

**THE SCHOOL BOARD OF
NASSAU COUNTY, FLORIDA**

**Life and Accidental Death and Dismemberment
Insurance Benefits**

Trustmark
LIFE INSURANCE COMPANY

TRUSTMARK LIFE INSURANCE COMPANY
400 Field Drive
Lake Forest, Illinois 60045
(847) 615-1500
(Herein We, Us, and Our)

Policyholder: THE SCHOOL BOARD OF NASSAU COUNTY, FLORIDA
Policyholder Effective Date: October 1, 2000
Certificate Effective Date: October 1, 2010
Group ID: EO077

This Booklet is Your Individual Certificate of Insurance (Certificate) while You are insured. It briefly explains the rights and benefits that are determined by the Master Policy (Policy). The Policy is a contract between the Policyholder and Us.

The Policy alone constitutes the agreement under which payments are made. We will pay the benefits set forth in the Policy. Benefit payment is governed by all the terms, conditions and limitations of the Policy. The Policy may be amended at any time without Your consent or notice to You. Any such amendment will not affect any charge Incurred before the amendment takes effect.

The Policy may be inspected at Our office by any Policyholder, Covered Person or beneficiary during regular business hours.

To present inquiries or obtain information about Your coverage, or for assistance in resolving a complaint, call Us at the telephone number stated above.

This Certificate was issued on the basis that the information on Your Employee enrollment form was correct and complete. **If any of the information on the enrollment form was not correct or complete, write to Us within 10 days of receipt of this Certificate. An error or omission may result in loss of coverage as of its effective date.**

We may change the premium rates on any premium due date after the Policy's then current rates have been in effect for 12 consecutive months.

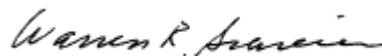
This Certificate automatically supersedes any other Certificate We previously issued to You.

Please read this Certificate carefully.

TRUSTMARK LIFE INSURANCE COMPANY



David McDonough
Chief Executive Officer



Warren R. Schreier
Secretary

TCFLTLCV40000

TXX/C

**TRUSTMARK INSURANCE COMPANY
TRUSTMARK LIFE INSURANCE COMPANY
(We, Us, Our)
NOTICE OF PRIVACY PRACTICES**
Effective date of this notice: March 15, 2013

Our Commitment to Protecting Your Privacy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

You do not need to respond to this notice in any way.

Our Responsibilities and Privacy Commitment

We understand the importance of protecting your private information. Our highest priority is to maintain your trust and confidence. We will maintain our commitment to safeguarding your information now and in the future.

We are required by law to:

- Maintain the privacy of your personal information.
- Provide you with certain rights with respect to your personal information.
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your personal information.
- Follow the terms of the Notice that is currently in effect.

We are guided by our respect for the confidentiality of your personal information. We are providing you with this notice in accordance with privacy laws and because we want you to know that we value your privacy.

Information We Collect

Personal Information is any information we obtain about you in the course of issuing insurance and/or providing services. The information we may obtain includes, but is not limited to, your past, present, or future physical or mental health or condition, the provision of health care to you, payment for the provision of health care to you, your Social Security number, employment history, credit history, income information, and bank or credit card information.

We obtain this information from several sources, including but not limited to applications or other forms you complete, your business dealings with us and other companies, and consumer reporting agencies.

Our Privacy and Security Procedures

Our employees who have access to this information are those who must have it to provide products or services to you. Below are some examples of our guidelines for protecting information.

- Paper copies, when used, are viewed, discussed, and retained in private surroundings.
- Individuals viewing information stored in a computer must have passwords to gain access. Passwords are provided only to individuals who must have access to provide products or services to our insureds.
- Our business associates use information only for the purpose provided. Business associates sign a contract agreeing to follow our privacy procedures.

Information We Disclose

We will not disclose any Personal Information about you, except as allowed by law, including the Fair Credit Reporting Act. We may share all of the information we collect with insurance companies, agents, companies that help us to conduct our insurance business, companies that are self-insured, or others as permitted by law. Below are examples of the times we may share information for business purposes.

- Underwriting (but not Personal Information that consists of the genetic information of an individual);
- Premium rating;
- Submitting claims;
- Reinsuring risk;
- Assessing quality;
- Business management and planning; and
- Sales, transfer, merger or consolidation of the business.

