

Appendix "D" ASSOCIATED MUTUAL

5800 Foremost Drive, Suite 207 ● Grand Rapids, Michigan 49546 ● (888) 808-0408

GROUP INSURANCE CERTIFICATE

Group Term Life Insurance Certificate For:

- ❖ Basic Term Insurance Including Accidental Death And Dismemberment And Seat Belt Coverage (\$5,000.00)

Associated Mutual

5800 Foremost Drive, Suite 207, Grand Rapids, Michigan 49546

Certifies that the holder of this Certificate, while entitled to insurance, is insured subject to all the terms and conditions contained in the Group Policy.

Certifies that for all purposes of this Certificate, the Insured will be referred to as "you" or "your", and Associated Mutual will be referred to as "Company", "we", "our" or "us".

Certifies the employee/member and his dependent(s), if any, whose name appears on the application/enrollment request and is recorded with the Company as being eligible for the coverage(s) requested and for which the required contribution and premium has been paid and all Policy provisions relating to eligibility and effective date of insurance has been fulfilled, is insured on the effective date set forth in the application/enrollment request in accordance with the Coverage Schedule(s) contained herein, provided the employee is then actively at work, otherwise on the date the employee returns to work.

THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY. It does not form a part of the Policy, nor does it amend, extend or alter the coverage provided by the Policy. In case of a dispute, you should refer to the language contained in the Policy.

IF YOU SHOULD CEASE ACTIVE WORK FOR ANY REASON, please consult your Employer immediately to determine what arrangements may be made to continue your insurance benefits.

John Jacobitz
President

Mott Community College
Group Life Insurance Certificate

- Term Life
- Nonparticipating

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SCHEDULE OF BENEFITS

Mott Community College

Effective: July 1, 2009

BASIC TERM LIFE INSURANCE & ACCIDENTAL DEATH AND DISMEMBERMENT AND SEAT BELT COVERAGE

BASIC TERM LIFE INSURANCE: Provides a **\$5,000 Term Life Insurance** benefit in the event of your death.

ACCIDENTAL DEATH AND DISMEMBERMENT: Provides up to an additional \$5,000 benefit if you sustain any of the losses listed in the Table of Losses.

SEAT BELT COVERAGE: Provides an additional \$5,000 benefit if you sustain an Injury caused by automobile accident which results in loss of life and you were wearing a seat belt or lap and shoulder restraint.

RETIREMENT - All benefits will terminate at retirement.

CONTRIBUTIONS – Contributions have been graduated by age so each Member will pay his fair share. Thus, younger Members are not subsidizing older Members and the cost is equitably distributed for all Members participating in this benefit option. Contributions may increase at certain age intervals and these changes are updated each year on May 1.

SCHEDULE OF BENEFITS

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DEFINITIONS

Actively At Work and Active Work - you must be actually working for your Employer:

- (a) Performing as a Full-Time Employee, all of the normal duties of your job;
- (b) At your Employer's usual place of business; and
- (c) In the normal course of your Employer's business.

Application - The Policyholder's written Application for insurance under the Policy.

Beneficiary (ies) - a person or entity named by you, in a form and manner approved by us, to receive benefits for your loss of life.

Benefit Administrator – Benefit Plan Administrators, 5800 Foremost Drive Suite 207, Grand Rapids, MI 49546.

Contribution - money paid by you for coverage under the Policy.

Contributory - insurance for which you are required to pay all or part of the Premium.

Coverage Date - the date your insurance becomes effective.

Date of Eligibility - the date you become eligible for insurance under the Policy.

Effective Date - the date the Policy became effective.

Eligible Employee - a person who:

- (a) Is a member of the eligible class as stated in your Employer's Participation Agreement;
- (b) is within the requirements shown in the Application;
- (c) Has satisfied any Service Requirement shown in your Employer's Participation Agreement; and
- (d) Is Actively At Work on his Coverage Date.

An Independent Contractor is not an Eligible Employee.

Employer - a participating employer in the Consolidated Benefit Trust (CBT) through which the Policyholder makes insurance, under the Policy, available.

Employer's Anniversary Date - one year following your Employer's Coverage Date and each succeeding year your Employer's insurance under the Policy remains in force.

Employer's Coverage Date - the date the insurance applied for by your Employer becomes effective.

Employer's Premium - the total amount of money paid by your Employer to the Policyholder for this insurance. This includes any Contribution made by you.

