



IMPORTANT! SIGN AND RETURN IMMEDIATELY TO AMERICAN UNITED LIFE INSURANCE COMPANY®

Application is hereby made to American United Life Insurance Company® of Indianapolis, Indiana, by
City of North Little Rock

Whose main office is: 120 Main Street, North Little Rock, AR
Zip Code: 72114

For Group Policy Number: G 00032730-0002-000

The Group Policy as issued with any changes noted in the "For AUL Use Only" box on the application as requested by the Employer subsequent to the date the application was signed is hereby approved and the terms thereof are hereby accepted.

This Application is executed in duplicate, one signed copy is attached to the Policy and the other signed copy should be returned to American United Life Insurance Company®.

It is agreed that this Application supersedes any previous application for the Group Policy.

By _____ Date _____
(Signature & Title)

Witness _____ Licensed Resident Agent _____



IMPORTANT! SIGN AND KEEP ATTACHED TO YOUR POLICY!

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By _____ Date _____
(Signature & Title)

Witness _____ Licensed Resident Agent _____



American United Life Insurance Company®
P.O. Box 368, Indianapolis, Indiana 46206-0368
www.oneamerica.com

In consideration of the application for this policy made by:

City of North Little Rock
(Hereinafter called the Group Policyholder)

and receipt of all premiums when due, AMERICAN UNITED LIFE INSURANCE COMPANY® (AUL) agrees to insure eligible individuals who are or become entitled to insurance under the terms and conditions of this policy and to pay the benefits due under this policy to the person(s) entitled to it.

The group policy number is G 00032730-0002-000. The effective date of this policy is 01/01/2023. The first premium is due on the effective date. Subsequent premiums are due each succeeding Coverage Month. The policy anniversary date is 01-01 of each year.

The first Coverage Month begins on the 1st day of January and ends on the 31st day of January. Each succeeding Coverage Month runs for a like period thereafter.

This policy is executed by AUL at its Home Office in Indianapolis, Indiana, and coverage begins on the effective date determined by AUL.

By-law, Art. II Sec. 2: The regular annual meeting of the members of this Corporation shall be held at its principal place of business on the third Thursday in February of each year at ten o'clock A.M. local time or at such other location, place, or time as may be designated by the Board of Directors. The election of directors shall be held at the annual meeting.

Richard M. Ellery
Secretary and General Counsel

J. Scott Davison
Chairman, President and Chief Executive Officer

**GROUP TERM LIFE INSURANCE POLICY
WITH AN ACCELERATED LIFE BENEFIT**

**NOTE: RECEIPT OF THE ACCELERATED LIFE BENEFIT MAY BE TAXABLE.
PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.**

**THIS POLICY CANCELS AND REPLACES GROUP POLICY G 00032730-0000-000,
DATED 09/01/2014**

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**SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE**

CLASS 001

CLASSIFICATION:

All Eligible Full-Time Employees without Dependent Life

LIFE AMOUNT:

\$25,000

AD&D PRINCIPAL SUM:

\$25,000

ACCELERATED LIFE BENEFIT (ALB): This benefit is included for this class in this policy. The Employee may request payment of 25%, 50% or 75% of the Life Amount shown above. This benefit is available on a Life Amount of \$10,000 or more. The maximum payment is limited to 25%, 50%, or 75% of the Life Amount shown above or \$18,750, whichever is less. See Section 13.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: This benefit is included for this class in this policy. See Section 12.

ADDITIONAL ACCIDENTAL DEATH BENEFITS:

SEAT BELT BENEFIT: This benefit is not included for this class in this policy.

AIR BAG BENEFIT: This benefit is not included for this class in this policy.

REPATRIATION BENEFIT: This benefit is included for this class in this policy. See Section 12C.

CHILD HIGHER EDUCATION EXPENSE BENEFIT: This benefit is included for this class in this policy. See Section 12D.

CHILD CARE BENEFIT: This benefit is included for this class in this policy. See Section 12E.

ANNUAL BASE SALARY: Annual Base Salary with no Commissions or Bonuses. Annual Base Salary excludes overtime.

CHANGES IN INSURANCE COVERAGE: First of the Month. See Section 6.

CONTRIBUTIONS: Employee premium contributions are not required. See Section 4.

ELIGIBILITY: First of the Month. See Section 3.

FULL-TIME EMPLOYEE REQUIREMENT: 30 hours or more per week. See Section 2, Definitions - Employee, and Section 3, Eligibility.

**SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE**

CLASS 001

GUARANTEED ISSUE AMOUNT: \$25,000. Any amount of coverage for which the Employee requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 4, Individual Effective Date.

INDIVIDUAL EFFECTIVE DATE: First of the Month. See Section 4.

INDIVIDUAL REINSTATEMENTS: First of the Month. See Section 11.

INDIVIDUAL TERMINATIONS: Immediate. See Section 9.

REDUCTIONS: Upon attainment of the age 70, the Life Amount and AD&D Principal Sum will reduce by 50%.

Reductions will be based upon the Life Amount prior to the payment of any Accelerated Life Benefit.

SUICIDE LIMITATION: This policy does not contain a Suicide Limitation for this class.

TERMINATIONS: Terminations are governed by the Individual Terminations Section. See Section 9.

TOTAL DISABILITY: The definition for Total Disability and Totally Disabled included in this policy for this class is the standard any occupation definition. See Section 2.

WAITING PERIOD for Present Employees hired before this policy's effective date: Immediately following 0 days. See Eligibility Section 3.

WAITING PERIOD for New Employees hired on or after this policy's effective date: First of the Month following 0 days. See Eligibility Section 3.

WAIVER OF PREMIUM FOR TOTAL DISABILITY: This benefit is included for this class in this policy. Reductions are applicable to this benefit. See Section 8.

**SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE**

CLASS 002

CLASSIFICATION:

All Eligible Full-Time Employees with Dependent Life

LIFE AMOUNT:

\$25,000

AD&D PRINCIPAL SUM:

\$25,000

ACCELERATED LIFE BENEFIT (ALB): This benefit is included for this class in this policy. The Employee may request payment of 25%, 50% or 75% of the Life Amount shown above. This benefit is available on a Life Amount of \$10,000 or more. The maximum payment is limited to 25%, 50%, or 75% of the Life Amount shown above or \$18,750, whichever is less. See Section 13.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: This benefit is included for this class in this policy. See Section 12.

ADDITIONAL ACCIDENTAL DEATH BENEFITS:

SEAT BELT BENEFIT: This benefit is not included for this class in this policy.

AIR BAG BENEFIT: This benefit is not included for this class in this policy.

REPATRIATION BENEFIT: This benefit is included for this class in this policy. See Section 12C.

CHILD HIGHER EDUCATION EXPENSE BENEFIT: This benefit is included for this class in this policy. See Section 12D.

CHILD CARE BENEFIT: This benefit is included for this class in this policy. See Section 12E.

ANNUAL BASE SALARY: Annual Base Salary with no Commissions or Bonuses. Annual Base Salary excludes overtime.

CHANGES IN INSURANCE COVERAGE: First of the Month. See Section 6.

CONTRIBUTIONS: Employee premium contributions are not required. See Section 4.

ELIGIBILITY: First of the Month. See Section 3.

FULL-TIME EMPLOYEE REQUIREMENT: 30 hours or more per week. See Section 2, Definitions - Employee, and Section 3, Eligibility.

**SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE**

CLASS 002

GUARANTEED ISSUE AMOUNT: \$25,000. Any amount of coverage for which the Employee requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 4, Individual Effective Date.

INDIVIDUAL EFFECTIVE DATE: First of the Month. See Section 4.

INDIVIDUAL REINSTATEMENTS: First of the Month. See Section 11.

INDIVIDUAL TERMINATIONS: Immediate. See Section 9.

REDUCTIONS: Upon attainment of the age 70, the Life Amount and AD&D Principal Sum will reduce by 50%.

Reductions will be based upon the Life Amount prior to the payment of any Accelerated Life Benefit.

SUICIDE LIMITATION: This policy does not contain a Suicide Limitation for this class.

TERMINATIONS: Terminations are governed by the Individual Terminations Section. See Section 9.

TOTAL DISABILITY: The definition for Total Disability and Totally Disabled included in this policy for this class is the standard any occupation definition. See Section 2.

WAITING PERIOD for Present Employees hired before this policy's effective date: Immediately following 0 days. See Eligibility Section 3.

WAITING PERIOD for New Employees hired on or after this policy's effective date: First of the Month following 0 days. See Eligibility Section 3.

