



ALLEN COUNTY

**GROUP TERM LIFE &
ACCIDENTAL DEATH & DISMEMBERMENT PLAN**

Your Policy Number: GL1339



699 Walnut Street, Suite 1100
Des Moines, IA 50309
800-232-5818
www.EMCNationalLife.com

GROUP TERM LIFE INSURANCE CERTIFICATE

EMC National Life Company has issued and delivered the Group Life Insurance Policy (the Policy) to the Policy Owner. The Policy provides group life insurance benefits to the Policy Owner's Employees who

1. Are eligible for the insurance; and
2. Become insured; and
3. Continue to be insured

according to the terms of the Policy.

On all stated dates, insurance begins at 12:01 a.m. and ends at midnight at the place the Insured Person resides.

This Certificate is a part of the Policy. This Certificate is delivered in the Contract State and is governed by its laws.

This Certificate replaces any other certificate which We may have issued to the Policy Owner to give to You under the Policy specified herein.

This Certificate contains an Accelerated Death Benefit provision. Death Benefits will be reduced if an acceleration of life insurance benefit is paid. **Receipt of an Accelerated Death Benefit payment may be taxable. Please consult with your tax or accounting advisor to determine the impact of any Accelerated Death Benefit payment.**

Notice Of 30-Day Right To Examine The Certificate

You have 30 days from the date of receipt to examine this Certificate. If You do not wish to keep the Certificate, it must be surrendered to the Policy Owner within this period. Upon such surrender, EMC National Life Company will return any premium paid, and insurance will be void from the start.

READ YOUR CERTIFICATE CAREFULLY

Signed for the EMC National Life Company at its Home Office in Des Moines, Iowa.

President

Secretary

GROUP LIFE INSURANCE WITH ACCELERATED BENEFIT ONE YEAR RENEWABLE TERM NONPARTICIPATING

EMC, flag design and *Count on EMC* Reg. U.S. Pat. & Tm. Off.

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SCHEDULE

POLICY OWNER: ALLEN COUNTY

POLICY NUMBER: GL1339

BASIC BENEFITS

Description of Eligible Class: All full-time Employees working at least 30 hours per week who are actively at work.

Waiting Period:

If You are in an eligible class on or before the Policy Effective Date: NONE

If You enter an eligible class after the Policy Effective Date: Coverage is effective on the first day of the month coinciding with or following 30 days of active employment.

You must be continuously actively at work in an eligible class during the specified Waiting Period.

Contributory or Non-Contributory:

Employee Basic Life:	100% Non-Contributory
Employee Basic Accidental Death and Dismemberment:	100% Non-Contributory

Amounts of Insurance: You will automatically be enrolled for 100% Non-Contributory Basic benefits. Coverage for which contributions are required applies only if the proper enrollment is made and the required contributions are made.

Employee Basic Life Insurance: \$15,000.

Employee Basic Accidental Death and Dismemberment: \$15,000.

Additional Benefits Under Basic Accidental Death and Dismemberment:

Seat Belt(s) and Air Bag Benefit:

Seat Belt(s)	10% of Basic AD&D principal sum to a maximum of \$10,000
Air Bag	10% of Basic AD&D principal sum to a maximum of \$10,000

Repatriation Benefit: \$5,000

Guaranteed Issue Amount:

Basic Life Insurance and Basic Accidental Death and Dismemberment are 100% guaranteed issue.

Employee Reduction in Coverage:

Coverage reduces to 65% at age 65-69; to 45% at age 70-74; to 30% at age 75-79; and to 20% at age 80 and over. Reductions are based on Employee age.

Refer to Your enrollment form for confirmation of Your beneficiary designation and coverage elected.

DEFINITIONS

Accidental Injury means bodily injury resulting

1. Directly from an accident; and
2. Independently of all other causes

which occurs while an Insured Person is covered under the Policy.

Loss resulting from

1. Sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
2. Medical or surgical treatment of a sickness or disease

is not considered to be resulting from Accidental Injury.

Active Employment or Actively at Work means You are working

1. For Your Employer and actually performing the duties of Your job;
2. At least the minimum number of hours shown in the Schedule; and
3. At the place and in the manner in which the work is normally performed.

It includes approved time off such as vacation, jury duty and funeral leave, but does not include time off as a result of injury or illness.

Beneficiary means the person or persons designated by You to receive the benefits of Your life insurance and Accidental Death Benefits, if applicable, upon Your death.

Company means EMC National Life Company.

Death Benefit means the amount of life insurance a person will be eligible to receive.

Earnings means the compensation as received by You from Your Employer as defined in the Schedule.

Employee means a person actively at work for the Employer or other persons as defined in the Schedule.

Employer means the Policy Owner and includes any division, any subsidiary, any Participating Employer or any affiliated company agreed to between the Employer and Us.

Enrollment Period means the Initial Enrollment Period.

Evidence of Insurability means a statement or proof of a person's medical history upon which basis acceptance for insurance will be determined by Us.

Guaranteed Issue Amount means the maximum amount of life insurance allowed without Evidence of Insurability.

Home Office means the address of EMC National Life Company.

Initial Enrollment Period means one of the following periods during which You may first make written application for coverage under the Policy:

1. If You are eligible for insurance on the Policy Effective Date, a period before the Effective Date so designated by Your Employer and Us.
2. If You become eligible for insurance after the Policy Effective Date, the period which ends 31 days after Your Date of Eligibility.

