The United States Life Insurance Company provides a group term life insurance policy (Group policy no. G-610,200) to members of The State Bar of California, effective April 1, 2007. Premium payments are required from certificate holders, with the first premium due on the effective date and subsequent premiums due monthly on the first day of each month. The policy is governed by California law and outlines various benefits, eligibility criteria, and provisions. Members can select life insurance benefits ranging from $100,000 to $3,000,000 in increments of $25,000, while dependent children are covered for $1,000 (birth to 6 months) or $5,000 (6 months and older). Eligibility for coverage requires satisfactory evidence of insurability, being under age 70, and not residing in excluded jurisdictions. Coverage commences upon written request and payment of the required premium, contingent upon the member's ability to perform normal activities and the out-of-hospital requirement.

Life insurance benefits are payable upon the member's death, with payment options available in a lump sum or under a chosen option. If a member's insurance ends for reasons other than non-payment, they may convert to an individual policy without needing to provide evidence of insurability within a 31-day conversion period. If the member becomes totally disabled before age 60, their insurance can continue for one year without premium payment, provided they remain disabled and premiums are paid when due, with the possibility of extension upon proof of total disability. Dependent life insurance benefits are available for the member's unmarried children under age 21 or full-time students aged 21 to 25, with proof required for benefits to be paid in the event of a dependent's death. The policy includes provisions for conversion of insurance, limitations on agent authority, and conditions regarding incontestability, suicide, and misstatements. The policyholder must comply with all applicable laws, and the insurance is non-participating, meaning it does not pay dividends.

Coverage for dependents takes effect upon written request and payment of the required premium, with specific timelines based on when the request is received. If a dependent is hospitalized, coverage begins the day after discharge. Dependent insurance ends when the member's insurance ends, the policy changes to exclude dependents, the individual ceases to be a dependent, or the last premium period expires. Benefits are payable to the member or, if deceased, to the member's estate or surviving spouse/children. Dependent insurance can continue beyond age limits if the child is disabled, with proof required within 31 days of reaching the age limit. If a dependent's insurance ends, they may convert to an individual policy with a minimum coverage of $1,000.

The policy includes an accelerated benefit for terminally ill insured persons, allowing them to receive a portion of their life insurance, subject to a waiting period and proof of terminal illness. The maximum accelerated benefit is the lesser of 60% of the insured amount or $250,000, with a minimum of $10,000. Certain exclusions apply, such as if the insured has assigned their policy or if the terminal illness results from self-inflicted injury. Premiums are paid monthly in advance, with options for longer payment intervals, and the policy allows for changes in premium rates with prior notice. A grace period of 31 days is provided for late premium payments, after which coverage ends if payment is not made. The policy can be terminated by either the Policyholder or United States Life with 120 days' notice.

Reinstatement of the policy is possible upon completion of required forms and approval. The entire contract consists of the policy, the Certificate of Insurance, and the member's application. Statements in applications are representations, not warranties, and changes to the policy require written consent from the Policyholder. The policy includes provisions regarding contestability, suicide, and beneficiary designations, allowing members to change beneficiaries unless irrevocable. If no beneficiary is living at the time of the member's death, proceeds may be paid to the member's estate. The insurance policy outlines the beneficiaries entitled to benefits upon the insured's death, which include the spouse (if living), surviving children (equally, if the spouse is deceased), or surviving parents (equally, if all children are deceased). United States Life is not liable for payments after they are made. Certificates will be issued to the certificate holder, detailing the member's benefits and rights. In cases of misstatements regarding age, sex, or other data, the correct information will be used to determine insurance validity, with adjustments made to premiums and benefits accordingly. An individual may hold multiple certificates or policies for the same type of coverage, provided the total does not exceed $3,000,000; any excess will result in termination of coverage and a refund of the excess premium. The policyholder must maintain accurate records of membership data, which United States Life may examine at reasonable times. Clerical errors will not invalidate insurance but will lead to adjustments based on correct data. If there is no living beneficiary, United States Life may pay expenses incurred for the insured's last sickness or death, up to the legal maximum. Payments to minors or incompetent beneficiaries will be made to their guardians. United States Life reserves the right to order an autopsy at its expense, where permitted by law. Assignments must be in writing and recorded at the home office to be valid, and the policy is non-participating, meaning it does not pay dividends. The policyholder is not considered an agent of United States Life. New members may be insured under the policy's terms, and any conflicting provisions with applicable laws will be amended to meet legal requirements. Gender pronouns in the policy are interchangeable based on context.