WAIVER OF PREMIUM FOR TOTAL DISABILITY: This benefit is included for this class in this policy. Reductions are applicable to this benefit. See Section 8.

**SECTION 1 - SCHEDULE OF BENEFITS
DEPENDENT BASIC INSURANCE**

Class Number: 002

	LIFE AMOUNT
Spouse under age 70	\$10,000
Child:	
Live Birth to under 6 months	\$200
6 months to 26 years	\$7,500

CHANGES IN INSURANCE COVERAGE: First of the Month. See Section 20C.

CONTRIBUTIONS: Employee premium contributions are required. See Section 20B.

DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT: The Employee may apply to receive payment of 50% or 75% of the Dependent Spouse Life Amount shown above. This benefit is available on a Dependent Spouse Life Amount of \$5,000 or more. The maximum payment is limited to 50% or 75% of the Dependent Spouse Life Amount shown above or \$50,000, whichever is less. See Section 20H.

**SECTION 1 - SCHEDULE OF BENEFITS
DEPENDENT BASIC INSURANCE**

Class Number: 002

GUARANTEED ISSUE AMOUNT:

	Basic Guaranteed Issue Amount
Spouse under age 70	\$10,000
Children:	
Live Birth to under 6 months	\$200
6 months to 26 years	\$7,500

Any amount of coverage for which the Dependent requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 20B, Dependent Insurance, Individual Effective Date.

INDIVIDUAL EFFECTIVE DATE: First of the Month. See Section 20B.

INDIVIDUAL TERMINATIONS: Immediate. See Section 20E.

REDUCTIONS: The Amount of Dependent Life Insurance will reduce according to the Employee's reduction schedule when the Employee reaches age 70.

Reductions will be based upon the Dependent Life Amount prior to the payment of any Accelerated Life Benefit for Dependent Spouse.

SUICIDE LIMITATION: This policy does not contain a Suicide Limitation for this class.

TERMINATIONS: Terminations are governed by the Dependent Insurance Individual Terminations. See Section 20E.

DEPENDENT LIFE WAIVER OF PREMIUM: This benefit is included in this policy for this class. See Section 20D.

**SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE**

CLASS 003

CLASSIFICATION:

All Eligible Retirees - Closed Class

See Section 3A, Eligibility.

THE FOLLOWING BENEFITS ARE NOT AVAILABLE TO EMPLOYEES DEFINED IN SECTION 3A:

Accelerated Life Benefit

Accidental Death and Dismemberment Benefit

Additional Accidental Death Benefits

Child Care Benefit

Child Higher Education Expense Benefit

Repatriation Benefit

Continuation of Insurance

Dependent Life Insurance

Individual Reinstatements

**SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE**

CLASS 003

CLASSIFICATION:

All Eligible Retirees - Closed Class

LIFE AMOUNT:

\$1,000

ACCELERATED LIFE BENEFIT (ALB): This benefit is not included for this class in this policy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: This benefit is not included for this class in this policy.

ANNUAL BASE SALARY: Not Included.

CHANGES IN INSURANCE COVERAGE: First of the Month. See Section 6.

CONTRIBUTIONS: Employee premium contributions are not required. See Section 4.

ELIGIBILITY: First of the Month. See Section 3.

FULL-TIME EMPLOYEE REQUIREMENT: 0 hours. See Section 2, Definitions – Employee & Retiree, and Section 3A, Eligibility.

**SECTION 1 - SCHEDULE OF BENEFITS
BASIC INSURANCE**

CLASS 003

GUARANTEED ISSUE AMOUNT: \$1,000. Any amount of coverage for which the Employee requests greater than the Guaranteed Issue Amount will only be available following written approval by AUL. Approval will be based on Evidence of Insurability and information satisfactory to AUL. If coverage for amounts greater than the Guaranteed Issue Amount is approved, coverage will begin on the date identified in writing by AUL. See Section 4, Individual Effective Date.

INDIVIDUAL EFFECTIVE DATE: First of the Month. See Section 4.

INDIVIDUAL REINSTATEMENTS: This benefit is not included for this class in this policy.

INDIVIDUAL TERMINATIONS: Immediate. See Section 9.

SUICIDE LIMITATION: This policy does not contain a Suicide Limitation for this class.

TERMINATIONS: Terminations are governed by the Individual Terminations Section. See Section 9.

TOTAL DISABILITY: The definition for Total Disability and Totally Disabled included in this policy for this class is the standard any occupation definition. See Section 2.

WAITING PERIOD for Present Employees hired before this policy's effective date: Immediately following 0 days. See Eligibility Section 3.

WAITING PERIOD for New Employees hired on or after this policy's effective date: First of the Month following 0 days. See Eligibility Section 3.

WAIVER OF PREMIUM FOR TOTAL DISABILITY: This benefit is not included for this class in this policy.

Refer to the Schedule of Benefits to determine to which class(es) the following ANNUAL BASE SALARY definition(s) apply.

SECTION 2 - DEFINITIONS

ACCIDENTAL BODILY INJURY means an injury occurring, either directly or indirectly, as a result of an accident along with all other related conditions, sustained by an individual while insured under this policy.

ACTIVE WORK and **ACTIVELY AT WORK** mean the use of time, services, and energy by an Employee for the Group Policyholder at the Group Policyholder's regular place of business, an alternate location approved by the Group Policyholder, or an alternate location to which the Group Policyholder requires an Employee to travel. The Employee must be physically and mentally capable of performing each of the material and substantial duties of his regular position with the Group Policyholder for at least the minimum number of hours listed in the Eligibility Section of this policy. Active Work will include time off for vacation, jury duty, paid holidays, and funeral leave approved by the Group Policyholder when the Employee could have been Actively at Work. Active Work does not include periods of time when an Employee is not Actively at Work following an injury, Accidental Bodily Injury, Sickness, strike, lock-out, layoff, after an Employee's employment has ended voluntarily or involuntarily, or periods of time during which the Employee is entitled or is receiving accrued employment related benefits including but not limited to vacation time.

ANNUAL BASE SALARY means the definition of the Employee's compensation as elected by the Group Policyholder in the Application from one of the following options:

Annual Base Salary with no commission or bonuses

ANNUAL BASE SALARY means the Employee's yearly gross wages received from the Group Policyholder based on a maximum forty (40) hour workweek. Annual Base Salary is based on the amount last reported in writing to AUL by the Group Policyholder and approved for coverage under this Policy by AUL before the date of death or the events shown in the AD&D provisions if AD&D coverage is included. Annual Base Salary does not include amounts received from commissions, bonuses, overtime or reimbursement for expenses.

SECTION 2 - DEFINITIONS

Continued

BASIC LIVING EXPENSES include the cost of food, shelter, clothing and any other basic living expenses of the average American household. Each household member need not contribute equally or jointly to the payment of these expenses as long as each agrees both are responsible for the basic living expenses.

BI-WEEKLY means every two weeks or 26 times a year.

CHILD means any minor related by blood, marriage or court order that can be claimed as a dependent for federal income tax purposes, and may include:

- 1) any natural born child(ren) of the Employee;
- 2) any legally adopted child(ren) of the Employee from the time of placement in the Employee's home with the intent to adopt;
- 3) any stepchild(ren) who lives with the Employee;
- 4) any child(ren) for whom the Employee has legal guardianship; or
- 5) any child(ren) for whom coverage must be provided in accordance with state law or court order.

CONTRIBUTORY INSURANCE means insurance for which the Employee pays part or all of the premium.

COVERAGE MONTH means that period of time beginning on the first day that the Group Policyholder's coverage is in force, as shown in the Title Page, and ending on the day before that date of the next month.

DATE OF DISABILITY means the first day the Employee is not Actively at Work due to an Accidental Bodily Injury or Sickness and results in Total Disability.

