

The Group Policy for Life Insurance issued to Rhode Island John Doe, effective November 1, 2007, encompasses Member Life Insurance, Accidental Death and Dismemberment Insurance, and Dependent Life Insurance, contingent upon the Policyholder's application and timely premium payments. This renewable term, non-participating contract includes various definitions and administrative provisions, with The Principal offering additional services such as a Financial Services Hotline and Grief Support Services, though it disclaims liability for the quality of these services. The policyholder's key obligations include timely premium payments, as failure to comply may lead to policy termination. The policy outlines renewal conditions, member rights, eligibility criteria, and claims processes, which require notice of claim, proof of loss, and potential medical examinations. Exclusions include coverage limitations for fraud and situations where members are outside the United States. The policy defines essential terms like "Member," "Dependent," and "Activities of Daily Living," which are critical for determining eligibility and benefits. The policy anniversary is set for November 1 each year, marking the renewal date.

The Group Policy is issued to the Policyholder, which may include coverage for a business entity acquired through merger or acquisition, replacing prior Group Term Life coverage. Proof of Good Health is necessary to demonstrate insurability under The Principal's standards. A Qualifying Event for Accelerated Benefits is defined as a medical condition significantly limiting life expectancy without extraordinary treatment, including conditions like coronary artery disease and end-stage renal failure. The entire contract consists of the Group Policy, current Certificate, and applications, with The Principal not bound by any external trust or plan. Changes to the policy can only be made in writing by an officer of The Principal, and the policy can be amended to comply with legal requirements. The Policyholder must be a profit-making entity or a legitimate nonprofit, contributing at least 50% of premiums for all Members, ensuring at least 75% enrollment of eligible employees and dependents. The policy is incontestable after two years, barring fraud or nonpayment of premiums. The Policyholder must provide necessary information for policy administration, and The Principal may inspect related records. Certificates of insurance will be provided to Members, but no

assignments of Member Life Insurance are permitted, and Dependents have limited rights under the policy. The Principal retains discretion in interpreting policy provisions and determining benefits. Premiums are the responsibility of the Policyholder, with the first premium due on the issue date and subsequent premiums due monthly, allowing a 31-day grace period for late payments. Premium rates are specified for various coverages, with changes possible under certain conditions, including changes in definitions or business status. Members are not required to contribute to their own insurance premiums but must contribute for dependent coverage. The policy will terminate if premiums are not paid by the end of the grace period, and the Policyholder has the right to terminate the policy.

The insurance policy allows the Policyholder to terminate coverage by providing written notice to The Principal before any premium due date. A stop-payment order for premium payments will also be considered written notice. The Principal can nonrenew or terminate the Group Policy with 31 days' written notice if the Policyholder ceases business operations, fails to meet participation requirements, does not maintain a minimum number of insured employees, fails to pay premiums, commits fraud, does not provide required information, or fails to meet other obligations. If the Policyholder relocates to a state where the Group Policy is not marketed, The Principal may terminate coverage with the same notice period. Upon termination, the Policyholder must notify each Member of the termination date and refund any contributions for premiums not paid to The Principal.

Members become eligible for Member Life Insurance after 30 consecutive days of active work with the Policyholder, but individuals cannot be eligible if covered under another Group Term Life Insurance policy underwritten by The Principal. Eligibility for Member Accidental Death and Dismemberment Insurance aligns with Member Life Insurance eligibility or when entering a class that provides such coverage. Dependent Life Insurance eligibility begins when a Member first acquires a Dependent or enters a class providing this insurance. The effective date for Member Life Insurance is contingent upon the Member being actively at work, with coverage commencing upon

their return under certain exceptions. Proof of Good Health is required for certain insurance requests, particularly if made more than 31 days after eligibility or if the Member has previously been denied coverage. Changes in Scheduled Benefits due to changes in insurance class or policy amendments will be effective based on the Member's active work status and whether Proof of Good Health is required. Members can request changes in benefits due to family status changes within 31 days, with similar effective date conditions applying.