Evidence of Insurability - any medical or other information required by us, to determine that a proposed insured is acceptable for insurance. When evidence of insurability is required, it shall be at no cost to us.

Full-Time Employee - an active permanent employee whose principal employment is with your Employer, at your Employer's usual place of business or such place(s) that your Employer's normal course of business may require, who is working at least the greater of: (a) the minimum number of hours per week that your Employer stated on the Participating Agreement as the normal work week; or (b) 20 hours per week.

He, His, and Him - refers to both genders.

Home Office - Associated Mutual's office located at 5800 Foremost Drive, Suite 207., Grand Rapids, Michigan 49546.

Insured - an employee of your Employer who is insured under the Policy.

Noncontributory - insurance for which you are not required to pay any of the Premiums.

Physician - a licensed practitioner, practicing within the scope of his license. A Physician must be someone other than you or your family member.

Policy - the Policy on which the provisions of this Certificate are based.

Policy Anniversary - the same month and day as the Effective Date for each succeeding year the Policy remains in force or any other date upon which we and the Policyholder have agreed.

Policyholder – Consolidated Benefit Trust Fund.

Premium - the total amount of money paid by the Policyholder, to us, for this insurance.

Service Requirement - a period stated in your Employer's Participation Agreement which immediately follows the employment date and during which time a person in an eligible class has to wait before becoming eligible for insurance.

Trust - the Consolidated Benefit Trust.

GENERAL PROVISIONS

ELIGIBILITY: The Application and your Employer's Participation Agreement state the eligibility requirements including:

- (a) Classification;

- (b) Actively At Work;
- (c) Service Requirement;
- (d) Evidence of Insurability, where applicable; and
- (e) Date of Eligibility.

If you have converted any part of your insurance under the Policy because you ceased being eligible and you again become an eligible person your eligibility will be deferred until you submit Evidence of Insurability satisfactory to us.

YOUR COVERAGE DATE

- (a) If insurance is Noncontributory, the Coverage Date will be the Date of Eligibility.
- (b) If insurance is Contributory, the Coverage Date will be:
 - (i) the date a person becomes eligible, provided that person both applies for insurance on or before the Date of Eligibility and agrees to pay the required Contribution; or
 - (ii) The date of request for insurance, if a person's request is made within the 31 day period after the Date of Eligibility and he agrees to pay the required Contribution.

A request for insurance or an increase in insurance may be made by a person more than 31 days after the Date of Eligibility or a request may be made after insurance lapses due to failure to pay the required Contribution when due. In these cases, the requesting person must:

- (i) Furnish Evidence of Insurability acceptable to us; and
 - (ii) Agree to pay the required Contribution.
- (c) The following apply to both Noncontributory and Contributory insurance:
 - (i) When Evidence of Insurability is required, the Coverage Date will be the first day of the month following the date we determine Evidence of Insurability to be acceptable.
 - (ii) If a person is not actively at Work, due to Injury, Illness, or Leave of Absence, on the day prior to the date when he would otherwise become insured, his Coverage Date will be the date of his return to Active Work for one day.
 - (iii) A person will be deemed actively at Work on each day of paid vacation or scheduled day off on which he is not actively at Work for reasons other than Illness, Injury, or Leave of Absence if he was Actively at Work on his last scheduled working day.
 - (iv) All requests for insurance are subject to our approval and must be made to the Benefit Administrator in writing on a form furnished by us.

CHANGES IN AMOUNT OF INSURANCE: A change or an increase in the amount of insurance shall become effective on the 1st of the month following the date the Company approves the application for coverage if:

- (a) You are Actively at Work;
- (b) You make the required Contribution, if any, toward the Premium payment;
- (c) You should submit Evidence of Insurability, satisfactory to us, when required.

If you are not actively at Work due to Illness, Injury, or Leave of Absence on the day you would otherwise be eligible for the change, the change shall become effective on the day you are Actively at Work for one day.

Your insurance may be reduced upon certain conditions. The Schedule of Benefits shows the conditions at which these reductions, if any, will occur. Any benefit reductions will be effective as shown in the Schedule of Benefits.