Insured or Insured Person means person(s) insured under the group contract as set out in the applicable Schedule and defined under the Enrollment and Eligibility sections of this Certificate.

Male pronoun, whenever used, includes female.

Physician means a person who is operating within the scope of his license; and is either

1. Licensed to practice medicine and to prescribe and administer drugs or to perform surgery; or
2. Legally qualified as a medical practitioner and required to be recognized, under the Policy for insurance purposes, according to the insurance statutes or the insurance regulations of the governing jurisdiction.

It does not include an Insured Person or his Spouse, daughter, son, father, mother, sister or brother.

Policy Effective Date means the issue date of the Policy.

Spouse means an individual who is in a marriage with the Employee which is recognized by the law in the state of residence.

Total Disability and Totally Disabled mean that as a result of sickness or injury, You are unable to perform each of the material duties of any gainful occupation for which You are reasonably fitted by training, education or experience. Gainful occupation means any occupation that Your past training, education, or experience would allow You to perform or for which You can be trained.

Waiting Period means the continuous length of time immediately before Your eligibility date during which You must be in an eligible class.

We, Us, Our means EMC National Life Company.

You, Your means the insured Employee.

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ENROLLMENT AND ELIGIBILITY

ENROLLMENT FOR AN EMPLOYEE

You can enroll if You

1. Are in Active Employment with Your Employer; and
2. Are in an Employee class that is eligible for insurance.

You may increase or decrease Your Supplemental Benefits, if applicable, at any time. However, increases will be subject to Evidence of Insurability.

EMPLOYEE'S DATE OF ELIGIBILITY

You will be eligible for insurance on the later of these dates:

1. The Policy Effective Date, if You have completed the Waiting Period; or
2. The day following the completion of the Waiting Period specified under the Schedule of this Certificate.

INITIAL ENROLLMENT PERIOD

During the Initial Enrollment Period You will automatically be enrolled in the 100% non-contributory Basic Benefits, but You may also choose to enroll in the Supplemental Benefits shown in the Schedule.

If You do not choose to enroll in the Supplemental Benefits during Your Initial Enrollment Period, You may enroll at a later time but will need to supply satisfactory Evidence of Insurability.

CHANGES IN COVERAGE

Increases or decreases in the amount of insurance due to a change in Earnings are effective immediately. Also, any change in insurance coverage due to a signed policy amendment will be effective as of the date referenced within the amendment.

However, there is an exception to the above. The effective date of any initial, increased or additional insurance will be delayed if You are not in Active Employment because of an injury, sickness, temporary layoff or a leave of absence on the date that insurance would otherwise be effective. That insurance for You will start on the date You return to Active Employment.

At any time, You may choose to decrease or cancel Your Supplemental Benefits, if applicable. You may also elect to increase Your Supplemental Benefits with satisfactory Evidence of Insurability.

EVIDENCE OF INSURABILITY

Evidence of Insurability must be submitted to Us for approval with any written application for insurance if:

1. The request is above the Guaranteed Issue Amount set by Us as shown in the Schedule; or
2. A person applies for Supplemental Benefits or an increase in Supplemental Benefits after the Initial Enrollment Period; or
3. You were previously declined by Us.

INSURANCE BEGINS

Insurance will start at 12:01 a.m. on the date determined as specified below. Additionally, your request for contributory insurance must be (1) made with Us through Your Employer; and (2) on a form satisfactory to Us.

When You enroll during Your Initial Enrollment Period, You will be insured for Basic Benefits on Your Date of Eligibility. However, if the amount of Your Basic Benefit exceeds the Guaranteed Issue Amount offered by Us, then Basic Benefits are effective on the date of approval of Evidence of Insurability by Us.

If You choose any Supplemental Benefits option, these benefits will become effective on

1. Your Date of Eligibility if You apply before that date;
2. The date You apply if You do it on or before the 31st day after Your Date of Eligibility; or
3. The date of approval of Evidence of Insurability if required by Us.

Please note this exception: The effective date of any insurance will be delayed if You are not in Active Employment because of an injury, sickness, temporary layoff or a leave of absence on the date that insurance would otherwise be effective. That insurance for You will start on the date You return to Active Employment.

CONTINUATION OF YOUR INSURANCE DURING ABSENCES

As long as the Policy is in force, You are a member of an eligible insurance class and You remain employed, insurance protection will continue in force.

You will be considered employed in the following situations as long as premium payments continue:

1. Sickness or injury leave of absence;
2. Military leave or other authorized leave of absence;
3. Temporary lay-off, but not longer than 3 months; or
4. Approved Family Medical Leave.

If You become Totally Disabled while employed, coverage may continue during Your Total Disability as long as timely payments are made to the Policy Owner of that portion, if any, of the premium that would have been required had the Total Disability not occurred. The continuation shall be for a period up to 6 months from the date on which the Total Disability began.

REHIRED AFTER EMPLOYMENT TERMINATES

If You are rehired by Your Employer within 12 months from when Your employment terminated, the following apply:

1. You will be insured for the same coverage that was in effect for You on the date Your employment terminated;
2. Coverage will be effective the first of the month coinciding with or following the date of rehire, or at the end of the Waiting Period for new Employees if sooner; and
3. Any changes in contributory coverage to increase from amounts previously in force will be subject to Evidence of Insurability.