SECTION 2 - DEFINITIONS

Continued

DEPENDENT means:

- 1) an Employee's legal spouse under age 70;
- 2) an Employee's Domestic Partner under age 70 whose relationship with the Employee is recognized by and allowed under applicable state law provided both the Domestic Partner and the Employee:
 - a) share the same regular and permanent residence;
 - b) have a close personal relationship similar to lawful marriage;
 - c) have agreed to be jointly responsible for Basic Living Expenses, incurred during the domestic partnership;
 - d) are not married to anyone;
 - e) are 18 years of age and older;
 - f) are not so closely related by blood to be prohibited under applicable state laws;
 - g) were mentally competent to consent to a contract when the domestic partnership began;
 - h) are each other's sole domestic partner; and
 - i) are responsible for each other's welfare;
- 3) an Employee's unmarried Child from live birth and under the age of 26, if the Child:
 - a) is not eligible under this policy for Personal Insurance; and
 - b) is not in the military of any country; and
- 4) an Employee's unmarried Child who is disabled and incapable of self-sustaining employment as a result of mental or physical disability. The Child must have been disabled prior to age 26. If the Child is at least age 26 on the Employee's effective date, coverage is subject to AUL's receiving written proof of the disability on that date including but not limited to receipt of Social Security Administration disability benefits. If the Child is not at least age 26, extension of coverage is subject to AUL's receiving written proof of the disability not later than 120 days after the Child attains age 26. Proof of continued disability shall be required not more than once each year thereafter.

If Dependent Insurance is not included in this policy, then references to Dependents and Dependent Insurance are null and void.

DEPENDENT INSURANCE means the insurance provided under this policy covering a Dependent of an Employee, Section 20, if included in this policy.

ELIMINATION PERIOD see Waiver of Premium for Total Disability, Section 8, if included in this policy.

SECTION 2 - DEFINITIONS

Continued

EMPLOYEE means any individual who is a full-time, permanent Employee (including owner, member, partner, or shareholder) of the Group Policyholder:

- 1) who is legally authorized to work and reside in the United States under applicable state and federal laws; and
- 2) whose employment with the Group Policyholder constitutes his principal occupation; and
- 3) who regularly works at that occupation at the Group Policyholder's regular place of business a minimum number of hours as stated in the Schedule of Benefits under Full-Time Employee Requirement; and
- 4) who is not temporarily or seasonally employed by the Group Policyholder; and
- 5) who is an employee, participant, person, or any member of any employee organization, who is or may become eligible to receive a benefit of any type from the Policyholder's employee welfare benefit plan; and
- 6) who is not an independent contractor.

EMPLOYER see GROUP POLICYHOLDER. Any references to Employer used in this policy shall include Insured Units.

EVIDENCE OF INSURABILITY means a signed statement of proof acceptable to AUL of an Employee's or Dependent's medical history provided at no expense to AUL, and, if requested by AUL, medical records, tests, and/or examinations at no expense to AUL. Satisfactory Evidence of Insurability must include information and documentation which can be used by AUL to determine if the individual is an acceptable underwriting risk and can be approved for coverage under AUL's guidelines.

GRANDFATHERED RETIREE, see Eligibility, Section 3A, if included in this policy.

GUARANTEED ISSUE AMOUNT means the amount of coverage that does not require Evidence of Insurability. This amount is selected by the Group Policyholder on the Application and later approved in writing by AUL.

GROUP POLICYHOLDER means the entity which applied for and was approved by AUL for coverage. Any references to Group Policyholder used in this policy shall include Insured Units.

MENTAL ILLNESS means a psychiatric or psychological condition classified in the most recent version of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association as of the date of Total Disability and has been diagnosed by a Physician. Such disorders include, but are not limited to, psychotic, emotional, behavioral disorders, or disorders related to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, Mental Illness will be determined based on the diagnostic manual then published by the American Psychiatric Association on the date of Total Disability.

NON-CONTRIBUTORY INSURANCE means insurance for which the Employee pays no portion of the premium.

SECTION 2 - DEFINITIONS

Continued

PERMANENT AND TOTAL DISABILITY/PERMANENTLY AND TOTALLY DISABLED means the Employee's inability as determined by a Physician to engage, due to Accidental Bodily Injury or Sickness in any occupation for which he is fitted by training, education or experience. Permanent and Total Disability/Permanently and Totally Disability must occur after the Employee becomes insured under this Policy and it must be conclusively determined the Permanent And Total Disability will continue for the Employee's lifetime.

PERSONAL INSURANCE means the insurance provided under this policy for an Employee.

PHYSICIAN means a qualified, licensed doctor of medicine or osteopathy, and any other licensed health care provider that state law requires to be licensed prior to engaging in the practice of medicine and who is, practicing within the scope of his specialty, license, and applicable law. Physician does not include any medical provider affiliated with the Group Policyholder, or anyone related by blood, marriage, or domestic partnership to an Employee.

REGULAR ATTENDANCE means that an Employee or Dependent:

- 1) is receiving periodic medical treatment and services from a Physician when medically required and according to standard medical protocol to effectively manage and treat the Employee's or Dependent's Disability;
- 2) is receiving the most appropriate treatment and care that will maximize his medical improvement and aid in his return to work; and
- 3) is receiving medical care and services from a Physician whose specialty or practice is related to the Disability.

RETIREE means an individual who, on his last day of Active Work prior to retirement, was an Actively at Work Employee and who is receiving benefits under the Group Policyholder's retirement plan. Retiree does not include an Employee who is receiving benefits under his retirement plan solely due to being Totally Disabled and who otherwise does not meet the Group Policyholder's retirement plan's criteria for receipt of benefits.

SICKNESS means illness, bodily disorder or disease, Mental Illness, normal pregnancy and complications of pregnancy. Complication of Pregnancy is defined as concurrent disease or abnormal conditions significantly affecting the usual medical management of pregnancy.

TEMPORARY LAY-OFF means a period of time during which the Employee is not Actively at Work due to lack of work and is not terminated from employment with the Group Policyholder.

TOTAL DISABILITY and TOTALLY DISABLED *Refer to the Schedule of Benefits to determine to which class(es) the following definition(s) of Total Disability and Totally Disabled applies.*

When TOTAL DISABILITY on the Schedule of Benefits indicates Any Occupation, the following definition applies: TOTAL DISABILITY AND TOTALLY DISABLED mean that because of Accidental Bodily Injury or Sickness the Employee cannot engage in any occupation for which he is reasonably fitted by training, education, or experience. An Employee who accepts any type of employment, other than in a state-approved rehabilitation program or sheltered workshop, will be considered fitted to that occupation.

WE, OUR, US, and AUL mean American United Life Insurance Company.®

YOU and YOUR, when used in this policy's certificate of insurance, has the same meaning as Employee.

SECTION 2 - DEFINITIONS

Continued

ELIGIBLE UNIT means any entity which is subsidiary of or under majority ownership of the Group Policyholder.

INSURED UNIT means any Eligible Unit shown below or later added by amendment to this policy:

North Little Rock Vistors Bereau
North Little Rock Library System

See Section 23, Insured Units.

SECTION 3 - ELIGIBILITY

DEFINITIONS

NEW EMPLOYEE means an Employee who is employed by the Group Policyholder on or after the Group Policyholder's Effective Date.

PRESENT EMPLOYEE means an Employee who is employed by the Group Policyholder before the Group Policyholder's Effective Date.

WAITING PERIOD means the period of days beginning on the Employee's hire date that an Employee must be continuously Actively at Work prior to becoming eligible for Personal Insurance. Present Employees will be given credit for time insured under the Group Policyholder's prior group life insurance contract if this policy replaces the same coverage available under the prior group life insurance contract. The Waiting Period is stated in the Schedule of Benefits.

On the effective date of this policy, an Employee becomes eligible for Personal Insurance if:

- 1) the Employee has fulfilled the Waiting Period, if any, and is Actively at Work; or
- 2) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on an Employer-approved leave of absence other than for injury or Sickness; or
- 3) the Employee has fulfilled the Waiting Period, if any, and is not Actively at Work due to being on Temporary Lay-off.

After the effective date of this policy and while this policy is in force, an Actively at Work Employee becomes eligible for Personal Insurance on:

- 1) the date the Employee fulfills the Waiting Period, if any, if that date is the first day of the Coverage Month; or
- 2) the first day of the Coverage Month next following the date the Employee fulfills the Waiting Period, if any, if that date is not the first day of the Coverage Month.

TO REMAIN ELIGIBLE FOR PERSONAL INSURANCE AND DEPENDENT INSURANCE, IF ANY, EMPLOYEES MUST CONTINUOUSLY MEET THE ABOVE REQUIREMENTS.

SECTION 3A - ELIGIBILITY

Continued

For purposes of this policy, Employee also means an individual who is a Retiree who:

- 1) meets the retirement criteria defined by the Group Policyholder's employment policies; and
- 2) is permitted by applicable state law to be considered eligible for group insurance coverage; and
- 3) is named on the Schedule of Benefits of this policy.