TERMINATION: Subject to the provision entitled, "Waiver of Premium in the Event of Total Disability," if applicable, your insurance shall cease on the earliest of the following dates:

- (a) The date the Policy ends or the date your Employer terminates his participation or is no longer

- permitted to participate in the Trust;
- (b) If insurance is Contributory and you fail to make the required Contribution, the insurance shall terminate at the end of the period for which the Contribution has been made;
- (c) If the Policyholder fails to pay the Premium the insurance shall terminate at the end of the period for which Premium has been paid;
- (d) If your Employer fails to pay your Employer's Premium the insurance shall terminate at the end of the period for which Employer's Premium has been paid;
- (e) Upon termination of your membership in the class or classes eligible for insurance;
- (f) The last day of the insurance month during which your employment with your Employer ends. For purposes of the Policy, your employment will end when you are no longer actively at Work for your Employer; or
- (g) Upon entry into military service, except temporary duty of less than 30 days.

CONTINUATION OF INSURANCE: Insurance may be continued for you if employment has ceased due to the following change in employee status:

Reason for Cessation	Continuation Period
Leave of Absence	Six Months
Layoff	One Month
Illness, Injury	Twelve Months
Strike, Lockout, or Another Labor Dispute (see paragraph below)	Six Months

The amount continued will be your amount in force on your last day of Active Work, except that this amount is subject to the reduction and termination statements in the Schedule of Benefits. The Premium must be continued to be paid for you in order for such coverage to remain in force. In no event, however, will continuation of coverage extend beyond the earlier of:

- (a) The end of the periods specified in the table above; or
- (b) The date the Policyholder gives us written notice to cancel such coverage;
- (c) The date the Policy terminates; or
- (d) The date of your retirement.

To preclude individual selection, your Employer must apply this provision to all Insured's in a uniform and non-discriminatory manner. The Employer must provide written notice of your change in status to us:

- (a) At our Home Office; and
- (b) Within thirty-one days of such change.

The continuation period will begin on the date of change in employee status. Failure to report a change in status from Actively at Work to one of the situations under "Reason for Cessation" will result in the following:

- (a) This continuation provision will not take effect; payment of Premium for this continuation period will not cause your coverage to continue; and
- (b) Your life insurance will terminate.

You must pay your Employer's Premium for coverage directly to your Employer as it becomes due whenever your compensation is suspended or terminated, directly or indirectly, as a result of: (a) a strike; or (b) a lockout; or (c) another labor dispute. A minimum of seventy-five percent of the eligible Insured's must continue premium payment during this period.

For this "Continuation of Coverage" provision:

- (a) The rates in force will be used in the calculation of premium; and
- (b) Coverage will be provided as stated in this continuation provision; which includes your rights under the Conversion provision.

BENEFIT PROVISIONS

PAYMENT OF BENEFIT: The amount of insurance as shown in the Schedule of Benefits will be paid upon receipt of due proof of your death while your insurance is in force.

OPTIONAL METHODS OF SETTLEMENT: The benefit will normally be made in one lump sum. However, you may choose to have the benefit paid in any other way approved by us. If you have not made an election for payment other than in a lump sum, the Beneficiary may elect the benefit to be paid in any other way approved by us.

WAIVER OF PREMIUM IN THE EVENT OF TOTAL DISABILITY: Your amount of life insurance determined in accordance with the Policy and Schedule of Benefits will be continued without payment of your Employer's Premium for you for one year from the date proof satisfactory to us has been received within the time specified below, that you are totally disabled and meet the Policy's requirements to receive this benefit. Satisfactory proof is a finding that:

- (a) Your disability has resulted from Injury or Illness;
- (b) Such disability has resulted in your complete inability to engage, for wage or profit, in any employment or occupation for which you are reasonably suited by education, training or experience;
- (c) Such disability began prior to your sixtieth birthday and while insurance is in force; and
- (d) Your total disability has existed continuously for at least six months prior to furnishing such proof to us.

The proof must be furnished to us between the 6th and 12th month after the date the total disability began. If notice of your total disability cannot be given within these times it must be given:

- (a) as soon as is reasonably possible; and
- (b) Within three months after the time it is otherwise required.

Life Insurance will be continued for you without payment of Premium for additional periods of one year if:

- (a) You remain totally disabled; and
- (b) Proof of continuation of such total disability is furnished to us during the last three months of each subsequent twelve month period after the first. If notice of your continued total disability cannot be given within this time, it must be given
 - (i) as soon as is reasonably possible; and
 - (ii) Within three months after the time it is otherwise required.

If you die within one year of the start of total disability, we will pay the life insurance benefit if proof is provided to us of: (a) your continued total disability from the day total disability began; and (b) your death. We will not be liable for the life insurance benefit, unless required proof is received within twelve months after the date of death.

