to:

- (a) avoid the coverage; or
- (b) deny a claim for loss incurred or disability (as defined in the Policy) that starts after such two year period.

10.3 GRACE PERIOD: A grace period of thirty-one (31) days will be allowed for the payment of each premium due after the first one. Insurance will stay in force during this time. The coverage under the Policy will terminate at the end of the grace period if the premium has not been paid. The Policyholder or Subscribing Unit must still pay all unpaid premium. This includes the premium due for the grace period.

The Policyholder or Subscribing Unit may, by writing to the Company, cancel the coverage under the Policy:

- (a) on any future premium due date; or
- (b) on any date during the grace period.

If coverage is canceled on a premium due date, the grace period will not apply. If cancellation is during the grace period, the Policyholder or Subscribing Unit will be liable for any unpaid premium including the pro rata premium for that part of the grace period coverage was in force.

10.04 NOTICE OF CLAIM: Written notice of claim must be given to the Company at 2000 N. Classen Boulevard, Oklahoma City, Oklahoma, or to its agent. Such notice should be made within thirty (30) days after any loss covered by the Policy (60 days in Kentucky, 6 months in Montana). If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

10.05 CLAIM FORMS: Claim forms should be used for filing proof of loss. They will be sent to the claimant within fifteen (15) days of receipt of notice of claim. If claim forms are not supplied within fifteen (15) days, a claimant can give proof as follows:

- (a) in writing;
- (b) setting forth the nature and extent of the loss; and
- (c) within the time stated in the Proof of Loss Section.

10.06 PROOF OF LOSS: Proof of loss must be given to the Company within ninety (90) days after the loss. Late proof may be accepted if:

- (a) it was not reasonably possible to give proof in that time; and
- (b) the proof is given within one (1) year from the date of loss. This one (1) year limit will not apply in the absence of legal capacity.

10.07 TIME OF PAYMENT OF CLAIMS: All accrued benefits for loss for which the Policy provides periodic payment will be paid each month, subject to written proof of loss. Any balance not paid when liability ends will be paid immediately upon receipt of written proof. Benefits for any other covered loss will be paid as soon as the Company receives written proof of such loss.

10.08 PAYMENT OF BENEFITS: All benefits will be paid to the Insured. Accrued benefits that are not paid at the Insured's death will be paid to his beneficiary or estate. If a benefit is to be paid to the Insured's estate, or to an Insured who is not competent to give a valid release, the Company may pay up to \$1,000 of such benefit to one of the Insured's relatives who is deemed by the Company to be justly entitled to it. Such payment, made in good faith, fully discharges the Company to the extent of the payment.

10.09 PHYSICAL EXAMINATION: The Company has the right to have a covered person examined as often as is reasonably necessary while a claim is pending. The Company will pay for such examination.

10.10 LEGAL ACTION: No legal action may be brought to recover under the Policy:

- (a) within sixty (60) days after written proof of loss has been furnished as required; or
- (b) more than three (3) years from the time written proof of loss is required to be furnished (5 years in Kansas, 6 years in South Carolina).

10.11 MISSTATEMENT OF AGE: If the age of a covered person has been misstated, his true age will be used to determine all amounts to be paid for loss incurred by such person.

10.12 CONFORMITY WITH STATE LAWS: A provision of the Policy that, on the Date of Issue, conflicts with a law of the state of issue is hereby changed to meet the minimum standards of that law as of the Date of Issue.

10.13 MASCULINE GENDER: Whenever the masculine gender is used in the Policy it shall also refer to the feminine gender.



2000 N. Classen Blvd.

Oklahoma City, Oklahoma 73106

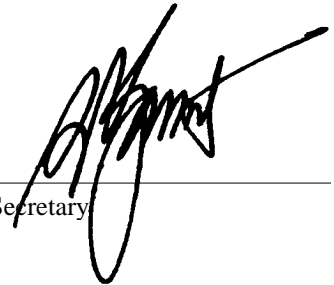
Effective Date: _____
(If Different from the Policy or Certificate)

REHABILITATION BENEFIT

The Policy or Certificate to which this Rider is attached is hereby amended by the addition of the following Rehabilitation Benefit:

If an Insured, while disabled, engages in any Company approved rehabilitative work, the monthly disability benefits payable under the policy shall continue for up to a maximum of twelve (12) months. The total income which the Insured receives from wage, salary and disability benefits during this period of rehabilitative work shall not exceed 80% of the Insured's annual compensation at the time of his initial disability.

This amendment expires concurrently with the Policy or Certificate to which it is attached and is subject to all definitions, exceptions, limitations and provisions of the Policy not inconsistent herewith.