An Employee defined in this Section becomes eligible for Personal Insurance on the later of:

- 1) the effective date of this policy; or
- 2) the effective date of the Employee's class.

THE FOLLOWING REQUIREMENTS ARE NOT APPLICABLE TO EMPLOYEES DEFINED IN SECTION 3A:

Active Work and Actively at Work

SEE THE SCHEDULE OF BENEFITS FOR A LIST OF THE BENEFITS THAT ARE NOT AVAILABLE TO EMPLOYEES DEFINED IN SECTION 3A.

Refer to the Employee Basic Schedule of Benefits to determine to which coverage and class(es) this page applies. When applicable, the Employee Schedule of Benefits will indicate employee premium CONTRIBUTIONS are not required and INDIVIDUAL EFFECTIVE DATE is First of the Month.

SECTION 4 - INDIVIDUAL EFFECTIVE DATE NON-CONTRIBUTORY INSURANCE

The eligible Employee, prior to receiving coverage under this policy must make written election on a form approved by AUL and the Employer must contribute the required amount of premium to AUL on a timely basis.

For amounts of coverage that do not exceed the Guaranteed Issue Amount shown in the Schedule of Benefits, the effective date for an eligible Employee is:

- 1) the first day of the Coverage Month; or
- 2) the first day of the next Coverage Month if the Employee applies after the first day of the Coverage Month.

To receive any amount of coverage exceeding the Guaranteed Issue Amount, the eligible Employee must make written request to AUL on a form approved by AUL and undergo medical underwriting. The effective date of insurance for an eligible Employee, subject to the further provisions of this Section, will be after the Employee submits satisfactory Evidence of Insurability to AUL and on the date AUL determines the Employee is approved for coverage. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided prior to receiving any amount of coverage greater than the Guaranteed Issue Amount.

If an eligible Employee desires to decline coverage for which the Employer would pay 100% of the premium, the Employee must first notify the Employer in writing of this decision prior to coverage being declined. Once coverage is declined, the Employer is not responsible for paying premium for that Employee, and the Employee will not be eligible for any coverage under this Policy. If an eligible Employee initially declines coverage and later desires to have coverage, the Employee will be required to undergo medical underwriting and submit satisfactory Evidence of Insurability at no expense to AUL prior to receiving any coverage. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

Any eligible Employee who converted his insurance under this policy to an individual life insurance policy and if that individual life insurance policy is still in force, the Employee is required prior to becoming insured again under this policy to undergo medical underwriting and submit satisfactory Evidence of Insurability, at no expense to AUL. If the Employee does not wish to undergo medical underwriting and submit satisfactory Evidence of Insurability, the Life Amount under this policy will be reduced by the amount of coverage under the individual life insurance policy. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

If an Employee is not Actively at Work on the date coverage would otherwise become effective, the effective date will be:

- 1) the first day of the Coverage Month, if the Eligible Employee returns to Active Work on the first day of the Coverage Month; or
- 2) the first day of the Coverage Month following the date the eligible Employee returns to Active Work, if Active Work begins after the first day of the Coverage Month.

Contributions for Basic insurance are not required from Employees for Personal Insurance.

Also see Continuity of Coverage, Section 5, if included in this policy.

Refer to the Employee Basic Schedule of Benefits to determine to which class(es) this page applies. When applicable, the Employee Schedule of Benefits will indicate CHANGES IN INSURANCE COVERAGE is First of the Month

SECTION 6 - CHANGES IN INSURANCE COVERAGE

The amount of coverage for which an Employee is eligible is shown in the Schedule of Benefits.

A change in coverage that does not increase the amount of coverage becomes effective the earlier of:

- 1) the first day of the Coverage Month following any scheduled reduction; or
- 2) the first day of the Coverage Month following AUL's written approval of the change.

Prior to a change in coverage that increases coverage, the Employee must be Actively at Work and the required amount of premium must be paid.

A change increasing the amount of coverage equal to or less than the Employee's Guaranteed Issue Amount takes effect on:

- 1) the first day of the Coverage Month if the Employee becomes eligible for the change on the first day of the Coverage Month; or
- 2) the first day of the next Coverage Month following the date the Employee becomes eligible for the change, if the date is after the first day of the Coverage Month.

A change in coverage increasing the amount of coverage above the Employee's Guaranteed Issue Amount is subject to:

- 1) satisfactory Evidence of Insurability, at no expense to AUL; and
- 2) takes effect on the first day of the Coverage Month, following AUL's written approval of the change.

If the Employee is not Actively at Work on the effective date of the approved increase, any increase in the amount of coverage takes effect on:

- 1) the first day of the Coverage Month, if the Employee returns to work on the first day of the Coverage Month; or
- 2) the first day of the Coverage Month following the Employee's return to Active Work, if the date is after the first day of the Month.

Refer to the Employee Basic Schedule of Benefits to determine to which class(es) WAIVER OF PREMIUM applies. When applicable, the Employee Schedule of Benefits will indicate WAIVER OF PREMIUM is Included.

SECTION 7 - CONTINUATION OF INSURANCE

CONTINUATION OF INSURANCE

While this policy is in force and if the Employee has ceased Active Work due to:

- 1) Sickness or injury, Personal Insurance may be continued until the earlier of:
 - a) *When Waiver of Premium is included* (see Schedule of Benefits): 6 months following cessation of Active Work; or
 - b) *When Waiver of Premium is not included* (see Schedule of Benefits): the attainment of age 65 or six (6) months, whichever is earlier;
- 2) Temporary Lay-off, Personal Insurance may be continued until the 90th day following cessation of Active Work;
- 3) an Employer-approved leave of absence, Personal Insurance may be continued until the 90th day following cessation of Active Work; or
- 4) an Employer-approved leave of absence allowed under the Family and Medical Leave Act (FMLA) or state law. Personal Insurance may then be continued until the end of the period allowed under FMLA or state law, whichever is longer.

In all the above Continuation of Insurance situations, Personal Insurance will terminate on the earliest of the following:

- 1) the date the Employee returns to Active Work;
- 2) the date the required premium payments are not received by AUL;
- 3) the date the Employee dies;
- 4) the date an Employee begins full or part-time employment;
- 5) the date this policy, or the Group Policyholder's coverage under this policy, terminates;
- 6) the date the Employee notifies the Group Policyholder that he will not be returning to Active Work;
- 7) the date the Employee's class is no longer offered under this policy;
- 8) the date the Employee is no longer a member in an eligible class;
- 9) the date the Employee makes written request for termination of coverage but not prior to the date of the request; or
- 10) the date an Employee enters military service for any country, except for temporary duty not scheduled for more than 30 days.

If the Group Policyholder has approved more than one type of leave of absence during any one period, AUL will consider such leaves to be concurrent for the purpose of determining how long the Employee's coverage may continue under this policy.

If the Employee does not return to Active Work, Personal Insurance terminates at the end of Continuation of Insurance period. At the end of Continuation of Insurance period, the Employee may apply, if eligible, for Waiver of Premium for Total Disability, see Section 8, if available; or may be eligible to apply to convert the Life Amount to an individual life insurance policy pursuant to Section 10.

Refer to the Employee Basic Schedule of Benefits to determine to which class(es) this Section applies. When applicable, the Employee Schedule of Benefits will indicate WAIVER OF PREMIUM is Included.

SECTION 8 - WAIVER OF PREMIUM FOR TOTAL DISABILITY

DEFINITIONS

ELIMINATION PERIOD means a 6 month period of consecutive days of Total Disability. The Elimination Period begins on the 1st day of Total Disability and ends on the last day of the 6 month period. An Employee may not have more than three (3) days of Active Work during the Elimination Period.

WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY

AUL will waive further premium payments for an Employee's Life Amount if he:

- 1) becomes Totally Disabled before age 60 and while insured under this policy;
- 2) remains continuously Totally Disabled during the 6 month Elimination Period;
- 3) submits and AUL receives proof of Total Disability within the three (3) months prior to the end of the Elimination Period;
- 4) submits and AUL receives acceptable proof of continuous Total Disability at least annually and as requested by AUL; and
- 5) is under the Regular Attendance of a Physician.

AUL also may require that the Employee be examined:

- 1) at AUL's expense;
- 2) by a Physician of AUL's choice.

The required amount of premium must continue to be received by AUL until AUL approves the request for Waiver of Premium Benefit for Total Disability and the Elimination Period has been fulfilled.