The amount of life insurance extended is the lesser of:

- (a) The amount shown in the Schedule of Benefits; or
- (b) The amount in force on the last day of Active Work.

The amount in force will be subject to any reductions as they would otherwise occur.

These provisions apply if they are in effect on the last day of Active Work:

- (a) Reduction provisions;
- (b) Termination provisions; and
- (c) Retirement provisions.

Insurance under the Waiver of Premium benefit will end on the earliest of:

- (a) The date you are no longer totally disabled; or
- (b) The date you fail to submit to any required medical exam; or

- (c) The date you fail to submit required proof of continuation of total disability; or
- (d) The date you become entitled to receive income under any Employer or Policyholder sponsored retirement or pension plan - unless retiree coverage is provided; or
- (e) The date you become entitled to receive: (i) early or normal Social Security Retirement Benefits; or (ii) any other form of government subsidized retirement benefit; or
- (f) The date you engage in any occupation or perform any work for wage or profit; or
- (g) The date benefits are terminated as shown in the Schedule of Benefits with respect to benefit reductions, the date benefits are reduced as shown in the Schedule of Benefits.

If Survivor Income Insurance coverage is in effect, the above Waiver of Premium in the Event of Total Disability will additionally apply to the Survivor Income Insurance coverage. All requirements of the Waiver of Premium in the Event of Total Disability provision will apply to Survivor Income Insurance coverage exactly as they do for Life Insurance coverage.

CONVERSION PRIVILEGE: If your life insurance ends due to the end of employment, retirement, or reduction of benefits as shown in the Schedule of Benefits, you shall be entitled to an individual policy of life insurance. The policy will be issued by us without Evidence of Insurability. You must provide a written request for conversion and pay the required premium on the individual policy within 31 days of termination.

The individual policy shall, at your option, be on any one of the forms, except term insurance, then normally issued by us at the age and amount applied for. The individual policy will be issued without auxiliary benefits (e.g., Waiver of Premium, Accidental Death and Dismemberment and Seat Belt Benefits). At your option, such policy shall be in an amount not in excess of the amount of life insurance which ends under the Policy, less the amount of any life insurance for which you become eligible under the same or any other policy within 31 days after such termination.

The premium for such policy will be our conversion rate then in effect for:

- (a) The form and amount of the policy;
- (b) The class of risk to which the individual then belongs; and
- (c) The individual's attained age on the effective date of the policy.

If your life insurance ends due to the end of membership in an eligible class or because the Policy ends or your Employer's participation ends or the Policy is amended to end life insurance benefits, and you have been insured hereunder for at least five years, you shall be entitled to convert to an individual policy of life insurance. The individual policy will be issued without auxiliary benefits. It shall be subject to the same conditions and limits as are provided above, except that the amount of such insurance shall not exceed the smaller of:

- (a) The amount of life insurance ceasing because of:
 - (i) The end of membership in an eligible class; or
 - (ii) Termination or amendment of the Policy; or
 - (iii) the end of your Employer's participation in the Policy; less the amount of any life insurance for which he is, or becomes, eligible for under any Policy which replaces, within 31 days, the insurance ending under the Policy; or
- (b) \$10,000.

If you die during the 31 day period following the termination of insurance, we will pay the maximum amount of life insurance for which an individual policy could have been issued.

If you become entitled to have an individual policy issued to you in accordance with the terms of this provision, and if you are not given notice of the existence of such right at least 15 days prior to the expiration date of such period, then in such event the individual shall have an additional period within which to exercise such right, but nothing contained herein shall be construed to continue any insurance beyond the period provided in such Policy. This additional period shall expire 15 days after the individual is given such notice, but in no event shall such additional period extend beyond the sixty days after the expiration date of the period provided in such Policy. Written notice given to you or mailed by your

Employer or Policyholder to your last known address or mailed by us to your last known address as furnished by the Policyholder shall constitute notice for the purpose of this provision.

If a policy is issued under this provision, it shall be in lieu of any benefit provided by the Waiver of Premium provision of the Policy. If, however, it can be shown within 12 months of termination of employment, that you were totally disabled when your insurance ceased and that your insurance would have been in force under the Waiver of Premium provision of the Policy at the date proof was furnished (or the date of death, as the case may be), the individual policy may be returned for refund of premium. Coverage will be continued under the Waiver of Premium provision of the Policy as though an individual policy has not been issued.