The policy outlines various provisions regarding effective dates, coverage, and termination of Member and Dependent insurance. Changes requested by a Member will take effect on the date of the change, regardless of whether the Member is actively at work. If a change in Scheduled Benefits is due to a change in family status requiring Proof of Good Health, the effective date will be the later of the date the change would have taken effect without the proof or the date the proof is approved. Member Accidental Death and Dismemberment Insurance is contingent upon the Member being insured for Member Life Insurance, and any changes in Scheduled Benefits follow the same rules as Member Life Insurance. Dependent Life Insurance is only available for Dependents of Members who are insured for Member Life Insurance, and it will not be in force if the Member is not insured. If a Dependent spouse is in a Period of Limited Activity, any increase in Scheduled Benefits will not take effect until the period ends, although this requirement may be waived under certain conditions related to prior coverage. Coverage for a new Dependent is effective upon acquisition, provided The Principal is notified within 31 days. Member insurance terminates under various conditions, including termination of the Group Policy, non-payment of premiums, or if the Member ceases to meet eligibility criteria. Accidental Death and Dismemberment Insurance terminates if Member Life Insurance ceases, and Dependent Life Insurance terminates under similar conditions. The Principal may terminate coverage for fraud with a 31-day notice. Members or Dependents temporarily outside the U.S. may continue insurance for up to six months under specific circumstances, but coverage will terminate for other reasons. Continuation of insurance is available for Members who are sick, injured, on layoff, or on approved leave, with specific provisions for Family and Medical Leave Act

(FMLA) situations. Dependent Life Insurance for children may continue beyond the maximum age if they are incapable of self-support due to a disability, subject to proof of incapacity. Reinstatement of terminated insurance is possible under certain conditions, including returning to Active Work within six months or complying with FMLA provisions.

The policy outlines the rights and requirements for Members and Dependents regarding individual life insurance purchase options following the termination of group coverage. If a Member or Dependent does not complete 30 consecutive days of residence, their coverage will not be reinstated. Members can convert their group life insurance to an individual policy without needing to provide Proof of Good Health, provided they apply within 31 days of termination. The individual policy will only cover life insurance, excluding disability benefits, and premiums will be based on the Member's age and The Principal's standard rates. The maximum amount of insurance available for purchase varies based on the reason for termination, with specific limits outlined for different scenarios.

Dependents also have the right to purchase individual life insurance under similar conditions, including not needing to provide Proof of Good Health. The application process and effective date for the individual policy mirror those of the Member's policy, with specific maximums defined based on the circumstances of termination.

The policy details the benefits payable upon the Member's death, which will be the Scheduled Benefit in force at the time of death, minus any Accelerated Benefit payments. If a beneficiary is implicated in the Member's death, benefits may be withheld. The policy allows for the naming and changing of beneficiaries, with stipulations on how benefits are distributed if no beneficiary survives the Member. Payments will be made in a structured manner, including options for interest-bearing accounts or lump sums, depending on the circumstances.

Members may continue their life insurance coverage during periods of disability, provided they meet specific qualifications related to their disability status. The policy emphasizes the importance of timely application and adherence to the outlined procedures to ensure coverage and benefits are maintained. Conditions for members who are ADL Disabled or Totally Disabled require proof of disability, regular physician care, and submission to medical examinations. Coverage during disability becomes effective after specific timeframes, and premiums for certain insurances are waived during this period. If death occurs while coverage is active, the beneficiary will receive the life insurance benefit amount that would have been payable had the member remained insured. Coverage will terminate under various conditions, including the end of total disability, failure to provide required proof, or reaching age 70. Benefits are not payable for disabilities resulting from self-injury, war, or criminal activities.

The policy includes provisions for Accelerated Benefits for members who are terminally ill, requiring a minimum life insurance benefit and satisfactory proof of terminal illness. The Principal will pay a lump sum for the Accelerated Benefit, which will reduce the member's life insurance benefit upon death. A premium waiver period will commence upon payment of an Accelerated Benefit, during which no premiums will be charged, and coverage will not terminate due to the member's terminal illness.

For Accidental Death and Dismemberment Insurance, benefits are based on the member's class and are contingent upon meeting specific qualifications, including the nature of the injury and the timing of the loss. The Principal will pay a percentage of the scheduled benefit for various losses, including life, limb, and paralysis, with specific provisions for seat belt and airbag benefits in the event of an automobile accident. Total payments for losses from the same accident will not exceed the scheduled benefit, and certain conditions apply to the payment of benefits.

The Member Accidental Death and Dismemberment Insurance provides benefits for various covered

losses, including 100% for the total loss of speech and/or hearing, 50% for the loss