GENERAL PROVISIONS

ENTIRE CONTRACT

The Policy, the Policy Owner's application, this Certificate, any Evidence of Insurability form, and any endorsement or amendment, make up the Entire Contract between the Policy Owner and EMC National Life Company. No change in the Policy or a Certificate will be valid until approved by one of Our officers. The approval must be noted on or attached to the Policy or the Certificate. No agent may change the Policy or a Certificate or waive any of its provisions.

STATEMENTS MADE IN THE APPLICATION

In the absence of fraud, all statements made by any Insured Person when applying for this insurance and providing Evidence of Insurability are considered representations and not warranties. No statements by any Insured Person will be used to reduce or deny a claim unless a copy of the statements has been given to the Insured Person or his or her Beneficiary or personal representative.

EXAMINATION AND AUTOPSY RIGHTS

We have the right to require that any Insured Person be examined at Our expense by a Physician of Our choice. We may do this when and as often as it is reasonably required.

We also have the right, in case of death, to require an autopsy where not forbidden by law.

TIME LIMITS FOR LEGAL PROCEEDINGS

Any Insured Person or an authorized representative cannot start any legal action:

1. Until 60 days after Proof of Claim has been given; or
2. More than 5 years after the time Proof of Claim is required.

MISSTATEMENT OF AGE

If Your age or that of any other Insured Person is misstated and a benefit is based on age, the benefit will be determined at the correct age and the most recent premium.

POLICY OWNER ACTING AS AGENT

For all purposes of the Policy, the Policy Owner acts on its own behalf or as Your agent. Under no circumstances will the Policy Owner be deemed Our agent.

INCONTESTABILITY

We may not contest the validity of the insurance obtained during the Initial Enrollment Period requiring Evidence of Insurability after the insurance has been continuously in force for 2 years during the Insured's lifetime, except due to nonpayment of premium and unless the statement is contained in a written instrument signed by the Insured.

If increased or additional insurance is applied for after the Initial Enrollment Period requiring Evidence of Insurability, We may not contest the validity of the insurance or deny payment of the death proceeds after the insurance has been continuously in force during the Insured's lifetime for 2 years from the effective date of the increased or additional insurance, except due to nonpayment of premium. Any contest of the increased or additional insurance will be based on the Evidence of Insurability application.

CLAIMS

NOTICE OF CLAIM

Written Notice of a Claim should be given to Us at Our Home Office within 30 days after the date of loss on which claim is based. If that is not possible, We must be notified as soon as it is reasonably possible to do so.

CLAIM FORM

When We have received a written Notice of Claim, We will send Our claim forms unless Your Employer has already provided them. If You have not received the claim forms within 15 days after that Notice is sent, written Proof of Claim can be sent to Us without waiting for the forms.

PROOF OF CLAIM

Proof of Claim should be given to Us at Our Home Office no later than 90 days after the date of loss. A certified copy of a death certificate must be given to Us for proof of death. If it is not possible to give proof within this time limit, it must be given to Us as soon as reasonably possible. But Proof of Claim may not be given later than 1 year after the time proof is otherwise required, except if You or Your Dependents are legally unable to notify Us.

The proof must cover the following:

1. What the loss is;
2. The date of the loss; and
3. The cause of the loss.

We may require as part of the proof authorizations to obtain medical and nonmedical information.

PAYMENT OF CLAIMS

All benefits will be paid as soon as We receive Proof of Claim acceptable to Us. Benefits will be paid to You if living. Any benefits unpaid at the time of death, or due to death, will be paid to the Beneficiary. Benefits for loss of Your Dependent's life, if eligible, are payable to You. Proper proof of any claim under this Policy must be submitted in writing to the Company at its Home Office.

If You did not name a Beneficiary, or the named Beneficiary is not surviving at Your death, any benefits due will be paid to the first of the following classes to survive You:

1. Your legal Spouse;
2. Your surviving Children (including legally adopted Children), in equal shares;
3. Your surviving parents, in equal shares;
4. Your surviving siblings, in equal shares; or, if none of the above,
5. Your estate.

We will not be liable for any payment we have made in good faith.

FACILITY OF PAYMENT

If a benefit is payable to a minor or anyone not competent, We may pay up to \$2,000 to the person or institution that appears to have assumed custody and main support. We may do this unless or until Your Beneficiary's appointed legal representative makes a formal claim.

At our judgment, a part of Your Death Benefit may be applied to funeral and other expenses incident to Your last sickness and death. That amount will be the lesser of \$1,000 or the maximum amount allowed by law.

The balance of the benefit, if any, will be held by Us, until an individual or representative

1. Is validly named; or
2. Is appointed to receive the proceeds; and
3. Can give a valid release to Us.

The benefit will be held with interest at a rate set by Us, but not less than the minimum rate required by statute.

If We make any payment in good faith, it fully discharges Our duty to pay it again.

RIGHT TO APPEAL A CLAIM

You, Your Beneficiary, the claimant, or Your authorized representative may appeal a denied claim within 60 days after any of these parties receives Our notice of denial. You have the right to

1. Submit a request for review, in writing, to Us at Our Home Office;
2. Review pertinent documents; and
3. Submit issues and comments in writing to Us at Our Home Office.

We will make a full and fair review of the claim and may require additional documents as We deem necessary or desirable in making such a review. A final decision on the review shall be made not later than 60 days following receipt of the written request for review. If special circumstances require an extension of time for processing, You will be notified of the reasons for the extension, and a decision shall be made not later than 120 days following receipt of the request for review. The final decision on review shall be furnished in writing and shall include the reasons for the decision with reference, again, to those Policy provisions upon which the final decision is based.