If Survivor Income Insurance coverage is in effect, the amount of life insurance which may be converted under the above Conversion Privilege will include the amount payable under the Supplementary Rider Providing Survivor Income Insurance Benefits. All other provisions of the Conversion Privilege will apply exactly as they apply to the Life Insurance coverage without Survivor Income Insurance Benefits.

STANDARD PROVISIONS

BENEFICIARY: Benefits for loss of life will be paid to the Beneficiary named by you.

You may name a Beneficiary or may change a formerly named Beneficiary by filing a properly completed request with us. The request must be on a form and in a manner approved by us. A Beneficiary designation or change request shall take effect when made, whether or not you are living at the time it is received by us. Any benefit payment made by us in accordance with the Policy, but before receipt of notice of a Beneficiary designation or change will fully discharge our obligation for payment.

If two or more persons become entitled to benefits as Beneficiaries, and if you did not state otherwise, they shall share equally. If any such Beneficiary does not survive you, that share will pass to the surviving Beneficiary; or

If no Beneficiary is named or if the named Beneficiary does not survive you, then the benefits will be paid in the following order:

- (a) To your spouse, if living; or
- (b) To your then living children, equally; or
- (c) To your surviving parents equally; or
- (d) To your surviving brother(s) and sister(s) equally; or
- (e) To your estate.

In the event the named Beneficiary is not living at the time of your death, we may pay an amount not to exceed Two Thousand dollars to any person who appears to us to be equitably entitled thereto by reason of having incurred funeral or other expenses incident to your last illness or death.

If the Beneficiary is incapable of giving a valid release for payment, we shall have the option, and until claim is made by a duly named guardian of such Beneficiary, of paying the benefit in an amount not greater than Two Thousand Dollars to the party who appears to have assumed care and support of such Beneficiary.

Any payment made under this Provision will completely discharge us from further obligation for the amount paid.

ASSIGNMENT: An absolute assignment by you of all incidents of ownership of your life insurance will be permitted. Any such assignment will only take effect for us on the date it is received and approved at our Home Office. We assume no liability for the validity of any assignment. Collateral assignments, by whatever name called, will not be permitted.

INCONTESTABILITY: In the absence of fraud, all statements made by the Policyholder, Employer, or you

will be deemed representations and not warranties. No such representation will void the insurance or be used to deny a claim unless a copy of the instrument containing such representation is or has been furnished to you, your personal representative or your Beneficiary.

The validity of the policy will not be contested, except for nonpayment of Premium, after the Policy has been in force for two consecutive years from its Effective Date. The validity of the insurance provided under the Policy will not be contested, except for non-payment of your Employer's Premium, after your Employer's insurance under the Policy has been in force for two consecutive years from your Employer's Coverage Date. No statement made by you will be used to contest the validity of the insurance with respect to the statement which was made, after such insurance has been in force for two consecutive years during your lifetime nor unless it is contained in a written application signed by you.

NEW EMPLOYEES: To the group or class thereof originally insured, shall be added from time to time all new employees of the employer eligible for insurance in such group or class.

CHANGES: The Policy may be amended or changed at any time by written agreement between the Policyholder and us. Only an officer of Associated Mutual may change, amend, alter or waive in any manner the provisions of the Policy, and then only in writing and signed by the officer.

MISSTATEMENT OF AGE, SEX OR CLASS: If your age, sex or class has been misstated, the Premium may be adjusted. If the amount of insurance would be affected by such misstatements, it will be changed to the amount you would have had at the corrected age, sex or class.

ACTION AGAINST COMPANY: No lawsuit or action may be brought to recover on this Policy within 60 days after written proof of loss has been given. No lawsuit or action may be brought after 3 years from the time written proof of loss is required to be given. NOTE: The time in which it takes the Company to evaluate your claim, process your claim, and possibly deny your claim is excluded from the overall time in which you may bring suit against the Company.

TRUST: We will rely on the signature of the trustee(s) or representatives named to act on behalf of the Trust. The trust agreement and Employer Participation Agreement shall not operate to waive or alter this Policy.

TERMS OF POLICY CONFORMED TO STATUTE: If any part of the Policy is contrary to the laws of the state in which it is issued, that part is hereby amended to conform to the minimum requirements of such laws.