Secretary

 **American Fidelity
Assurance Company**
A member of the American Fidelity Group[®]

2000 N. Classen Boulevard

Oklahoma City, Oklahoma 73106

Effective Date _____
(If different from the Policy or Certificate)

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

Benefits will not be payable for Total Disability as the result of an abortion except:

- a) where the Insured's life would be endangered if the fetus were carried to term; or
- b) where medical complications have arisen from an abortion.

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.



Secretary

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Oklahoma City, Oklahoma 73106

Effective Date _____
(If different from the Policy or Certificate)

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

Section VI, Exclusions, is amended by deleting exclusions (i) through (n).

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.


Secretary

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2000 N. Classen Boulevard

Oklahoma City, Oklahoma 73106

Effective Date: _____
(If Different from the Policy or
Certificate)

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

Section V is hereby amended as follows:

Any reference to “the Insured or his dependents” is changed to read “the Insured and the Insured’s dependents.”

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.



Secretary

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Oklahoma City, Oklahoma 73106

Effective Date: _____
(If Different from the Policy or
Certificate)

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

The term "functional nervous disorder" is changed to read "functional or organic nervous disorder, regardless of the cause."

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.



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Oklahoma City, Oklahoma 73106

Effective Date: _____
(If different from the Policy or
Certificate)

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

This Rider applies only to Insured Employees or Members whose employers employ 20 or more employees.

Group Disability Income coverage on an Insured Employee or Member will continue beyond age 70 as long as:

- (a) the Insured Employee or Member remains actively employed;
- (b) the Insured Employee or Member meets the definition of a full-time employee as stated in the Schedule of Benefits;
- (c) the premium is paid;
- (d) the Policy remains in force; and
- (e) the Insured Employee or Member's employer continues to employ 20 or more employees.

The period of time for which benefits may be payable under the Policy (herein referred to as the Maximum Benefit Period) is stated in the Schedule of Benefits. For purposes of this Rider, the Maximum Benefit Period will include the following referenced benefit periods, depending on your Policy wording:

- (a) Maximum Disability Payment;
- (b) Maximum Disability Period;
- (c) Maximum Mental Illness Payment; and
- (d) Maximum Mental Illness Period.

The Maximum Benefit Period is amended according to one of the following formulas:

- (a) For a Maximum Benefit Period of one year (or 52 weeks) or less, benefits will be payable for up to such period of time. Any reference to benefits discontinuing at age 70 is removed.
- (b) For a Maximum Benefit Period payable for up to a specified number of years, of more than one year, the Maximum Benefit Period will be based on the Insured Employee or Member's age as of the date benefits begin, as follows:

Subtract the Maximum Benefit Period (number of years) from 70 years, then:

- (1) For an Insured Employee or Member younger than this age, benefits will be payable for up to the number of years stated as the Maximum Benefit Period.
 - (2) For an Insured Employee or Member older than this age, but younger than age 69, benefits will be payable until the Insured Employee or Member attains age 70.
 - (3) For an Insured Employee or Member age 69 or older, benefits will be payable for up to one year.
- (c) For a Maximum Benefit Period of 'to age 65,' benefits will be payable for up to the period of time specified below, based on the Insured Employee or Member's age as of the date benefits begin:

<u>Age</u>	<u>Maximum Benefit Period</u>
59 or younger	to age 65
60 through 64	five years
65 through 68	to age 70
69 or older	one year

The monthly premium and monthly benefit amount will not change due to a change in the Maximum Benefit Period.

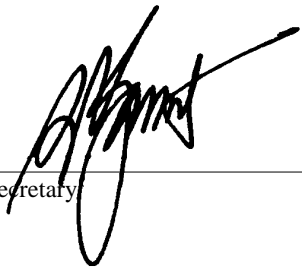
If this Policy has the Cancer Indemnity Benefit Rider attached, coverage on an Insured Employee or Member under such Rider will continue as long as:

- (a) the Insured Employee or Member remains actively employed;
- (b) the Insured Employee or Member meets the definition of a full-time employee as stated in the Schedule of Benefits;
- (c) the premium is paid;
- (d) the Policy remains in force; and
- (e) the Insured Employee or Member's employer continues to employ 20 or more employees.

The benefit amount of the Cancer Indemnity Benefit Rider will be determined by the Insured Employee or Member's age as of the date for which benefits would be payable, as follows:

<u>Age</u>	<u>Daily Cancer Hospital Indemnity</u>	<u>Daily Cancer Outpatient Indemnity</u>
69 or younger	\$100	\$60
70 or older	\$10	\$10

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.