TERMINATION

TERMINATION OF EMPLOYEE INSURANCE

Your insurance under the Policy terminates upon the earliest event stated below.

1. The Policy terminated.
2. You are no longer in a class eligible for insurance.
3. Your class is no longer covered by the Policy.
4. The date of Your written request to terminate contributory insurance.
5. You cease Active Employment.

Your insurance may be continued by Your Employer subject to premium payment, shown in the provisions for Continuation of Your Insurance During Absences.

TERMINATION OF GROUP POLICY

Termination of the Policy under any conditions will not prejudice any payable claim which occurs while this plan is in force.

LIFE INSURANCE

DEATH BENEFIT

If You die, the life insurance amount shown in the Schedule will be paid in a lump sum to Your Beneficiary. You can elect to have Your Death Benefit paid using one of the other arrangements We provide, but proof of death as required must be given to Us before Your Death Benefit will be paid.

SUICIDE EXCLUSION

The suicide exclusion applies to any amount of life insurance that was subject to Evidence of Insurability, where the cause of death is suicide. No initial insurance will be payable if the Insured Person commits suicide, while sane or insane, within 2 years after the Insured Person's initial effective date of insurance. No increased or additional insurance will be payable for a loss occurring within 2 years after the day such increased or additional insurance is effective. Our liability will be limited to the premium paid for the life insurance subject to Evidence of Insurability.

BENEFICIARY AND ASSIGNMENT

BENEFICIARY DESIGNATION OR CHANGE OF BENEFICIARY

The Beneficiary will be as named in writing by You to receive Death Benefits. This Beneficiary designation must be on file with Us at Our Home Office or with the Employer and will be effective on the date You sign it. A Beneficiary may be changed by filing a written request in a form satisfactory to the Company at its Home Office or with the Employer. A designation will not be in effect unless filed; but, if filed, it will be effective the date signed, subject to any payment made or action taken by Us before We are notified of this change. If more than one Beneficiary is named without stating their respective interests they will share equally. Any payment made by Us before receiving the change designation will fully discharge us to the extent of that payment. It is important that You name a Beneficiary and keep Your designation current.

ASSIGNABILITY RIGHTS

The rights provided to You by the Policy for the life insurance benefits and Accidental Death Benefits, if applicable, are owned by You, unless You assign these rights to someone else (known as an “assignee”).

If you have previously named an assignee or an irrevocable Beneficiary, We must receive consent, in writing, of that assignee or irrevocable Beneficiary to such assignment.

An assignment will not be in effect unless filed with us; but, if filed, it will be effective the date signed. We will recognize an assignee as the owner of the rights assigned only if

1. The assignment is in writing, signed by You and acceptable to Us in form; and
2. A signed or certified copy of the written assignment has been received and registered by Us at Our Home Office.

We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the Policy’s provisions before receiving and registering an assignment.

CONVERSION RIGHTS

CONVERSION RIGHTS

You have the right to convert to a personal life policy the amount of Your life insurance that terminates or reduces because You

1. End employment;
2. Change job status and so become ineligible;
3. Retire;
4. Reach a specified age; or
5. Change Employee class.

Your personal life policy amount can be equal to or less than the amount of coverage in the policy that terminated and must be permanent insurance and not term insurance.

Each Insured Person has the right to convert to a personal life policy the amount of any life insurance that terminates because of the following:

1. The life insurance is terminated for that person’s insurance class; or
2. The group Policy is amended to exclude life insurance or is terminated.

But in both cases above, the person converting must have been continuously insured under the Policy for at least 5 consecutive years before that termination. The maximum life amount that may be converted is the smaller of the following:

1. The terminated life amount less any life amount for which a person is or becomes eligible under any other group policy within 31 days after that termination; or
2. \$10,000.

CONVERSION POLICY

To apply, each Insured Person must complete an application. That application, along with the first premium payment, must be sent to Us at Our Home Office. It must be done within 31 days from the date the life insurance is terminated. No Evidence of Insurability is needed. Premiums for the new policy will be at the rates customarily charged by Us for a person of the same age and occupation on the date of conversion.

If Your personal life policy becomes effective and You later become approved for the Waiver of Premium Disability benefit, if applicable, You

1. Must return that personal life policy;
2. Will not receive any benefits under that personal life policy; and
3. Will receive a premium refund for that personal life policy.

If an Insured Person dies during the 31-day conversion period, We will pay a Death Benefit. The Death Benefit will

1. Be paid under the group Policy and not under the personal life policy; and
2. Equal the maximum life amount which that person might have otherwise converted.

The personal life policy must be returned to Us without claim, except for a premium refund.

If the Insured Person is not given notice of conversion rights at least 15 days prior to the expiration of the 31-day conversion period, the Insured Person shall have an additional period within which to apply for conversion. This additional period shall expire 15 days after the Insured Person is given notice of the right to convert, but in no event shall such additional period extend beyond 60 days after the expiration of the 31-day conversion period. Written notice presented to the Insured Person or mailed by the Policy Owner to the last known address of the Insured Person as furnished by the Policy Owner shall constitute notice for the purpose of this provision.

ACCELERATED DEATH BENEFIT

QUALIFICATION

The Accelerated Death Benefit is an option for You to elect to receive a portion of Your or Your covered Dependent's, if applicable, life insurance while living based upon Terminal Illness. There is no cost of insurance charge or administrative expense charge for this Benefit.