CLAIM APPEAL & GRIEVANCE PROCEDURE: Associated Mutual has a Customer Service Program that provides information to the Members insured by the CBT Plans, handles complaints, and helps satisfy Member concerns. If an Insured has a complaint, the Insured may contact Associated Mutual's Customer Service Department to discuss their complaint and/or concern. If this is not successful, the Insured has the right to proceed with the Grievance Procedure. The Grievance Procedure is intended to provide an opportunity for the Insured to achieve mutual agreement for settlement of disputes that have not been settled through our Customer Service Program, or that the Insured may desire to have settled by means of a written Grievance.

Any written Grievance between the Insured and the Company must be addressed through the Grievance Procedure that is outlined as follows:

If an Insured's claim is denied in whole or in part, the Insured will receive written notification of it. Should the Insured disagree with the denial, the Insured may request a review by filing a written inquiry to the Corporate Secretary of Associated Mutual along with any supporting documentation. The telephone number for receiving complaints is (888) 808-0408. The Corporate Secretary assures each complainant will receive a full investigation by the Company.

The Corporate Secretary, or his/her designee, will notify an Insured member within 24 hours after receipt of a complaint that the complaint will be fully investigated by the Company.

A final determination will be provided in writing to the Insured member no later than 35 calendar days after receipt of a formal complaint. All responses shall state specific reasons for the decision and references to the Policy's provisions that were applicable to the final determination of the claim reviewed.

When an adverse determination is made on a complaint filed by an Insured member, a written statement containing the reasons for the adverse determination will be promptly provided to the Insured. In the event the Insured contests the adverse determination, the Corporate Secretary shall provide written notification of the grievance procedures to the Insured Member. The Insured Member shall have the right to appear before the Grievance Committee of the Board of Trustees to present their grievance. The Insured Member shall also have the right to a managerial level conference in lieu of meeting with the Grievance Committee.

An Expedited Grievance exists if a grievance is submitted and a physician, orally or in writing, substantiates that the normal time frame for reaching determination would seriously jeopardize the life and/or health of the Insured Member or would jeopardize the insured's ability to regain maximum function. In those cases, the Company will make a determination no later than 72 hours after receipt of the Expedited Grievance. Within ten days after receipt of the determination, the Insured Member or a person, including, but not limited to, a physician, authorized in writing to act on behalf of the insured, may request a determination of the matter by an independent review organization under Public Act 251 of 2000. If the initial or final determination by the Company is made orally, the Company shall provide a written confirmation to the Insured Member no later than two business days after the oral determination.

The Corporate Secretary of Associated Mutual shall provide prompt notification to the Insured Member the results of the Company's investigation and shall advise the Insured Member that he or she has the additional right to request a review of the grievance by an independent review organization under Public Act 251 of 2000.

MTLPUBLIC0209

Group Certificate Rider

Associated Mutual

5800 Foremost Drive, Suite 207
Grand Rapids, Michigan 49546
(888) 808-0408

Supplementary Rider Providing Benefits for Accidental Death, Dismemberment and Loss of Sight

DEFINITIONS.

Automobile - a four-wheel passenger car (including Employer-owned cars), station wagon, jeep, pick-up truck or van-type car.

Controlled Substance - defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and all amendments.

Dependent - shall mean (a) your spouse while not divorced or legally separated from the you; (b) your divorced or otherwise legally separated spouse if you are compelled by an order, ruling or other form of decision of a court of competent jurisdiction to provide life insurance benefits for such spouse; (c) your unmarried children including stepchildren and legally adopted children, who can be declared as dependents on your federal income tax return under the Internal Revenue Code of the United States, from live birth until the end of the calendar year such child attains the age 25; (d) any other children residing with and being supported by you pursuant to an order, ruling or other form of decision of a court or competent jurisdiction, from live birth until the end of the calendar year such child attains age 25; except the term dependent includes your unmarried child who has attained the limiting age while the child is:

- (a) mentally or physically incapable of earning his own living, and proof of that incapacity is furnished to us within 120 days of the date his insurance would have ended due to age; and

- (b) Considered a dependent for federal income tax purposes; and
- (c) Insured on the date immediately preceding the day his insurance would have ended due to age.

The term Dependent shall not include your Dependent if said Dependent is an Insured under the Policy.

Intoxication, Impaired, and Under the Influence of Drugs - is as defined by the jurisdiction in which the accident occurs, with or without a conviction.

Seat Belt - those belts that form an occupant restraint system, including infant and child restraint systems when properly used with a seat belt.