Your information may also be shared:

- For purposes of treatment, payment, and operations, including assessment of eligibility, case management activities, coordination of care, collection of premium, payment of benefits, and other claims administration.
- With a regulatory, law enforcement, or other government authority as required by law. This may include finding or preventing criminal activity, fraud, material misrepresentation or material nondisclosures in connection with an insurance issue.
- In response to an administrative or judicial order, including a search warrant or subpoena.
- With a medical care institution or professional, to verify coverage, conduct an audit of their activities, discuss a medical problem of which the insured may not be aware, discuss drug and disease management approaches, and other purposes permitted or required by law.
- To conduct actuarial or research studies. In this case, individuals are not identified in the research report. Material identifying an individual is destroyed as soon as it is no longer needed.
- With our business associates for use in auditing services or operations, auditing marketing services, performing various functions on our behalf, or to provide certain services.
- With a group policyholder for reporting claims experience, or for conducting an audit of our operations or services.
- To consult with outside health care providers, consultants and attorneys, and other health related services.
- As otherwise permitted or required by law.

We require those with whom we share information to implement appropriate safeguards regarding your Personal Information, as they are also governed by the federal privacy and security law. We share only that which is minimally necessary to accomplish a task. Information that we get from a report made by a company that assists us to conduct insurance business may be retained by that company and used for other purposes. We are prohibited from using or disclosing Personal Information that is genetic information of an individual for underwriting purposes.

Your written authorization is required for uses and disclosures of Personal Information for purposes other than those described above. We will not sell your Personal Information without obtaining your written authorization to do so. If you provide us authorization to use or disclose your Personal Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information for the specific purpose contained in the authorization. We are required to retain any records we may have containing your Personal Information for the periods specified in document retention laws. If you revoke your authorization for payment or health care operations, you may jeopardize the administration of the benefits under your health plan.

Your Rights

Upon written request, you have the right to:

- Inspect and copy certain Personal Information. We may charge a reasonable fee for the costs of copying or mailing.
- Receive confidential communication of Personal Information.
- Receive an electronic copy of your Personal Information when it is maintained electronically.
- Request restrictions on certain uses and disclosures of your Personal Information, although we are not required to agree to a requested restriction.

- Request an amendment to your Personal Information, although we are not required to agree to an amendment.
- Receive an accounting of impermissible Personal Information disclosures or disclosures made in compliance with federal law (or state regulations, if applicable) for which an accounting is required.
- Be notified of a breach of unsecured Personal Information.

We will respond to your request in a timely manner. The written request must reasonably describe the information. The information requested must be reasonably locatable and retrievable.

How to File a Complaint Regarding the Use and Disclosure of Personal Information

If you believe your privacy rights have been violated, you may file a complaint with us, your respective state insurance department, or with the Secretary of Health and Human Services. All complaints must be in writing.

You may not be retaliated against for filing a complaint.

How to Contact Us

You may contact our representative at the following address:

Privacy Officer
Privacy Request
Trustmark Companies
PO Box 7961
Lake Forest, IL 60045-7961

Email – privacysecurityoffice@trustmarkins.com

Notification of a revised privacy notice will be provided through one of the following:

- U.S. Postal Service
- Revised Plan Document
- Internet E-mail.

Any right a consumer, claimant, or beneficiary may have under this notice is not limited by any other privacy notice used by Trustmark Mutual Holding Company or its subsidiaries and affiliates.

PRIV2013

CERTIFICATE TABLE OF CONTENTS

The sections of this Certificate appear in the order shown below.

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TCFLTC00400

SCHEDULE OF BENEFITS

LIFE

A001- All Eligible Persons

OPTIONAL LIFE

A001- All Eligible Persons

NOTE

- The Optional Life Benefit you select, enroll, have coverage for and for which premiums are remitted to Us are shown on the enrollment application you completed and which is maintained on file with your Employer, or Us.

ACCIDENTAL DEATH AND DISMEMBERMENT

A001- All Eligible Persons

OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT

A001- All Eligible Persons

NOTE

- The Optional Accidental Death and Dismemberment Benefit you select, enroll, have coverage for and for which premiums are remitted to Us are shown on the enrollment application you completed and which is maintained on file with your Employer, or Us.

The Benefits for the Insurance Classes are as follows:

LIFE BENEFIT SECTION

CLASS A001

\$30,000

OPTIONAL LIFE BENEFIT SECTION

CLASS A001

\$1,000 increments, not to exceed a person's maximum contract amount to a combined Basic and Optional maximum benefit of \$125,000

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT SECTION

CLASS A001

\$30,000

OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT SECTION

CLASS A001

\$1,000 increments, not to exceed a person's maximum contract amount to a combined Basic and Optional maximum benefit of \$125,000

LIFE BENEFIT

A Life Benefit will be paid in the event You die while covered by this Benefit. The amount of coverage is shown on the Schedule of Benefits by Insurance Class. Your Life Benefit reduces with advancing age, as shown below, and terminates at retirement:

A Life Benefit will be paid in the event You die while covered by this Benefit. The amount of coverage is shown on the Schedule of Benefits by Insurance Class. Your Life Benefit reduces with advancing age, as shown below, and terminates at retirement:

Age	Benefit Level
70	35% reduction
75	55% reduction
80	70% reduction

TCXXLI40500

Your Life Benefit terminates at retirement.