Secretary

POLICYHOLDER: The National Public Employees Insurance Trust
 (Bank of Oklahoma, Oklahoma City, N.A., Trustee)
 POLICY NUMBER: G-101-303

SCHEDULE OF BENEFITS

Full-time Employee means an Insured Employee or Member who is working 20 hours or more per week.

<u>PLAN</u>	<u>Monthly Disability Benefit (Paragraph 3.01)</u>	<u>Monthly Hospital Benefit (Paragraph 4.04)</u>	<u>Accidental Death Benefit (Paragraph 4.05)</u>
200	\$200.00	\$200.00	\$20,000.00
300	\$300.00	\$300.00	\$20,000.00
400	\$400.00	\$400.00	\$20,000.00
500	\$500.00	\$500.00	\$20,000.00
600	\$600.00	\$600.00	\$20,000.00
700	\$700.00	\$700.00	\$20,000.00
800	\$800.00	\$800.00	\$20,000.00
900	\$900.00	\$900.00	\$20,000.00
1000	\$1,000.00	\$1,000.00	\$20,000.00
1100	\$1,100.00	\$1,100.00	\$20,000.00
1200	\$1,200.00	\$1,200.00	\$20,000.00
1300	\$1,300.00	\$1,300.00	\$20,000.00
1400	\$1,400.00	\$1,400.00	\$20,000.00
1500	\$1,500.00	\$1,500.00	\$20,000.00
1600	\$1,600.00	\$1,600.00	\$20,000.00
1700	\$1,700.00	\$1,700.00	\$20,000.00
1800	\$1,800.00	\$1,800.00	\$20,000.00
1900	\$1,900.00	\$1,900.00	\$20,000.00
2000	\$2,000.00	\$2,000.00	\$20,000.00

FOR YOUR PLAN OF INSURANCE REFER TO YOUR APPLICATION.

SCHEDULE OF BENEFITS (Continued)

	<u>Accident</u>	<u>Sickness</u>
Maximum Disability Period (Paragraph 3.01)	To age 65 or 5 years, whichever is greater, but not beyond age 70	To age 65 or 5 years, whichever is greater, but not beyond age 70
Maximum Mental Illness Period (Paragraph 4.02)	2 years or to age 70, whichever first occurs (including Hospital confinement)	2 years or to age 70, whichever first occurs (including Hospital confinement)
Doctor Bill Benefit (Paragraph 4.01)	\$100.00	\$25.00
Minimum Monthly Disability Benefit (Paragraph 5.03)	10% of Monthly Disability Benefit	10% of Monthly Disability Benefit
Elimination Period	14 days	14 days
Maximum Hospital Confinement Period (Paragraph 4.04)	60 days or to age 70, whichever first occurs	60 days or to age 70, whichever first occurs
Adjustment with Sick Leave Extending Beyond 60 Calendar Days (Paragraph 5.01(e))		
Commencement of Adjustments (Paragraph 5.01)	After three years	After three years
Termination Age (Paragraph 7.01)	Age 70	Age 70
Covered Percent of Monthly Compensation (Paragraph 5.01)	70%	70%

SCHEDULE OF BENEFITS (Continued)

	<u>Accident</u>	<u>Sickness</u>
Maximum Disability Period (Paragraph 3.01)	To age 65 or 5 years, whichever is greater, but not beyond age 70	To age 65 or 5 years, whichever is greater, but not beyond age 70
Maximum Mental Illness Period (Paragraph 4.02)	2 years or to age 70, whichever first occurs (including Hospital confinement)	2 years or to age 70, whichever first occurs (including Hospital confinement)
Doctor Bill Benefit (Paragraph 4.01)	\$100.00	\$25.00
Minimum Monthly Disability Benefit (Paragraph 5.03)	10% of Monthly Disability Benefit	10% of Monthly Disability Benefit
Elimination Period	30 days	30 days
Maximum Hospital Confinement Period (Paragraph 4.04)	60 days or to age 70, whichever first occurs	60 days or to age 70, whichever first occurs
Adjustment with Sick Leave Extending Beyond 60 Calendar Days (Paragraph 5.01(e))		
Commencement of Adjustments (Paragraph 5.01)	After three years	After three years
Termination Age (Paragraph 7.01)	Age 70	Age 70
Covered Percent of Monthly Compensation (Paragraph 5.01)	70%	70%

SCHEDULE OF BENEFITS (Continued)