To qualify, the following conditions must be met:

1. The Insured Person must become Terminally Ill while insured for life insurance benefits; and
2. Have a medical prognosis of 24 months or less to live; and
3. You must notify Us, in writing, of the prognosis in a form acceptable to Us; and
4. We must receive certification which We deem satisfactory, in writing, by a Physician that the Insured Person is Terminally Ill and has a medical prognosis of 24 months or less to live.

We must be furnished satisfactory proof by a licensed Physician that the Insured Person's life expectancy is 24 months or less from the date acceleration is requested including documentation supported by clinical, radiological, histological, or laboratory evidence of the Terminal Illness. This proof will include the certification of a licensed Physician who is not the Insured Person or a member of the Insured Person's immediate family.

BENEFIT

The Accelerated Death Benefit payment is up to 75% of the Insured Person's Policy Death Benefit as shown in the Schedule.

Approved requests for the Accelerated Death Benefit will be paid to You in one lump sum. It is payable only once during the Insured Person's lifetime. Premium payment must continue to be paid on the life insurance. If You qualify for the Waiver of Premium Disability Benefit, Your life insurance will be extended without further premium payments according to the terms of the Policy.

At the time of the Accelerated Death Benefit payment, a lien is placed on the Policy Death Benefit and interest is added to the lien from the time of acceleration and the date of death. The lien gives Us the right to offset any amounts paid under the Accelerated Death Benefit provision against the Policy Death Benefit. The maximum interest rate charged on the lien shall not exceed the greater of the current yield on 90-day treasury bills or the current maximum adjustable policy loan interest rate based on Moody's Corporate Bond Yield Averages or any successor thereto. The death proceeds otherwise payable will be reduced by the amount of the total lien. The lien will not exceed the Policy Death Benefit. No other reductions to the life insurance amount will occur as a result of the Accelerated Benefit payment as there are no other charges or expenses applicable to this payment.

The remaining life insurance amount will be paid upon Your death or Your Dependent's death, if applicable, according to the terms of the Policy. The Accelerated Death Benefit payment and the remaining life insurance amount shall constitute full settlement of the life insurance coverage. Any conversion amount You or Your Dependent could otherwise convert will be reduced by the Accelerated Death Benefit payment. At the time of the lump sum benefit payment, You will receive a statement from Us providing specific details regarding the payment. Any accidental death benefit provided by this Certificate will be unaffected by the payment of an Accelerated Death Benefit.

If You elect the Accelerated Death Benefit option and have assigned Your rights irrevocably under the Policy to an assignee or made an irrevocable Beneficiary designation, We must receive consent, in writing, that the assignee or irrevocable Beneficiary has agreed to payment of the Accelerated Benefit on Your behalf.

The Accelerated Death Benefit is not available, if the Insured Person:

1. Is required by law to use this Benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
2. Is required by a government agency to use this Benefit in order to apply for, get or keep a government benefit or entitlement.

DEFINITIONS

Terminal Illness or Terminally Ill means a medical condition which, in the opinion of a Physician who is licensed to practice medicine in all of its branches, would generally result in the Insured Person's death in 24 months or less.

Whether or not a tax liability will be incurred when an Accelerated Benefit is paid depends on the facts and circumstances under which the payment is made and received as well as how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. You should consult Your tax advisor to assess any tax impact of the Benefit.

RECEIPT OF ANY BENEFIT IN ACCORDANCE WITH THIS PROVISION WILL REDUCE LIFE INSURANCE BENEFITS PAYABLE UPON DEATH

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

BENEFITS

If an Insured suffers any of the losses shown in the Schedule of Losses and Benefits below, a Benefit will be paid in a lump sum. Your Death Benefit is paid to Your Beneficiary; Your or Your covered Dependent's, if applicable, Dismemberment Benefit is paid to You. But first We must receive proof of the following:

1. The Insured sustained an Accidental Injury which caused an insured loss;
2. The event causing the Accidental Injury occurred while the Insured was covered under the Policy; and
3. The insured loss occurred within 365 days after the date of the event causing the Accidental Injury.

Schedule of Losses and Benefits	
<u>For loss of</u>	<u>Percentage of Principal Sum*</u>
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand or One Foot and Sight of One Eye	100%
Speech and Hearing	100%
Paraplegia or Quadriplegia	100%
Triplegia	75%
Uniplegia	25%
Speech or Hearing	50%
One Hand or One Foot	50%
Sight of One Eye	50%
Thumb & Index finger of Same Hand	25%
Coma	1% per month

*The "Principal Sum" is Your or Your covered Dependent's, if applicable, Accidental Death and Dismemberment Benefit amount shown in the Schedule.

For hands or feet, "loss" means dismemberment by severance at or above the wrist or ankle joint. For eyes, "loss" means the total and irrecoverable loss of sight.

For Coma, "loss" means an Accidental Injury which results in a Coma within 365 days after the date of the event causing the Accidental Injury, and the Insured is in a Coma for at least 31 consecutive days.

The Coma Benefit will be payable at 1% of the Principal Sum per month for the first 12 months the Insured remains in a Coma, following the initial 31 consecutive day period. At the end of the 12 months of payment, if the Insured remains in a Coma, We will pay a lump sum equal to the Principal Sum payable under the Accidental Death and Dismemberment Benefit amount less any partial payment(s) previously paid for any loss listed under the above Schedule of Losses and Benefits.