While the Employee meets the conditions set forth above and is approved by AUL for the benefit, the Employee will retain coverage without the need to make further premium payments until the first of the following occurs:

- 1) proof of Total Disability is not received by AUL;
- 2) the Employee becomes employed, or is found able to be employed in an occupation for which he is reasonably fitted by training, education or experience;
- 3) the Employee refuses to undergo a medical examination requested by AUL;
- 4) the date the Employee is not under the Regular Attendance of a Physician;
- 5) proof of continuous Total Disability is not submitted within the twelfth month of any benefit period unless it was not possible to do so;
- 6) the Employee attains the Full Retirement Age pursuant to Social Security Administration regulations;
- 7) if the Employee retires;
- 8) the Employee's class terminates;
- 9) the Employee is no longer Totally Disabled.

SECTION 8 - WAIVER OF PREMIUM FOR TOTAL DISABILITY

Continued

Any Accidental Death and Dismemberment Insurance will continue until the earliest of the following dates:

- 1) the date of the final benefit determination by AUL;
- 2) 6 months following the Date of Disability; or
- 3) the date the required amount of premium was not received by AUL.

Refer to the Schedule of Benefits under WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY to determine to which class(es) the following paragraph(s) applies.

The following applies when reductions are applicable:

When the Employee is approved for benefits under this Waiver of Premium Benefit for Total Disability, the coverage in force under this policy will be the Life Amount and:

- 1) will not include any Accidental Death and Dismemberment coverage the Employee may have had; and
- 2) will reduce if:
 - a) the coverage for the Employee's class is reduced; or
 - b) the Schedule of Benefits includes an automatic reduction for all Employees in his class at a certain age.

SECTION 8 - WAIVER OF PREMIUM FOR TOTAL DISABILITY

Continued

Life and Accidental Death and Dismemberment Insurance premiums must be paid to and received by AUL during the Waiver of Premium Benefit for Total Disability Elimination Period. If the benefit request is approved, any unearned premium beyond the Elimination Period will be refunded.

If the Employee is not approved for this benefit, the Employee may apply to convert his Life Amount to an individual life insurance policy pursuant to Section 10, Conversion Privilege within 31 days from notice of the adverse benefit determination. If the Employee did not pay premiums during the Elimination Period, the Employee is not eligible to convert his coverage to an individual life insurance policy upon notice of an adverse benefit determination.

If the Employee dies during the Elimination Period and the required amount of premiums were not received by AUL, no benefit will be due under this policy.

If coverage under the Waiver of Premium Benefit for Total Disability terminates, the Employee is entitled to apply to convert his Life Amount to an individual life insurance policy within 31 days of cessation of such coverage pursuant to Section 10, Conversion Privilege.

If coverage under the Waiver of Premium Benefit for Total Disability terminates because the Employee returns to Active Work with the Group Policyholder and this policy is still in force, the Employee is eligible to apply for all coverages available to his class.

If benefits are payable under this policy after the Employee is approved for Waiver of Premium and the Employee has applied and been issued an individual life insurance policy under Section 10, Conversion Privilege, any amount payable under this policy will be reduced by the amount payable under the individual life insurance policy. **IN NO EVENT WILL A BENEFIT BE PAYABLE UNDER BOTH THE INDIVIDUAL LIFE INSURANCE POLICY AND THIS POLICY GREATER THAN THE LIFE AMOUNT, NOR WILL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, BE PAYABLE BEYOND THE WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY ELIMINATION PERIOD.**

SECTION 9 - INDIVIDUAL TERMINATIONS

Personal Insurance terminates on the earliest of the following dates:

- 1) the date this policy is terminated;
- 2) the date the Employee requests termination but not prior to the date of the request;
- 3) the date for which any required premium payment was not received by AUL;
- 4) the date the Employee ceases to be eligible, see Eligibility, Section 3 and Section 3A, if any;
- 5) the date the Employee becomes a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees;
- 6) the date the Employee enters active military service for any country except for temporary duty of 30 days or less;
- 7) the date the Employee ceases Active Work, except for an event listed in this policy in Continuation of Insurance, Section 7; or
- 8) the date of an adverse benefit determination under the Waiver of Premium provisions, if applicable.

Accidental Death and Dismemberment coverage terminates when Personal Insurance terminates. Accidental Death and Dismemberment coverage also terminates on the earliest of the following dates:

- 1) the date of an adverse or positive benefit determination under the Waiver of Premium Benefit provisions;
- 2) the last day of the Coverage Month during which the Employee becomes a Retiree, unless the Schedule of Benefits includes a specific classification for Retirees that includes AD&D Principal Sum Amounts;
- 3) the date the Employee's Life Amount reduces to zero; or
- 4) the end of the Elimination Period.

SECTION 10 - CONVERSION PRIVILEGE

If an Employee's coverage, or a portion of it, terminates because the Employee is no longer eligible for coverage under this policy, the Employee may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under this policy minus the amount of any group life coverage for which the Employee becomes eligible within 31 days of termination.

If the Employee's coverage ceases due to termination of the Policy, the Employee may apply for and receive an individual life insurance conversion policy if the Employee's group life insurance has been in force with AUL for five (5) continuous years before the termination date. The coverage amount of the individual life insurance conversion policy may not exceed the LESSER of:

- 1) the amount of life insurance that ceases because of termination minus the amount of any group life coverage for which the Employee becomes eligible within 31 days of termination; or
- 2) \$10,000.

The conversion privilege is subject to the following:

- 1) Written application must be made and the first premium must be paid within 31 days after the date of termination of insurance.
- 2) An individual life insurance policy, other than term life insurance, offered by AUL at the time of conversion, may be selected.
- 3) The premium on the individual policy must be at AUL's then customary rate applicable to the form and amount of the individual policy, to the class of risk to which the person or dependent then belongs, and to the individual age attained by the person or dependent on the effective date of the individual policy.
- 4) The individual life insurance conversion policy takes effect on the last day of the application period and is in lieu of all benefits under the Policy.

If notice of the existence of the conversion right is not given at least 15 days before the expiration of the period during which the conversion application and payment of the first premium must be made under the terms of the policy, the person has an additional period within which to exercise the conversion right. The additional conversion application period created to exercise a right of conversion expires 15 days after the person is given notice of the conversion right. However, irrespective of the date on which notice is given or of the absence of any notice, the additional conversion application period may not extend beyond 60 days after the expiration date of the period within which conversion application period and payment of the first premium were to be made under the terms of the policy. For purposes of this section, notice of the right of conversion may be given to the Employee in writing presented to the person; mailed by the Group Policyholder to the last known address of the person; or mailed by the insurer to the last known address of the person as furnished by the Group Policyholder.

If death occurs during the conversion application period, AUL will pay the Life Amount available for conversion whether or not the application or the first premium payment has been made. After the 31-day period, no conversion application will be accepted unless it is proven that it was not possible for the Employee to apply in a timely fashion. The individual life insurance conversion policy will not include Accidental Death benefits or any other benefits currently in force under this Policy.

Premium must be paid to and received by AUL for coverage during the conversion application period.

IF DEATH OCCURS DURING THE CONVERSION APPLICATION PERIOD, IN NO EVENT WILL BENEFITS BE PAYABLE UNDER BOTH THE INDIVIDUAL CONVERSION POLICY AND THIS POLICY. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, ARE NOT PAYABLE BEYOND THE DATES OUTLINED IN SECTION 9, INDIVIDUAL TERMINATIONS.

Refer to the Employee Basic Schedule of Benefits to determine to which coverage and class(es) this page applies. When applicable, the Employee Schedule of Benefits will indicate INDIVIDUAL REINSTATEMENTS are First of the Month.

SECTION 11 - INDIVIDUAL REINSTATEMENTS

If Personal Insurance and Dependent Insurance, if any, terminate due to termination of an Employee's employment, the Employee can apply to reinstate that coverage following return to Active Work. The following conditions apply:

- 1) When return to Active Work occurs within 30 days of the termination of coverage, coverage becomes effective on the first day of the next Coverage Month following the date of return to Active Work. Evidence of Insurability will not be required for any amount of coverage less than the Guaranteed Issue Amount.
- 2) When return to Active Work occurs after the period specified in paragraph 1 above, the Employee will be considered a new employee and the requirements found in the Eligibility and Individual Effective Date Sections will apply.
- 3) When the Life Amount has been converted under the Conversion Privilege, Section 10, the Life Amount available for reinstatement under this policy will be reduced by the amount of coverage under the individual life insurance policy. In no event will the amount of coverage reinstated under this Section and the amount of coverage under the individual life insurance policy be greater than the Life Amount existing on the Employee's termination of employment.
- 4) Prior to applying for reinstatement, AUL must have received the required amount of premium timely.
- 5) The maximum amount of coverage reinstated will not exceed the maximum amount of coverage which would have been available had the Employee's coverage not terminated.