TCXXLI40500

INSTALLMENT SETTLEMENT OPTION

The Life Benefit is usually paid in one sum. All or part of any such benefit may, instead, be paid to the beneficiary in equal monthly payments. You must make a written request for this option. Payments may not extend for more than a 10 year period. If the monthly payment will be less than \$25, this option may not be used.

The first payment is due upon Your death. Each payment shall include interest of at least 3.5% per year compound interest on the unpaid balance. The Table of Monthly Payments is based on such interest rate. Additional interest may be authorized by Our Board of Directors. Any additional interest will be paid to the beneficiary. Any monthly payments unpaid at the death of the beneficiary will be discounted at 3.5% per year compound interest and paid in a single sum. This sum will be paid to the estate of the beneficiary, unless You specify otherwise.

We may agree to any other settlement option requested during Your lifetime. If no option is in effect at Your death, We may agree upon a settlement option with the beneficiary. The option must be one that would have been available to You at the time of death.

Number of Years	Monthly Installments Per \$1,000 Payable Under this Option
1	\$ 84.65
2	\$ 43.05
3	\$ 29.19
4	\$ 22.27
5	\$ 18.12
6	\$ 15.35
7	\$ 13.38
8	\$ 11.70
9	\$ 10.75
10	\$ 9.83

TCXXLI41000

PARTICIPATION AND DIVIDENDS (if applicable)

Our Board of Directors shall declare annually what portion of any divisible surplus accrues upon this Life Benefit as a dividend. Any dividends will be credited on the succeeding Policy Anniversary if such coverage remains in force. Policyholder may choose to have dividends:

- paid in cash; or
- applied toward premiums.

If no option is chosen at least 30 days before the date a dividend is to be credited, the dividend will be paid in cash. Any dividend paid or applied toward premium shall fully discharge Our liability for such dividend. A dividend paid or applied on a Policyholder's anniversary may exceed the Policyholder's cost for this coverage during the prior year. Policyholder shall apply any such excess for the benefit of the Covered Persons.

TCXXLI41500

ABSOLUTE ASSIGNMENT OF LIFE BENEFITS

You may make an absolute assignment of all benefits and rights under Your life coverage. Consent of any revocable beneficiary is not required. You must file such assignment with Us on an approved form. We will furnish an acknowledgement for Your records. Such assignment takes effect when signed by You. You need not be living when We record the assignment. We shall not be held liable for any payment or other action taken by Us before We record the assignment. We will not be responsible for deciding if any assignment is valid or sufficient. An assignment, when filed, shall affect the Claim Payment Provisions as they apply to Life Benefits as follows:

- the Life Benefits provision will be void. If no beneficiary designated by the assignee is living at Your death, benefits will be payable to the assignee, if living. Otherwise, benefits will be payable to the estate of the assignee; and
- only the assignee shall have the right to name or change the beneficiary. All beneficiary designations made by You prior to the date of the assignment will be void.

An assignment, when filed, shall affect the Life Benefit as follows:

- under the Life Benefit Conversion Privilege provision in the Coverage After Termination, only the assignee will have the right to request conversion for You; and
- under the Installment Settlement Option provision, only the assignee shall have the right to elect a settlement option. Any such option elected prior to the date of assignment, or specified in the plan of coverage, will be void.

An assignment shall not affect any Dependent Life coverage.

The rights of the assignee shall accrue to, and his obligations shall be binding on, his heirs, assigns, executors and administrators.

TCXXLI42500

ACCELERATED LIFE BENEFIT

If it is determined that You have a life expectancy of 6 months or less, a portion of Your Life Benefit may be received in advance of Your death.

Your Physician must state in writing that You have a life expectancy of 6 months or less. The prognosis must be confirmed by a Physician appointed by Us.

The amount available will be 25% of Your Life Benefit up to a maximum of \$35,000. You and any assignee or irrevocable beneficiary must give prior written approval of the accelerated benefit payment. The Life Benefit otherwise payable at the time of Your death will be reduced by the amount paid in advance.

The following is an example of payment of an Accelerated Life Benefit and the effect of the payment on the remaining amount of Life Insurance:

\$10,000	Original Life Benefit amount;
\$ 2,500	The Accelerated Life Benefit (25% of the original Life Benefit);
\$ 7,500	The amount of Life Insurance remaining after payment of the Accelerated Life Benefit. This is the amount of Life Insurance that will be paid to the beneficiary upon Your death provided coverage under this Certificate remains in effect.