Coma means a profound state of unconsciousness from which the Insured cannot be aroused, even by powerful stimulation, as determined by a Physician.

No more than the Principal Sum will be paid for all of Your losses sustained in any one event causing the Accidental Injury.

EXPOSURE AND DISAPPEARANCE COVERAGE

If the Insured is unavoidably exposed to weather and as a result of the exposure, suffers an Accidental Injury, We will pay the applicable Principal Sum under the above Schedule of Losses and Benefits.

If the conveyance in which the Insured is riding disappears, is wrecked, exploded or sinks, and the Insured's body has not been found after one year from the date the event, We will presume that the Insured lost their life as a result of an Accidental Injury. We will pay the applicable Principal Sum, under the above Schedule of Losses and Benefits. We have the right to recover the Benefit if We find that the Insured survived the event.

EXCLUSIONS

No loss sustained by an Accidental Injury will be payable if it is caused by, contributed to or results from any of the following:

1. Illness or disease of the body regardless of how contracted, medical or surgical treatment of illness or disease or complications following the surgical treatment of illness or disease;
2. Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane;
3. War, declared or undeclared, or any act of war;
4. Active participation in a riot;
5. Committing or attempting to commit an assault or a felony; or
6. Intoxication or being under the influence of alcohol, drugs or any narcotic (including an overdose) unless administered on the advice of a physician and taken according to the physician's instructions. The term "intoxication" refers to that condition as defined by law and decisions of the jurisdiction in which the accident occurred.

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WAIVER OF PREMIUM DISABILITY BENEFIT

BENEFIT

The amount of insurance extended will be limited to the Basic Life Amount on Your life and any applicable Supplemental Life Amount on Your life that was in force at the time the Total Disability began, excluding any additional benefits. This amount will not increase. This amount will reduce or cease at any time it would reduce or cease if You had not been Totally Disabled. If You die, we will be liable under this extension only if written proof of death is received by Us.

To qualify:

1. You must become Totally Disabled while You are insured and before You reach age 60;
2. You must be continuously Totally Disabled for at least a 9 month elimination period;
3. You, or a person acting for You, must notify Us of Your Total Disability within 1 year from the date Your Total Disability started; and
4. You, or a person acting for You, must give Us proof of Your continuous Total Disability. The first proof must be given to Us within 90 days after Your elimination period. Continuing proof of Total Disability must be given as We may require, at regular intervals, but after two years, We will not require proof more often than once a year.

If it is not possible to give Us notice or proof of Your Total Disability within these time limits, it must be given as soon as reasonably possible. But it may not be given more than 3 months later than the time either the notice or proof is otherwise required.

Once proof of Your Total Disability is approved by Us, Your life insurance will remain in force without premium payments until Your Waiver of Premium Disability Benefit ceases under the termination provisions below. The premium waiver will be effective as of the date of Total Disability, and any premium paid after the date of Total Disability will be refunded.

The life amount We keep in force for You is the amount in effect on Your last day of Active Employment, but all reductions and termination provisions in effect after Your last day of Active Employment will still apply to that continued amount.

If You die within 1 year of the date Your Total Disability started without giving Us the first proof, Your Death Benefit will still be paid to Your Beneficiary, but We must first receive proof of Your

1. Continuous Total Disability from Your last day of Active Employment to the date of Your death; and
2. Death as explained in the Proof of Claim provision in the Certificate.

TERMINATION

Your Waiver of Premium Disability Benefit will terminate on the earliest of these dates:

1. The date You are no longer Totally Disabled.
2. The date You fail to give Us continuing proof of Your Total Disability.
3. The date You are no longer under the care of a Physician unless the Physician certifies You have reached a maximum point of recovery.
4. The date You refuse to be examined as required.
5. Age 65.

SEAT BELT(S) AND AIR BAG BENEFIT

BENEFIT

We will pay the Benefit as shown in the Schedule if an Insured sustains an Accidental Injury which causes a loss of life while the Insured is driving or riding in a Private Passenger Vehicle, provided the following requirements are met:

For Seat Belt(s):

1. The Private Passenger Vehicle is equipped with seat belts; and
2. The Seat Belt(s) were in actual use and properly fastened at the time of the event; and
3. The position and status of the seat belt(s) are certified in the official report of the event or by the investigating officer. A copy of the police accident report must be submitted with the claim.

If such certification is not available and it is unclear whether the Insured was properly wearing a seat belt, then We will pay a fixed benefit of \$1,000.

For Air Bag:

1. The Private Passenger Vehicle is equipped with a single air bag and the Insured is the driver; or
2. The Private Passenger Vehicle is equipped with an air bag for both the driver and an air bag for the front passenger seat, and the Insured is the driver or front-seat passenger; or
3. The Private Passenger Vehicle is equipped with an air bag for the driver seat, an air bag for the front passenger seat and air bags for the rear passenger seats, and the Insured is the driver, front-seat passenger or rear-seat passenger; and
4. The seatbelt(s) must be in actual use and properly fastened at the time of the event.

EXCLUSIONS

This Benefit is subject to the same exclusions found under the Accidental Death and Dismemberment Benefit. In addition, no benefits are payable for any loss sustained by an Insured if the Insured

1. Is the driver of the Private Passenger Vehicle and does not hold a current and valid driver's license.
2. Is the driver of the Private Passenger Vehicle and is violating any law, including driving above the posted speed limit or driving while under the influence of alcohol above the legal limit in the jurisdiction of the accident. The event causing the Insured's loss of life must occur while the Insured has coverage under the Policy.
3. Is driving or riding in any Private Passenger Vehicle which was being used in a race, speed or endurance test, or for acrobatic or stunt driving at the time of the accident.