If reinstatement is requested for any reason other than returning to Active Work, medical underwriting and satisfactory Evidence of Insurability, at no expense to AUL, will be required prior to AUL's approval of coverage. The effective date of reinstatement will be the date determined by AUL in writing. Dependent Insurance cannot be reinstated without reinstatement of Personal Insurance.

Refer to the Employee Basic Schedule of Benefits to determine to which class(es) this Section applies. When applicable, the Employee Schedule of Benefits will indicate AD&D PRINCIPAL SUM.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

DEFINITIONS

ACCIDENTAL DEATH means death due to an accident, directly and independently of all other causes.

ADDITIONAL ACCIDENTAL DEATH BENEFITS mean the Repatriation Benefit, the Child Higher Education Benefit and the Child Care Benefit. The total of the Additional Accidental Death Benefits payable will not exceed 100% of an Employee's AD&D Principal Sum shown in the Schedule of Benefits.

ACCIDENTAL DISMEMBERMENT means loss of sight, speech or hearing or severance of a body member, Loss of Use of a limb of the body, or Severe Burn due to an accident, directly and independently of all other causes.

AIR BAG means an inflatable restraint device that is activated in an Automobile accident and

- 1) was installed by the Automobile manufacturer;
- 2) is not altered after the original installation by the Automobile manufacturer;
- 3) is functioning properly; and
- 4) complies with Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model and year of the Automobile.

AUTOMOBILE means a motor vehicle properly registered with local authorities and permitted under applicable laws for use on highways.

CHILD - see SECTION 2, DEFINITIONS.

LOSS OF SIGHT means total, permanent blindness.

LOSS OF SPEECH means total, permanent and irrecoverable loss of vocal communication.

LOSS OF HEARING means total, permanent deafness in both ears which cannot be restored by any means.

LOSS OF HAND means complete severance of the hand through or above the wrist.

LOSS OF THUMB AND INDEX FINGER means complete severance of both the thumb and index finger at or above the metacarpophalangeal joints on the same hand.

LOSS OF FOOT means complete severance of the foot through or above the ankle.

LOSS OF USE OF UPPER AND LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF BOTH LOWER LIMBS OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of both lower limbs of the body which has continued for 12 continuous months.

LOSS OF USE OF UPPER AND LOWER LIMBS ON ONE SIDE OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of the upper and lower limbs on one side of the body which has continued for 12 continuous months.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

Continued

LOSS OF USE OF ONE LIMB OF THE BODY means a total, permanent and irrecoverable loss of voluntary movement of one limb of the body which has continued for 12 continuous months.

HEMIPLEGIA means the total, permanent and irrecoverable paralysis of the upper and lower limbs on the same side of the body which has continued for 12 continuous months.

MONOPLÉGIA means the total, permanent and irrecoverable paralysis of one limb of the body which has continued for 12 continuous months.

PARAPLEGIA means the total, permanent and irrecoverable paralysis of both lower limbs of the body which has continued for 12 continuous months.

QUADRIPLEGIA means the total, permanent and irrecoverable paralysis of both upper and lower limbs of the body which has continued for 12 continuous months.

SEAT BELT means a properly installed safety belt meeting the standards stated in the Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. Section 571.208) for the make, model, and year of the Automobile.

SEVERE BURNS means third-degree burns on at least fifty percent of the body.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

Continued

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If an Employee has an accident while insured under this policy which results in a loss or condition shown below, AUL will pay the amount shown opposite the loss or condition if:

- 1) the loss or condition occurs within 365 days from the date of the accident; and
- 2) AUL receives acceptable proof of loss or condition.

FOR ACCIDENTAL LOSS OF	AMOUNT PAYABLE
Life	AD&D Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	AD&D Principal Sum
Speech and Hearing	AD&D Principal Sum
One Hand and One Foot	AD&D Principal Sum
One Hand and Sight of One Eye	AD&D Principal Sum
One Foot and Sight of One Eye	AD&D Principal Sum
Sight of One Eye	One-half of the AD&D Principal Sum
One Hand or One Foot	One-half of the AD&D Principal Sum
Speech or Hearing	One-half of the AD&D Principal Sum
Thumb and Index Finger	One-quarter of the AD&D Principal Sum
FOR CONDITIONS OF	
Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body	AD&D Principal Sum
Paraplegia or Loss of Use of Both Lower Limbs of the Body	One-half of the AD&D Principal Sum
Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body	One-half of the AD&D Principal Sum
Monoplegia or Loss of Use of One Limb of the Body	One-quarter of the AD&D Principal Sum
Severe Burns	AD&D Principal Sum

The AD&D Principal Sum is shown in the Schedule of Benefits.

AUL will only pay a benefit for either paralysis or loss of a limb, but not a benefit for both.

The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by the Employee. The amount payable for loss of life is paid according to Payment of Death Benefits, Section 15. Amounts payable for other losses are paid to the Employee.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
Continued

LIMITATIONS

Benefits are not payable for loss due directly or indirectly to:

- 1) suicide or attempted suicide, whether sane or insane;
- 2) air travel as a crew member;
- 3) participation in a riot or from war or an act of war, whether declared or undeclared;
- 4) caused or contributed to by the insured's commission of or attempt to commit a criminal act under relevant state law;
- 5) the voluntary taking of:
 - a) a prescription drug in a manner other than as prescribed by a Physician;
 - b) any other federally- or state-regulated substance in an unlawful manner;
 - c) non-prescription medicine, in a manner other than as indicated in the printed instructions; or
 - d) poison;
- 6) the voluntary inhaling of gas (unless due to occupational accident);
- 7) Sickness other than infection occurring as a result of accidental injury;
- 8) voluntary use of alcohol resulting in intoxication above the legal limit;
- 9) voluntary use of a hallucinogen or substance causing intoxication;
- 10) operating a vehicle while intoxicated above the legal limit or while under the influence of hallucinogen or substance causing intoxication;
- 11) violation of traffic laws other than an infraction, racing, stunt-driving, or engaging in other similar activity during the accident; or
- 12) participation in hang-gliding, bungee jumping, skydiving, rock climbing or mountain climbing.

Notice and Proof of Injury/Accidental Death: AUL's Home Office must receive written notice of the injury/Accidental Death on which the claim is based within 31 days of the date of the accident. AUL's Home Office must receive acceptable proof of loss within 90 days after the date of the loss. Acceptable proof of loss must be furnished as follows:

- 1) A certified death certificate;
- 2) A complete and accurate AUL death claim form and if available, a copy of the police, autopsy, and medical reports related to the death;
- 3) A statement by the Group Policyholder certifying the amount of coverage existing on the date of loss; and
- 4) At AUL's option, other documents or information as needed to investigate the loss and determine whether or not benefits are payable under this policy.

AUL has the right to examine the Employee:

- 1) as often as necessary;
- 2) at AUL's expense; and
- 3) by a medical professional of AUL's choice.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT

Continued

TERMINATION OF ACCIDENTAL DEATH and DISMEMBERMENT BENEFIT

Accidental Death and Dismemberment coverage for the Employee will terminate as outlined in Section 9, Individual Terminations.

The Group Policyholder may terminate the insurance under this Section at the end of any Coverage Month by giving AUL 31 days prior written notice.

AUL may terminate the insurance under this Section at the end of any Coverage Month by giving 31 days prior notice to the Group Policyholder.

AUL WILL STILL BE LIABLE FOR PAYMENT OF VALID CLAIMS INCURRED BEFORE THE TERMINATION DATE.

THIS COVERAGE AND ANY BENEFITS UNDER THIS SECTION ARE NOT AVAILABLE DURING THE CONVERSION APPLICATION PERIOD, DURING THE ELIMINATION PERIOD, OR WHILE ELIGIBLE FOR BENEFITS UNDER THE WAIVER OF PREMIUM PROVISIONS.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
Continued

EXPOSURE

If an Employee is unavoidably exposed to heat or cold as a direct result of a covered accident, and as a direct result of the exposure, the Employee suffers a loss for which benefits would be payable under this Section, an AD&D benefit will be paid. Any loss associated with exposure to heat or cold must occur within 365 days of the accident.

The total amount payable will never exceed the AD&D Principal Sum for all losses sustained by the Employee.