The receipt of the Accelerated Life Benefit may be taxable. Assistance should be sought from a personal tax advisor.

Premium for Life coverage shall remain payable until the date of death as if an Accelerated Life Benefit had not been paid, unless waived under the Life Benefit Waiver of Premium provision.

TCXXLI43000

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Benefits are payable for Your death, dismemberment and loss of sight due to Injury (including Injury due to occupational causes). The Principal Sum is set forth on the Schedule of Benefits by Insurance Class. Your Accidental Death and Dismemberment Benefit reduces with advancing age, as shown below, and terminates at retirement:

Age	Benefit Level
70	35% reduction
75	55% reduction
80	70% reduction

BENEFIT

We will pay benefits for any losses set forth in the Table of Losses which:

- result solely from Injury that occurs while Your coverage under this Benefit is in force; and
- occur within 90 days after the Injury causing the loss.

With regard to loss of hands and feet, loss means complete severance through or above the wrist or ankle joint. With regard to eyes, loss means entire and irrecoverable loss of sight.

TABLE OF LOSSES

Loss of Life	The Principal Sum
Loss of Both Hands.....	The Principal Sum
Loss of Both Feet.....	The Principal Sum
Loss of One Hand and One Foot.....	The Principal Sum
Loss of One Eye and One Foot	The Principal Sum
Loss of One Eye and One Hand	The Principal Sum
Loss of Sight of Both Eyes.....	The Principal Sum
Loss of One Hand	One-half the Principal Sum
Loss of One Foot.....	One-half the Principal Sum
Loss of Sight of One Eye	One-half the Principal Sum

The Table of Losses sets forth each loss for which all or a part of the Principal Sum is payable. The total amount payable for all injuries from any one accident shall not exceed the Principal Sum.

TCXXAD40500

ASSIGNABILITY

Your Accidental Death and Dismemberment coverage and benefits are not assignable.

TCXXAD41000

EXCLUSIONS

No benefits are paid for:

- intentionally self-inflicted Injury, while sane or insane;
- suicide or attempted suicide, while sane or insane;
- loss resulting from Your commission of, or attempt to commit, a felony;
- loss resulting from Your being engaged in an illegal occupation;
- Injury resulting from travel in any type of aircraft, except as a fare paying passenger in a commercial aircraft;
- war, or act of war, declared or undeclared;
- bodily or mental infirmity, disease, any type of hernia, or bacterial infections, except pyogenic infections which occur with and through an accidental cut or wound and infections resulting from accidental ingestion of poisonous food substances;
- medical or surgical treatment, except loss from surgery performed solely due to, and within 90 days of, a covered Injury;
- a loss to which a contributing cause is the use of any drug, narcotic or hallucinogen not prescribed for You by a Physician or not used in the manner prescribed by the Physician.

TCXXAD20500

CONDITIONS OF INSURANCE

DEFINITIONS

Actively at Work (Active Work): Performing services for Policyholder, at the location at which such services are normally performed, for 12 or more hours per week earning W-2 wages from the Policyholder which are the equivalent of at least the Federal Minimum Wage.

TCXXCI00100

Contributory Coverage: Coverage for which You pay premium.

Covered Person: An Eligible Person whose coverage herein has become effective.

TCXXCI00500

Eligible Earnings: The Eligible Person's regular salary or wages as last reported in writing by the Policyholder. Overtime, bonuses, commissions and other special pay are excluded from the calculation of Eligible Earnings.

TCXXCI00850

Eligible Person: A person who is eligible for Insurance as described in the Eligibility provision.

A person who permanently resides outside of the United States for more than 90 days per calendar year is not considered an Eligible Person.

TCXXCI00901

Eligibility Period: Specified period of Active Work for Policyholder which an Employee must complete before becoming eligible for coverage. The length of the Eligibility Period is chosen by Policyholder and may differ for each benefit section or Insurance Class. Refer to the Effective Date of Individual Coverage section to determine the date Your Insurance will start.

TCXXCI01301

Evidence of Insurability: Medical evidence, satisfactory to Us, that the person is insurable.

TCXXCI01500

Injury: Nonoccupational accidental damage to the body which causes a covered loss while the person is covered herein. Such damage must be the direct cause of the loss, independent of disease, bodily infirmity or other cause. A chewing Injury is not considered to be an accidental Injury.

TCXXCI01700

Insured: An Eligible Person whose coverage herein has become effective.

TCXXCI01900

Late Enrollee: An Eligible Person or Dependent who requests coverage more than 30 days after the date the person was first eligible to enroll.

TCFLCI02101

Leave of Absence: Any absence from Active Work granted by Policyholder. Leave of Absence does not include a medical leave.

TCXXCI02300

Noncontributory Coverage: Coverage for which You pay no premium.