	<u>Accident</u>	<u>Sickness</u>
Maximum Disability Period (Paragraph 3.01)	To age 65 or 5 years, whichever is greater, but not beyond age 70	To age 65 or 5 years, whichever is greater, but not beyond age 70
Maximum Mental Illness Period (Paragraph 4.02)	2 years or to age 70, whichever first occurs (including Hospital confinement)	2 years or to age 70, whichever first occurs (including Hospital confinement)
Doctor Bill Benefit (Paragraph 4.01)	\$100.00	\$25.00
Minimum Monthly Disability Benefit (Paragraph 5.03)	10% of Monthly Disability Benefit	10% of Monthly Disability Benefit
Elimination Period	60 days	60 days
Maximum Hospital Confinement Period (Paragraph 4.04)	60 days or to age 70, whichever first occurs	60 days or to age 70, whichever first occurs
Adjustment with Sick Leave Extending Beyond 60 Calendar Days (Paragraph 5.01(e))		
Commencement of Adjustments (Paragraph 5.01)	After three years	After three years
Termination Age (Paragraph 7.01)	Age 70	Age 70
Covered Percent of Monthly Compensation (Paragraph 5.01)	70%	70%

SCHEDULE OF BENEFITS (Continued)

	<u>Accident</u>	<u>Sickness</u>
Maximum Disability Period (Paragraph 3.01)	To age 65 or 5 years, whichever is greater, but not beyond age 70	To age 65 or 5 years, whichever is greater, but not beyond age 70
Maximum Mental Illness Period (Paragraph 4.02)	2 years or to age 70, whichever first occurs (including Hospital confinement)	2 years or to age 70, whichever first occurs (including Hospital confinement)
Doctor Bill Benefit (Paragraph 4.01)	\$100.00	\$25.00
Minimum Monthly Disability Benefit (Paragraph 5.03)	10% of Monthly Disability Benefit	10% of Monthly Disability Benefit
Elimination Period	90 days	90 days
Maximum Hospital Confinement Period (Paragraph 4.04)	60 days or to age 70, whichever first occurs	60 days or to age 70, whichever first occurs
Adjustment with Sick Leave Extending Beyond 90 Calendar Days (Paragraph 5.01(e))		
Commencement of Adjustments (Paragraph 5.01)	After three years	After three years
Termination Age (Paragraph 7.01)	Age 70	Age 70
Covered Percent of Monthly Compensation (Paragraph 5.01)	70%	70%

SCHEDULE OF BENEFITS (Continued)

	<u>Accident</u>	<u>Sickness</u>
Maximum Disability Period (Paragraph 3.01)	To age 65 or 5 years, whichever is greater, but not beyond age 70	To age 65 or 5 years, whichever is greater, but not beyond age 70
Maximum Mental Illness Period (Paragraph 4.02)	2 years or to age 70, whichever first occurs (including Hospital confinement)	2 years or to age 70, whichever first occurs (including Hospital confinement)
Doctor Bill Benefit (Paragraph 4.01)	\$100.00	\$25.00
Minimum Monthly Disability Benefit (Paragraph 5.03)	10% of Monthly Disability Benefit	10% of Monthly Disability Benefit
Elimination Period	150 days	150 days
Maximum Hospital Confinement Period (Paragraph 4.04)	60 days or to age 70, whichever first occurs	60 days or to age 70, whichever first occurs
Adjustment with Sick Leave Extending Beyond 150 Calendar Days (Paragraph 5.01(e))		
Commencement of Adjustments (Paragraph 5.01)	After three years	After three years
Termination Age (Paragraph 7.01)	Age 70	Age 70
Covered Percent of Monthly Compensation (Paragraph 5.01)	70%	70%

SCHEDULE OF BENEFITS (Continued)

Benefits may not be reduced due to an increase in Social Security if the increase takes place while benefits are payable under the Policy.

WAIVER OF PREMIUM –

If the Insured becomes Totally Disabled as defined in the Policy, and Monthly Disability Benefits are payable, the insurance on such individual shall be continued without payment of premium after the Insured has remained continuously so disabled for six (6) months. This waiver of premium will continue until cessation of the Insured's Total Disability, the end of the benefit period, or the Master Policy terminates, whichever first occurs. The Company will require proof on an annual basis that the Insured remains Totally Disabled as defined in the Policy during said period. This provision will not apply if the Insured's insurance terminates.

In Section V, Paragraph 5.02 is hereby replaced as follows:

“The Company will pay a limited Monthly Disability Benefit for a Pre-Existing Condition. This benefit will be equal to one month's disability benefit during any twelve (12) month period. This limitation will be waived after the Insured has gone one year treatment-free for such condition after his Effective Date of coverage, or until the Insured has been continuously covered under the Policy for two (2) years.”