DEFINITIONS

Seat Belt means an unaltered factory-installed lap and/or shoulder restraint designed to keep a person steady in a seat.

Air Bag means an unaltered factory-installed supplemental restraint and the Air Bag inflated properly upon impact to protect a person from bodily injury during an accident.

Private Passenger Vehicle means a validly registered four-wheel passenger car (including Policy Owner car), a truck-type vehicle, or a self-propelled motor home, all of which are registered for private passenger use and designated for transportation on public roadways.

REPATRIATION BENEFIT

BENEFIT

We will pay up to the amount indicated on the Schedule for the preparation and transportation of an Insured's body to a mortuary. Payment will be made if, as the result of an Accidental Injury, an Insured suffers loss of life at least 75 miles away from Your principal place of residence.

EXCLUSIONS

This Benefit is subject to the same exclusions found under the Accidental Death and Dismemberment Benefit.

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**GROUP LIFE INSURANCE WITH ACCELERATED DEATH BENEFIT
ONE YEAR RENEWABLE TERM
NONPARTICIPATING**

EMC National Life Company
Home Office – 699 Walnut St., Suite 1100, Des Moines, IA 50309
Telephone 1-800-232-5818



699 Walnut Street, Suite 1100
Des Moines, IA 50309
800-232-5818
A STOCK COMPANY

DISCLOSURE ACCELERATED DEATH BENEFIT PROVISION

BENEFIT – The accelerated benefit is subject to the terms and conditions of the Accelerated Death Benefit Provision contained in the Group Term Life Insurance Certificate and the Policy to which the Certificate is attached. According to the terms of the Accelerated Death Benefit Provision, EMC National Life Company will pay a percentage up to a maximum of 75% of the Insured Person's, as defined in the Policy, life insurance coverage upon receiving proof that the Insured Person is terminally ill. An approved accelerated benefit payment will be paid to the employee or the association member in one lump sum and a payment is payable only once during the Insured Person's lifetime.

TERMINAL ILLNESS - Means a medical condition which, in the opinion of a physician who is licensed to practice medicine in all of its branches, would generally result in the Insured Person's death within 24 months or less.

AMOUNT YOU MAY ELECT – An Insured Person may elect the amount of the accelerated death benefit to be paid up to a maximum of 75% of the life insurance coverage amount.

ACCELERATED DEATH BENEFIT QUALIFICATION – To qualify for an accelerated benefit payment, we will require that an Insured Person is covered under the Policy and Certificate. We must be furnished, in forms acceptable to us, a diagnosis of a Terminal Illness as defined above by a physician licensed in the United States, including documentation supported by clinical, radiological, histological or laboratory evidence of the Terminal Illness. The Company may require at its expense an additional examination by a physician of its choice. Any irrevocable beneficiaries or assignee must send us a written consent to the accelerated benefit payment in a form satisfactory to us.

EFFECT OF AN ACCELERATED DEATH BENEFIT PAYMENT – If an accelerated benefit is paid, an Insured Person's life insurance benefit otherwise payable upon death will be reduced by the accelerated benefit payment. At the time of the accelerated death benefit payment, a lien is placed on the death benefit and interest is added to the lien from the time of acceleration and the date of death. The maximum interest rate charged on the lien shall not exceed the greater of the current yield on 90-day treasury bills or the current maximum adjustable policy loan interest rate based on Moody's Corporate Bond Yield Averages. The death proceeds otherwise payable will be reduced by the amount of the total lien. The lien will not exceed the death benefit. No other reductions to the life insurance amount will occur as a result of the accelerated death benefit payment as there are no other charges or expenses applicable to this payment. The remaining life insurance amount will be paid according to the terms of the Policy and Certificate, subject to any reduction and termination provisions. Premium payment must continue to be paid on the life insurance unless waived under a Waiver of Premium Benefit. Any conversion amount the Insured Person could otherwise convert will be reduced by the accelerated benefit payment. You will be notified of the death benefit remaining.

EXCLUSION OF ACCELERATED DEATH BENEFIT - An accelerated benefit payment is not available if the Insured Person is required by law to use this benefit payment to meet the claims of creditors, whether in bankruptcy or otherwise; or is required by a government agency to use this benefit payment in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

CONSEQUENCES OF RECEIVING ACCELERATED DEATH BENEFIT – Whether or not a tax liability will be incurred when a benefit is paid depends on the facts and circumstances under which the payment is made and received as well as on how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. The receipt of this benefit may adversely affect eligibility for Medicaid or other government benefits or entitlements. The recipient of the benefit should consult his or her tax advisor to assess any tax impact of the benefit. The Company makes no representations about the tax impact of the benefit.

ILLUSTRATED EFFECTS OF AN ACCELERATED DEATH BENEFIT – Following is an example, for illustrative purposes only, of an accelerated benefit if the maximum 75% benefit amount is elected:

- Policy Year 1 - Amount of life insurance in force under the Group Policy: \$100,000
- Policy Year 2 - 75% accelerated death benefit payment due to Terminal Illness: \$75,000
- Policy Year 3 - Remaining amount of life insurance death benefit: \$25,000 less lien interest

This Disclosure is intended to only provide a summary of the Accelerated Death Benefit Provision. Please refer to the Certificate for all benefits, provisions and limitations.