TCXXCI02700

Nonoccupational: Not resulting from a person's particular work or occupation.

TCXXCI02900

Physician: A duly licensed Physician or surgeon who is acting within the scope of his license. Physician also includes certified nurse midwives, licensed midwives, and any other licensed practitioner of the healing arts required to be recognized for benefit payment purposes under the law of the state in which You reside, provided such practitioner is acting within the scope of his license.

TCFLCI03300

Sickness: Nonoccupational illness or disease or Complications of Pregnancy which causes a covered loss while the person is covered herein.

TCXXCI03700

Year: The period from January 1st through December 31st of the same calendar Year.
TCXXCI03900

You, Your: An Eligible Person whose coverage herein has become effective.
TCXXCI04100

Note: All masculine pronouns in the Policy also include the feminine.
TCXXCI04300

ELIGIBILITY

Policyholder shall determine the Insurance Class of each employee. Eligible Persons are shown on the Schedule of Benefits.

An Eligible Person who is within an Insurance Class on the Issue Date of the Policy shall be eligible for all coverages on the later of: Issue Date of the Policy; or, the date he completes the 25 day Eligibility Period.

An Eligible Person who starts work within an Insurance Class after the Issue Date of the Policy shall be eligible for all coverages on the date he completes the 25 day Eligibility Period.

An Insured whose Insurance Class is changed after the Effective Date of his coverage shall become eligible under the new Insurance Class on the first day of the month coinciding with or next following the date of the change.

A person who would otherwise be an Eligible Person, except that he is absent from work on the date he would be eligible for coverage, shall become eligible on the date he returns to Active Work and has completed the Eligibility Period, if any.

TCXXCI40902

ENROLLMENT FOR COVERAGE

An Eligible Person must apply for coverage, or a change in coverage (except a decrease in amount due to a change in Insurance Class) within 30 days of the date he first becomes eligible. All applications must be made to Policyholder on a form approved by Us.

TCXXCI41900

EFFECTIVE DATE OF INDIVIDUAL COVERAGE

An Eligible Person must be Actively at Work for his coverage, or any increase in coverage, to become effective. If his Effective Date is a holiday or a day he is not scheduled to work, he shall be considered Actively at Work if he is not Disabled on such day and was at work on his last scheduled work day. If, due to Disability, Leave of Absence, temporary layoff, or other reason he is not at work on his Effective Date, his coverage shall be delayed until the first day he is Actively at Work. An Eligible Person is considered Actively at Work, if he is absent from work in accordance with the Family Medical Leave Act of 1993.

TCXXCI42100

Notwithstanding the above, a person's coverage shall become effective as follows:

- if he applies for coverage on or before the date he is eligible, his Effective Date shall be the first day of the month coinciding with or next following the date he becomes eligible;
- if he applies for coverage during the first 30 days after the date he is eligible, his Effective Date shall be the first day of the month coinciding with or next following the date he applies;
- if he applies for coverage more than 30 days after the date he is eligible, he is a Late Enrollee and must furnish Evidence of Insurability for Life and/or Accidental Death and Dismemberment Coverages. His Effective Date shall then be the first day of the month coinciding with or next following the date We accept the evidence as satisfactory.
- if he applies for coverage after prior termination due to unpaid premium or due to a prior request to terminate, he must furnish Evidence of Insurability. His Effective Date shall then be the first day of the month coinciding with or next following the date We accept the evidence as satisfactory.

TCFLCI42901

CHANGE IN INSURANCE CLASS

Your Policyholder shall notify You when Your Insurance Class changes. If Your Insurance Class changes, You may be eligible for a different amount of coverage.

For Noncontributory Coverage: The new amount shall become effective on the first day of the month coinciding with or next following the date of the change in Insurance Class.

For Contributory Coverage:

- any decrease in coverage will become effective on the date of the change in Insurance Class.
- You must apply for any increase in coverage for which You become eligible. The increased amount will become effective on the date of such increase.

TCXXCI43100

TERMINATION OF INDIVIDUAL COVERAGE

Your coverage under a benefit section shall terminate at the earliest of the following:

- at the start of the period for which You do not pay, when due, any required contributory premium;
- at the end of the period for which premium has been paid for You;
- on the date You become a member of any military, naval or air force on active duty;
- on the date any continuation of coverage ends;
- on the date Your Policyholder terminates coverage under a Benefit Section;
- on the date the Policy terminates;
- at the end of the month in which You are no longer in an Insurance Class shown on the Schedule of Benefits;
- on the date coverage is terminated for Your Insurance Class;
- at the end of the month in which Your Active Work terminates.