BENEFITS: Benefits will be paid if you or your Dependent sustains any of the losses listed in the Table of Losses while insured under the Rider. These losses must be the result of bodily injury caused solely by accident and independent of all other causes. The losses must occur within 90 days of the date of the accident.

TABLE OF LOSSES

For the loss of:	The Amount of Payment will be:
Life	THE
Both hands or both feet	MAXIMUM
Sight of both eyes	BENEFIT
One hand and one foot	
One hand and the sight of one eye	
One foot and sight of one eye	
One hand	ONE-HALF THE
One foot	MAXIMUM
Sight of one eye	BENEFIT
Speech or Hearing	
Thumb and index	ONE-FOURTH THE
Finger of either hand	MAXIMUM BENEFIT

With respect to hands or feet, **loss** means actual severance at or above wrist or ankle joints; with respect to eyes, permanent and total loss of sight; with respect to thumb and index finger, actual severance of entire digit at or above joints.

The amount of payment will be determined by the Benefit shown for this coverage in the Schedule of Benefits. The Maximum Benefit will be paid only once for any accident, no matter how many of the above listed losses occur as a result of that accident.

SEAT BELT BENEFIT: We will pay an additional benefit, as stated in the Schedule of Benefits, if you or your Dependent suffers loss of life as a result of a covered accident which occurs while driving or riding in an automobile, if:

- (a) The Automobile is equipped with Seat Belts;
- (b) The Seat Belt was in actual use properly fastened at the time of the accident;
- (c) The position of the Seat Belt is certified:
 - (i) In the official report of the accident; or
 - (ii) By the investigating officer; and
- (d) You or your Dependent were driving or riding in an Automobile driven by a licensed driver who, at the time of the accident, was not: a) Intoxicated; b) driving while impaired; nor c) Under the Influence of Drugs, unless taken as prescribed by a Physician.

EXCLUSIONS

The benefits, provided by the Rider will not be paid if the loss results from any of the following:

- (a) Intentionally self-inflicted injury, suicide or suicide attempt or any attempt to injure oneself while sane or insane; or
- (b) Travel, flight in, or descent from any kind of aircraft unless solely as a fare paying passenger:
 - (i) Of a regularly scheduled commercial airline; and
 - (ii) Without any duties, as an employee or otherwise, with such airline; or
- (c) Any war or act of war declared or undeclared; or
- (d) Military service; or
- (e) The committing of, or attempt to commit, an assault or felony or being engaged in an illegal occupation; or
- (f) Voluntary: (i) use of any Controlled Substance, unless the Controlled Substance is prescribed for you or your covered Dependent by a Physician; or (ii) use of poison; or (iii) use of any intoxicant; or (iv) inhalation of gas; or
- (g) Illness (except from accidental ingestion of contaminated foods) other than infection caused from any injury covered under this coverage.

FURTHER PROVISIONS

APPLICABILITY: The Accidental Death and Dismemberment Rider is not a contract of insurance. It merely describes the insurance provided under the Policy issued to Associated Mutual. In case of a dispute, you should refer to the language contained in the Policy under Claim Appeal and Grievance Procedure.

PAYMENT OF CLAIM: Payment for loss of life will be made in accordance with the Beneficiary provision in the Policy. All other benefits are payable to you. Benefits will be paid upon receipt of due proof of loss.

NOTICE AND PROOF OF CLAIM: Written notice of claim must be given to us within 20 day of loss. When we receive notice of claim, forms for filing proof of claim will be furnished. If these forms are not furnished within 15 days from the time notice is received by us, you will have met the proof of loss requirement if written proof of loss is submitted within the time required.

Written proof of claim must be given to us within 90 days after loss. If proof of claim is not given within 90 days, the claim will not be denied or reduced if, that proof was given as soon as reasonably possible, and in no event, later than twelve (12) months from the date of death or loss. Proof as used in this paragraph means proof satisfactory to us.

ACTION AGAINST THE COMPANY: No lawsuit or action may be brought to recover on this Rider within 60 days after written proof of loss has been given. No lawsuit or action may be brought after three years from the time written proof of loss is required to be given.

EXAMINATION: We, at our own expense, will have the right to have a Physician we designate examine you or your covered Dependent as often as we may require whenever your or your covered Dependent's loss is the basis of claim.

FURTHER PROVISIONS

This Rider is attached to your Group Certificate. The Effective Date of the Rider is the Effective Date of the Policy, unless another date is shown herein.