This provision is subject to the further limitations and provisions of this Section 12.

DISAPPEARANCE

If an Employee is an occupant in a vessel, vehicle, or plane at the time of accidental destruction, sinking, or disappearance of the vessel, vehicle, or plane and the Employee's body cannot be found within one year of the date of the accidental destruction, sinking, or disappearance, the Employee will be presumed to have died. AUL will only presume Accidental Death if:

- 1) there is no evidence to the contrary;
- 2) there is a determination by the appropriate governmental authorities or court issuing a valid and legally binding determination that the Employee has died;
- 3) a certified copy of the governmental authority findings or court order is provided to AUL; and
- 4) benefits would have been paid assuming a death certificate could have been issued if the body was recovered.

If the Employee is later determined not to have died following AUL's payment of any benefits under this Policy, the individuals and entities which received any portion of the amounts paid by AUL will immediately return all amounts received upon receiving information indicating the Employee is alive.

If the Employee is later located after AUL has paid an Accidental Death benefit, any other benefit that may be payable under this policy will be reduced by the amount of any benefit already paid.

Coverage under this Policy must exist with AUL at the time of Accidental Death. The total amount payable will not exceed the AD&D Principal Sum. This provision is subject to further limitations and provisions of Section 12.

Refer to the Employee Basic Schedule of Benefits to determine to which class(es) this page applies. When applicable, the Employee Schedule of Benefits will indicate ACCIDENTAL DEATH REPATRIATION BENEFIT is Included.

**SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12C - REPATRIATION BENEFIT**

DEFINITIONS

REASONABLE EXPENSES means usual and customary fees or charges assessed in the marketplace for the services performed.

REPATRIATION BENEFIT

AUL will pay an Additional Accidental Death Benefit if the Employee dies either greater than 200 miles away from his principal place of residence or is outside of the country at the time of Accidental Death. The following rules apply:

- 1) The Repatriation Benefit equals the lesser of:
 - a) Reasonable Expenses for transportation of the Employee's body to a funeral home or mortuary near the Employee's principal place of residence;
 - b) \$5,000; or
 - c) 10% of the Employee's AD&D Principal Sum shown in the Schedule of Benefits.
- 2) AUL must receive satisfactory written proof documenting the location of the Employee's Accidental Death. Any Repatriation Benefit will be paid following receipt that reasonable transportation expenses were paid.
- 3) Only one Repatriation Benefit will be paid to the beneficiary who has paid the cost for any covered expenses, regardless of any additional coverages for which the Employee may be insured with AUL.
- 4) Acceptable written proof and documentation of the reasonable transportation expenses paid must be received by AUL within 12 months of Accidental Death.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of an Employee's AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

Refer to the Employee Basic Schedule of Benefits to determine to which class(es) this page applies. When applicable, the Employee Schedule of Benefits will indicate ACCIDENTAL DEATH CHILD HIGHER EDUCATION EXPENSE BENEFIT is Included.

SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12D - CHILD HIGHER EDUCATION BENEFIT

DEFINITIONS

ACADEMIC YEAR means the annual period of educational sessions of an accredited post-secondary educational institution.

ELIGIBLE STUDENT under this Section means the Employee's unmarried Child under age 25, who on the date of the Employee's Accidental Death:

- 1) is enrolled in and is attending an accredited post-secondary educational institution on a full-time basis; or
- 2) is at the 12th grade level and enrolls and attends an accredited post-secondary educational institution within 16 months from the date of the Employee's death; and
- 3) is dependent upon the Employee for principal support and is claimed as a dependent on the Employee's federal income tax return.

EDUCATION EXPENSES means tuition that is assessed by the accredited post secondary educational institution and is required to be paid in order for the Child to be classified as a full time student.

CHILD HIGHER EDUCATION BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

- 1) The Child Higher Education Benefit payment will be no more than \$4,000 for each Eligible Student per Academic Year for Education Expenses. The cumulative benefit payments for all eligible students will not exceed the lesser of:
 - a) \$20,000; or
 - b) 10% of the Employee's AD&D Principal Sum Insurance shown in the Schedule of Benefits.
- 2) The Child Higher Education Benefit will be paid:
 - a) for Education Expenses that are incurred and paid after the Employee's Accidental Death;
 - b) once annually at the conclusion of the Academic Year;
 - c) not for more than 5 consecutive years after the date of the Employee's Accidental Death;
 - d) until such date that the Child no longer satisfies eligibility requirements under this policy or the accredited post-secondary educational institution;
 - e) following AUL's receipt of documentation showing proof of paying Education Expenses, the Child Higher Education Benefit will be paid to any named beneficiary who paid Education Expenses; and
 - f) in direct proportion to the amount of Education Expenses paid by each named beneficiary.
- 3) If there is no Eligible Student, no Child Higher Education Benefit will be paid.
- 4) Child Higher Education Benefits will only be paid based on enrollment in one accredited post-secondary educational institution.
- 5) No annual Child Higher Education Benefits will be paid beyond the date this policy terminates. If this policy terminates within 60 days of the end of the current Academic Year, a final Child Higher Education Benefit will be paid when eligible.

In no event will the total of the Additional Accidental Death Benefits payable exceed 100% of an Employee's AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section.

Refer to the Employee Basic Schedule of Benefits to determine to which class(es) this page applies. When applicable, the Employee Schedule of Benefits will indicate ACCIDENTAL DEATH CHILD CARE BENEFIT is Included.

**SECTION 12 - ACCIDENTAL DEATH AND DISMEMBERMENT
SECTION 12E - CHILD CARE BENEFIT**

DEFINITIONS

CHILD CARE EXPENSES mean any reasonable and customary weekly or monthly child-care fees assessed by a Child Care Facility.

CHILD CARE FACILITY means a properly state-licensed child-care center not owned or operated by a member of the Child's Family.

ELIGIBLE CHILD(REN) means the Employee's Child(ren) under the age of 13.

FAMILY means any parent, stepparent, grandparent, brother, sister, uncle or aunt.

CHILD CARE BENEFIT

AUL will pay an Additional Accidental Death Benefit subject to the following rules:

- 1) The Child Care Benefit applies to each Eligible Child enrolled in a Child Care Facility on the date of the Employee's Accidental Death or subsequently enrolls in a Child Care Facility within 12 months of the Employee's Accidental Death.
- 2) Only Child Care Expenses incurred and paid after the Employee's Accidental Death will be paid.
- 3) No more than \$4,000 will be paid for each Eligible Child per calendar year for Child Care expenses. The cumulative benefit payments for all Eligible Children will not exceed the lesser of:
 - a) \$20,000, or
 - b) 10% of the Employee's AD&D Principal Sum shown in the Schedule of Benefits
- 4) The Child Care Benefit will be paid once per year at the completion of the calendar year to the earlier of the following:
 - a) the date the Child no longer satisfies eligibility requirements;
 - b) the date the Child attains age 13; or
 - c) 5 consecutive years after the date of the Employee's Accidental Death.
- 5) If there is no Eligible Child, no Child Care Benefit will be paid.
- 6) Following AUL's receipt of documentation showing proof of paying Child Care Expenses, the Child Care Benefit will be paid to any named beneficiary who paid Child Care Expenses, and in proportion to the amount of Child Care Expenses paid by each named beneficiary.
- 7) No Child Care Benefit will be paid beyond the date this policy terminates. If this policy terminates within 60 days of the end of the calendar year, a final Child Care Benefit will be paid when eligible.

In no event will the total of all Additional Accidental Death Benefits payable exceed 100% of an Employee's AD&D Principal Sum.

In addition to the above limitations, this benefit is subject to the further limitations and provisions of this Section 12.

Refer to the Employee Basic Schedule of Benefits to determine to which class(es) this Section applies. When applicable, the Employee Schedule of Benefits will indicate ACCELERATED LIFE BENEFIT is Included.

SECTION 13 - ACCELERATED LIFE BENEFIT

DEFINITION

TERMINAL CONDITION means an injury or Sickness that, despite appropriate medical care, is conclusively established to AUL will result in the Employee's death within 12 months from the date of claim. AUL may require that the Employee be examined at AUL's expense by AUL's choice of Physician.

ACCELERATED LIFE BENEFIT

If an Employee is Permanently and Totally Disabled and is diagnosed with a Terminal Condition and is eligible for benefits under this Section, the Employee may apply for payment of the Accelerated Life Benefit. The amount of Accelerated Life Benefit available is shown in the Schedule of Benefits, unless any portion of the Employee's Life Amount has already been paid. The amount of Accelerated Life Benefit available will then be based on the amount remaining after payment of any portion of the Life Amount. Benefits will be paid in one lump sum to the Employee.