TCXXCI43302

RESUMPTION OF INDIVIDUAL COVERAGE

If Your coverage has terminated due to temporary layoff of not more than 3 months, or due to Leave of Absence of not more than one (1) Year, You may resume coverage on the first day of the month coinciding with or next following the date You are again Actively at Work. Two additional conditions must also be met. You must otherwise be eligible for coverage and Your premium must be paid. If You are not at work, or are Disabled, on the date coverage would resume, the resumption of coverage will be delayed as provided in the Effective Date of Individual Coverage.

If You are a retired teacher and You return to active employment with the Policyholder as a teacher within 31 days of Your retirement You may resume the coverage as long as Your premium is paid and the following requirements are met:

- You return to the same teaching position You held on the date You retired;
- Your coverage will be reinstated for the same benefits that were in effect on the date You retired. There can be no increase in benefits at the time of reinstatement of coverage.

If You start Active Work after Leave of Absence or layoff or retirement of more than the specified periods of time in the preceding paragraph, You must apply in writing for coverage. You must also complete the Eligibility Period, if any. Coverage shall become effective as provided in the provision titled Effective Date of Individual Coverage.

TCXXCI43701

CONTINUATION OF COVERAGE

LIFE BENEFIT WAIVER OF PREMIUM

If You are disabled, Your Life Coverage may be continued as follows:

For the purposes of this provision, You are disabled if: due to Sickness or Injury, You are continuously unable to do any work for which You are, or become, qualified by reason of education, training or experience. Disability will not exist if You are doing any work for wage or profit. Disability must begin:

- before age 60;
- before retirement; and
- while You are covered by the Life Benefit.

Your premium will be waived for the period during which coverage is continued for disability, as shown below.

If You incur disability and are eligible for coverage on the date of the disability, Your Life Coverage will continue for up to 1 year under the Standard Continuation provision. If You die during that year, We will pay the Life Benefit upon receipt of due proof of such disability and death.

If You incur disability which is expected to continue for longer than 1 year, Your Life Coverage will continue, provided You complete a waiver of premium claim form, You are eligible for coverage and proof of permanent disability is furnished to Us after 9 months and before 1 year after the date disability begins. Upon acceptance of such proof by Us, coverage will be extended for another year. Additional 1 year extensions of coverage will be made if You furnish Us, annually, proof of continuance of disability. Such proof must be furnished within 3 months before the end of each 1-year extension. The waiver of premium will end if any proof is not furnished within such time durations. If You die during continuation due to disability, We will pay the Life Benefit upon receipt of due proof of death.

Once proof of permanent disability is furnished, as stated above, and waiver of premium is approved, the waiver of premium is effective the date permanent disability was Incurred.

Written proof of death during disability must be given within 1 year after death. Otherwise, We will not be liable for the Benefit.

The amount which will be payable as a Life Benefit during disability is the lesser of:

- the amount in force for You on Your last day of Active Work; or
- the amount that would be in force for You on the date of death were You not disabled; or
- when You reach the age for normal retirement, the amount available on retirement, if any.

Your waiver of premium ends at the earliest of the following:

- Your disability ends;
- You do not take a medical examination required by Us;
- You fail to furnish proof of continuing disability;
- You reach age 70 or the limiting age on the Schedule of Benefits, if earlier; or
- You retire, if no Benefits are provided for retirees, or any other date Your coverage would end if You were not disabled.

We have the right, at Our own expense, to require You to be examined by a Physician of Our choice while premium is being waived. This may be required at reasonable intervals. After coverage has been extended for 2 years, We will not require examinations more than once a year.

If You return to Active Work for Employer, Your waiver of premium ends, and Your regular coverage under this Life Benefit resumes. If Your disability ends and You do not return to such work, You are entitled to Your rights under the Life Conversion Privilege.

TCXXCI44301

FAMILY AND MEDICAL LEAVE ACT CONTINUATION

This provision applies if Your Policyholder is subject to the provisions of the Family and Medical Leave Act of 1993, as amended.

If You are on Leave of Absence from work with Policyholder under the FMLA, coverage may be continued as if You were Active at Work.

FMLA Continuation will end on the earliest of:

- the end of any 12 weeks which occur within 12 months of the date Your FMLA absence began;
- the end of the period for which premium is paid;
- the date Policyholder terminates coverage with Us for any reason; or
- the date the Policy terminates.

TCXXCI44700

STANDARD CONTINUATION

Your Policyholder may choose to continue Life and Accidental Death and Dismemberment coverage for You, if Your Active Work has ended due to:

- change to part-time status;
- approved Leave of Absence;
- temporary layoff; or
- Disability leave.

Your Policyholder must:

- act without individual selection between Covered Persons; and
- continue making premium payments for those Covered Persons.