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

DISCLAIMER

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

Kansas Life and Health Insurance Guaranty Association
2909 SW Maupin Lane
Topeka, KS 66614

Kansas Insurance Department
420 SW 9th Street
Topeka, KS 66612

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

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

Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values

Health Insurance

- \$500,000 in hospital, medical and surgical insurance benefits
- \$300,000 in disability insurance benefits
- \$300,000 in long-term care insurance benefits
- \$100,000 in other types of health insurance benefits

Annuities

- \$250,000 in withdrawal and cash values

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



Your Privacy is Our Concern

PRIVACY NOTICE

When you apply for insurance with EMC National Life Company (EMCNL), you give us information about yourself. We need this data to process and service your business.

We value the trust you place in us. We respect the privacy of your personal information. We are committed to keeping that information secure and confidential.

- We collect data needed for our business.
- We use means allowed by law to collect information.
- We share data the law allows.
- We limit employee access to data to those who need access for business reasons.

Our Company Policy
We do not share personal information about our customers or former customers, except as permitted by law.
State and federal law require this notice. This notice describes how we use, protect, and share personal information.

Information We May Collect

Possible sources of information:

- From you, such as your address and telephone number. We may collect this from your application, telephone or in-person interviews, or your independent insurance agent. We collect most of our information directly from you.
- From your transactions with us, such as your payment history, underwriting and claim documents.
- From outside sources, such as your driving record.
- From consumer reporting agencies, such as your occupation.

How We Use Information About You

Personal information about you may be saved both in our records and in your agent's files. We use this personal information to:

- Underwrite your policies;
- Process your claims;
- Ensure proper billing;
- Service your accounts;
- Offer you other EMCNL insurance products, to the extent provided by law.

How We Protect Your Personal Information

EMCNL protects your information in a variety of ways.

- We limit employee access to customer data.
- We train our employees to make use of customer data only for lawful purposes.
- We protect data by using physical, electronic, and procedural safeguards.
- We require third party business partners to follow our privacy standards. This means they cannot disclose or reuse customer information in any way.

How We Share Information

We share personal information about our customers or former customers only as permitted by law. The law allows EMCNL to share information about you with the following types of third parties without your consent:

- Our affiliated companies;
- Your independent agent or broker;
- Parties who perform a business, professional, or insurance function for our company, including our reinsurance companies;
- Businesses that help us with data processing or marketing;
- Investigators, medical professionals, and attorneys who need the information to investigate, defend, or settle a claim involving you;
- Businesses that conduct research, including actuarial or underwriting studies;
- Other insurance companies, agents or consumer reporting agencies as reasonably necessary in connection with any application, policy, or claim involving you;
- Medical care institutions or medical professionals to verify coverage or conduct an audit of services;
- Government agencies in connection with the regulation of our business;
- Support organizations that collect information for the purpose of detecting and preventing insurance crimes or fraudulent claims;
- Law enforcement or other government authorities to protect our legal interests or in cases of suspected fraud or illegal activities;
- Authorized persons as ordered by a subpoena, warrant or other court order or as otherwise required by law;
- Certificate holders or policyholders for the purpose of providing information regarding the status of an insurance transaction; or
- Lienholders, mortgagees, lessors or other persons shown on our records as having a legal or other interest in your policy.

Requesting Personal Information

To the extent provided by law, you have these rights:

- To know what kind of information we keep in our files about you.
- To have reasonable access to it.
- To receive a copy of it.
- You may review your information in person or have a copy of it for a reasonable charge.

- We will provide you a list of your personal information that we control and can reasonably retrieve.
- You may request that we make changes in your personal information in our files.
- You may ask for the name and address of the consumer reporting agency that prepared a report about you. You must contact the agency for a copy of any report it makes.
- We are not required to tell you about certain types of information generally collected when evaluating claims or possible lawsuits.
- To exercise any of these rights, contact us in writing by any of the ways provided at the end of this notice.

Please contact us if you have questions about our privacy policy. We are required by law to send you this notice on an annual basis

How to Contact Us

Use either of the following methods to reach us. Please include your name, address, date of birth, and policy or claim number.

Privacy Coordinator
EMC National Life Company
P.O. Box 9202
Des Moines, Iowa 50306-9202

E-mail: privacycoordinator@EMCNL.com

EMC National Life Company is an affiliated member of the EMC Insurance Companies.

EMC Insurance Companies is the trade name used by our group of insurance and insurance service companies. Employers Mutual Casualty Company is the lead company. This notice is applicable to and made on behalf of the following affiliated insurance companies:

Employers Mutual Casualty Company
EMC National Life Company
EMC Property & Casualty Company
EMCASCO Insurance Company
Dakota Fire Insurance Company
Illinois EMCASCO Insurance Company
EMC Reinsurance Company
Union Insurance Company of Providence
Hamilton Mutual Insurance Company

The statements made in this booklet apply to all of our companies. For ease of reference and to reduce paperwork, this notice shows the collective trade name of our companies.

Plan arranged by:

LOREN KORTE

PERSONAL SERVICE INSURANCE INC.

PO BOX 506

IOLA, KS 66749-0506

(620) 365-6908

Plan underwritten by:



699 Walnut Street, Suite 1100
Des Moines, IA 50309
800-232-5818
www.EMCNationalLife.com