The amount of Life and Accidental Death and Dismemberment coverage that may be continued shall be the lesser of:

- the amount in force on Your last day of Active Work;
- the amount that would be in force if You were Actively at Work;
- when You reach normal retirement age, the amount available on retirement, if any.

Standard Continuation will end on the earliest of:

- the end of the period for which premium is paid;
- the end of a 3 month period which began on the date Your Active Work terminated. If such termination of Active Work was due to change to part-time status; or temporary lay-off; or disability leave;
- the end of one (1) Year which began on the date Your Active Work terminated. If such termination of Active Work was due to a leave of absence approved by the Policyholder (Employer);
- the end of a 12-month period which began on the date Your Active Work terminated due to a disability leave for Life coverage only;
- the date Policyholder terminates coverage with Us for any reason; or
- the date the Policy terminates.

TCFLCI45101

LIFE CONVERSION PRIVILEGE

Your Life Benefit may be converted to an individual life insurance policy if coverage ends because:

- Your employment terminates;
- Your waiver of premium under the Life Benefit waiver of premium provision ends; or
- any continuation of coverage ends and You do not return to Active Work for Policyholder.

Under the circumstances cited above, the individual policy will provide a benefit equal to that provided for You under the Life Benefit on the date Your coverage ended. Premiums received for Continuation of Coverage when Your Active Work terminated due to disability leave will only be refunded when the Life Benefit Waiver of Premium is approved.

If You have had continuous coverage under the Life Benefit section, and any it replaces, for at least 5 Years, conversion may also be made if:

- Your Insurance Class terminates; or
- Your Policyholder terminates Life coverage with Us.

Under these circumstances the individual policy benefit will be the lesser of:

- \$10,000; or
- the amount in force for You at termination reduced by any amount for which You become eligible, within 31 days after termination, under any group Life coverage issued by Us or any other insurer.

Conversion may also be made if Your coverage reduces due to a change in Insurance Class or attainment of a specified age. The individual policy will not provide a benefit greater than the amount of the reduction.

You will be given notice of the right to convert at least 15 days before the end of the 31 day period allowed for conversion. If such notice is not given within the time required, You shall have an additional period of time to apply for conversion. This extra period of time will be 15 days after notice is given, but not longer than 60 days after the 31 days otherwise allowed for conversion.

The individual policy will be issued as follows:

- it will be any form of life insurance policy, except term insurance or a policy with Disability benefits, We then have available for conversion;
- Evidence of Insurability will not be required;
- the premium for the individual policy will be based on Your age at the time of conversion, and the form and amount of coverage provided;
- the individual policy will take effect at the end of the 31 day period for conversion;
- the individual policy shall be in place of all coverage under the Life Benefit Section.

You must take the following steps to convert:

- make written application to Us at Our Home Office within 31 days after the date coverage under the Life Benefit section ends;
- pay, within such 31 days, the first premium for the individual policy.

You have coverage during the 31 day period for conversion. The amount of such coverage is the amount that can be converted. This amount will be paid as a Life Benefit if You die during this 31 day period. Application for conversion need not have been made. If application had been made, any premium paid for the individual policy will be refunded.

TCXXCI45701

CLAIM PAYMENT PROVISIONS

CLAIM PAYMENT

Life Benefits

Benefits will be paid when We receive due proof of death. Benefits will be paid to the beneficiary. You may designate, on a form approved by Us, the beneficiary for Your Life Benefit. If there are two or more beneficiaries, You may specify their respective shares. Otherwise, they will share equally. If a beneficiary dies before You, his beneficiary interest ends unless You have made written request to the contrary. If there is no designated beneficiary, or if no beneficiary survives, benefits will be paid to the first of the following beneficiary classes in which there is a surviving person:

- Your spouse;
- Your children;
- Your parents;
- Your brothers and sisters;
- Your executors or administrators.

We may require affidavits or statements We deem necessary in making payment under this provision. Our decision from such information will be final. We may, at Our option, first pay up to \$500 of any benefits to any person We deem to be entitled thereto by reason of having Incurred funeral or other expenses related to the last illness or death of the person insured.

WAIVER OF PREMIUM BENEFITS

Notice of Claim

Benefits will be considered when We receive due proof of disability. Written notice of claim should be given to Us after 9 months and before 1 Year after the date of disability begins. Failure to give notice within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was provided as soon as was reasonably possible.

The claim form is available from Your Policyholder, or You can request a claim form from Us. If You do not receive the form from Us within 15 days of Your request, send Us written proof of claim without waiting for the form.

Because provisions governing Waiver of Premium are different, it is not sufficient that You have filed a medical, disability or other claim under other coverage of the plan. You must notify Us immediately when You return to work in any capacity.

Accidental Death and Dismemberment Benefits

Benefits will be paid to You, if living, otherwise to Your beneficiary. Benefits will be paid when We receive due proof of loss. If there is no designated beneficiary, or no beneficiary survives, benefits will be paid either to Your estate or, at Our option, as shown in the Facility of Payment provision.

Beneficiary Designation - Prior Group Insurers

This provision applies if this Certificate replaces coverage of another insurer. We may, at the request of Policyholder, recognize beneficiaries in effect under such prior coverage as effective until a new designation is made.

Change of Beneficiary

You may change the beneficiary at any time. The consent of the beneficiary is not required. Notice must be given to Us in writing on a form approved by Us. The new beneficiary designation will take effect on the date the notice is signed by You. We are discharged of Our liability to the extent of any payment made by Us before notice of the change is received at Our Home Office.

TCXXCP41001

Payment Error

Any benefit paid in error may be recovered from the person receiving the incorrect payment or from You. At Our option, We may offset the overpayment against future benefit payments. The acceptance of premium or paying other benefits shall not constitute a waiver of Our rights under this section. Recovery or offset shall be in addition to any other remedy available to Us at law or in equity.

TCXXCP41500

Fraudulent Claim Submission

If any Covered Person knowingly submits or participates in the submission of a claim for Accidental Death and Dismemberment benefits which contains false or misleading information that would have the effect of increasing the benefit payable, We shall have the right to revoke that person's coverage to the date the fraud was perpetrated. Such rescission is without prejudice to any other right or remedy which might be available to Us at law or in equity. We will not revoke coverage after this Certificate has been in force during the Insured's lifetime for two years from the Certificate Effective Date.

Facility of Payment

If benefits are payable to Your estate, We can pay up to \$1,000 of benefits to someone related to You by blood or marriage whom We deem to be entitled to the Benefits. If You, while living, are physically, mentally, or otherwise incapable of giving a valid release for any payment, We can pay up to \$1,000 of benefits to someone related to You by blood or marriage, or to any person or institution which has assumed financial responsibility for Your affairs.

TCFLCP42001

GENERAL PROVISIONS

INCONTESTABILITY/TIME LIMIT ON CERTAIN DEFENSES

All statements made by Policyholder or by a Covered Person are representations and not warranties. No such statement shall be used to contest the validity of coverage or reduce benefits unless it is in writing, signed by Policyholder or by the Covered Person. A copy of such statement, if contested, will be furnished to Policyholder, or the Covered Person or his beneficiary, whichever applies.

After coverage has been in force during a person's lifetime for two years from his effective date:

- any Life coverage for such person will be incontestable except as related to eligibility or nonpayment of contributory premium.
- for coverage other than Life: only fraudulent misstatements in his application or enrollment form may be used to void his coverage except as otherwise provided in the Fraudulent Claim Submission provision.

Any increase in coverage or reinstatement of coverage, as requested by application from the Covered Person, shall begin a new two year contestable period for the amount of the increase or reinstated coverage from the effective date of such coverage.

TCFLGP40501

RECORDS, PHYSICAL EXAMINATIONS, AND AUTOPSY

With written authorization, We may obtain a Covered Person's medical records. While a claim is pending, We have the right to have a Covered Person examined. The exam will be at Our expense and as often as reasonably necessary. We may also have an autopsy performed where allowed by law.

We have the right to require the Covered Person to provide Us information in addition to the proof of loss to determine benefits payable. Any cost associated with providing this information is the responsibility of the Covered Person.

LEGAL ACTION

No legal action may be brought to recover on this Certificate within 60 days after written proof of loss has been given as required herein. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof is required to be given.

CLERICAL ERROR

If a Clerical Error is made so that an otherwise Eligible Person's coverage does not become effective, coverage may be in effect if:

- the error is reported to Us within 60 days of the date the person's coverage would otherwise be effective;
- the person makes a written request for coverage on a form We approve; and
- any premium not paid because of the error is paid in full from the effective date of coverage.

If the error is reported to Us more than 60 days after the date the person's coverage would otherwise be effective:

- he must furnish evidence satisfactory to Us that he is insurable; and
- coverage shall become effective as provided in the provision Effective Date of Individual Coverage.

Clerical Error shall not prohibit Us from voiding coverage of a person not eligible. This includes errors in enrolling, recording or reporting for coverage purposes. Refund of premium paid for a non-Eligible Person will be limited to the premium paid for the 60 days immediately prior to the date the error is reported to Us. Interest will not be paid on returned premium. Policyholder shall reimburse Us for any claim overpayment made as a result of a Clerical Error. Any premium refund or credit due may, at Our option, be reduced by any payment made for claims.

TCFLGP41001

Certificate Effective Date: 10/1/2010