CONDITIONS

To be eligible to apply for the Accelerated Life Benefit:

- 1) the Employee must have Personal Insurance;
- 2) the Employee must be determined by AUL to be Permanently and Totally Disabled from any occupation;
- 3) the Employee must be under age 60;
- 4) the Employee must be diagnosed by a Physician with a Terminal Condition while eligible for benefits under this Section;
- 5) an Employee who is subject to laws of a community property state obtains the spouse's written consent for payment to the Employee of the Accelerated Life Benefit; and
- 6) the Employee can receive an Accelerated Life Benefit only once.

PROOF REQUIRED FOR THE ACCELERATED BENEFIT

Proof is a completed claim form and other information AUL requires in order to determine whether benefits are owed under this Section. AUL may require that the Employee be examined by a Physician selected by AUL and at AUL's expense.

LIMITATIONS

An Accelerated Life Benefit will not be paid if:

- 1) the Employee has named an irrevocable Beneficiary or made an assignment of his Life Amount;
- 2) all or a portion of the Employee's Life Amount is to be paid to another person or entity pursuant to a valid court order;
- 3) the Employee's coverage terminates; or
- 4) this policy terminates.

SECTION 13 - ACCELERATED LIFE BENEFIT

Continued

After payment of an Accelerated Life Benefit, the Employee's Life Amount payable at death to the Employee's Beneficiary equals:

- 1) the Employee's Life Amount as if an Accelerated Life Benefit payment had not been made, minus
- 2) the amount of the Accelerated Life Benefit paid, minus
- 3) the interest charge.

The interest charge equals the Accelerated Life Benefit amount, times the number of days from the date of payment to the Employee's date of death divided by 365, times the interest rate. The interest rate will be based on the current 90-day Treasury bill rate existing on the date of payment of the Accelerated Life Benefit.

NOTE: The Employee's Accidental Death and Dismemberment Insurance, if any, terminated upon approval of the Waiver of Premium benefit.

The required amount of premiums must continue to be received by AUL on the original Life Amount, unless premiums have ceased due to coverage under the Waiver of Premium benefit of this policy.

The AD&D Principal Sum, if any, will not be reduced by payment of the Accelerated Life Benefit.

The following information is used for illustrative purposes only:

Example: Life insurance in force = \$100,000*
Date of receipt of proof of terminal condition = 10/31/05
Date of payment of Accelerated Life Benefit = 11/1/05
Date of death = 2/15/06
Interest rate** = 3.5%

1. Amount of Accelerated Life Benefit = $.50 \times \$100,000 = \$50,000$
2. Interest Charge = $\$50,000 \times (106 \text{ days} / 365 \text{ days}) \times .035 = \508.22
3. Death Benefit Payable = $\$100,000 - \$50,000 - \$508.22 = \$49,491.78$

*The Employee's Life Insurance amount is shown in the Schedule of Benefits in the Employee's insurance certificate.

**The interest rate is equal to the 90-day Treasury bill rate on the date of the Accelerated Life Benefit payment.

NOTE: The Accelerated Life Benefit offered under this policy is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the Accelerated Life Benefit qualifies for such favorable tax treatment, the benefit will be excludable from the Employee's income and not subject to federal taxation. The laws relating to Accelerated Life Benefits are complex. Employees are advised to consult with a qualified tax advisor about circumstances under which they could receive an Accelerated Life Benefit excludable under federal law. Eligibility for Public Assistance: Receipt of an Accelerated Life Benefit may affect the Employee's, their Dependent spouse's, or their family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Employees are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the Employee's, their Dependent spouse's, and their family's eligibility for public assistance.

SECTION 15 - PAYMENT OF DEATH BENEFITS

If an Employee dies while insured under this policy, AUL will pay the benefits owed under this policy to the Beneficiary:

- 1) upon timely receipt of acceptable proof of death; and
- 2) subject to all other provisions of this policy and to the Employee's dated and signed designation.

The following Sections describe the manner in which death benefits are paid.

SECTION 16 - NAMING OF BENEFICIARY

BENEFICIARY means the individual, individuals or entity named by the Employee to receive his Life Amount.

Unless this policy provides otherwise, AUL will pay benefits according to the Employee's Beneficiary designation.

When an Employee applies for coverage he should on an AUL-approved form:

- 1) designate the name of one or more Beneficiaries;
- 2) classify the Beneficiaries by order of preference, either primary or contingent; and
- 3) indicate distribution of the proceeds among members of the class of Beneficiaries.

If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally. If no primary Beneficiaries outlive the Employee and there is no distributive share indicated among the contingent Beneficiaries, then all contingent Beneficiaries will share equally.

If this policy replaces insurance coverage of another carrier, AUL may, upon written request of the Group Policyholder, recognize Beneficiary designations in effect under the prior coverage as effective until a new designation is made with AUL, provided that prior designations are in a form acceptable to AUL and the Group Policyholder receives AUL's written approval of the form.

CHANGING A BENEFICIARY

The Employee may change a Beneficiary at any time by written request. The request must be completed, signed, dated and filed through the Group Policyholder.

AUL may recognize a beneficiary change as of the date the form was signed by the Employee even if the Employee is not alive when AUL receives it. However, AUL is not liable if benefits are paid according to the previous designation before AUL receives the change. If the Employee applies for an individual life insurance conversion policy under Section 10, Conversion Privilege and names a new Beneficiary, AUL will use any beneficiary designated in that application when determining which beneficiary to pay.

AUL reserves the right to require that any Beneficiary designation be acceptable to it and be made pursuant to applicable laws.

SECTION 17 - THE DEATH CLAIM

If the Employee dies while insured under this policy, proof of death should be furnished as soon as possible. The claim must be submitted within 12 months of the date of death. The claim may still be considered if it can be shown that timely submission of the claim was not possible due to events beyond the control of the beneficiary, but will not be considered after the applicable statute of limitations has passed.

Proof of death must include:

- 1) a certified death certificate; and
- 2) a completed claim form.

AUL, at its option, may also require:

- 1) return of the Employee's insurance certificate;
- 2) submission of pertinent medical records, including an autopsy report;
- 3) police reports; or
- 4) any other documents AUL may deem reasonably necessary to determine what benefits and to who benefits are owed.

If the cause of death cannot be clearly established by other means, AUL reserves the right to have a medical examination performed on a deceased Employee. The examination will be performed:

- 1) at AUL's expense; and
- 2) by a Physician of AUL's choice.

If this policy is no longer in force, proof furnished more than two (2) years from the date of loss must also include:

- 1) proof of employment at death; and
- 2) proof of coverage under this policy at death.

SECTION 18 - DETERMINATION OF BENEFICIARY

Once acceptable proof of death is received, AUL will determine the Beneficiaries or payees in the following order:

- 1) If more than one primary Beneficiary is listed and no distributive share is indicated, then all primary Beneficiaries will share equally.
- 2) If no primary Beneficiaries outlive the Employee and there is no distributive share indicated among contingent Beneficiaries, then all contingent Beneficiaries will share equally.
- 3) If no named Beneficiaries outlive the Employee or none were named, then at AUL's option, a surviving relative. Relatives will be considered in descending order of preference as follows:
 - a) spouse;
 - b) natural and legally adopted child(ren);
 - c) parent(s); or
 - d) brother(s) and sister(s).
- 4) If the Employee's estate is not substantial and there are no statutory requirements to the contrary, at AUL's option, benefits may be paid to the closest surviving heir(s) under applicable small estate laws.
- 5) If no named Beneficiaries outlive the Employee or none were named, then at AUL's option, the Employee's estate.

AUL may, at its option, pay the proceeds in an amount up to \$2,000 to any individual appearing to AUL to be legally entitled to payment by reason of having paid funeral or other burial expenses related to the death of the Employee.

In the event the Employee and his Dependents should die simultaneously or if there is no clear evidence as to which individual died first, it shall be presumed that the Dependents should have predeceased the Employee.

If any Beneficiary dies within 15 days after Employee's death, the Beneficiary will be treated as having died before the Employee. This provision does not apply to any payment mailed to such Beneficiary during the 15 days following the Employee's death, and any payment made in good faith shall fully discharge AUL.

SECTION 19 - SELECTION OF PAYMENT METHOD

The proceeds will be paid in a lump sum unless another payment method is selected or changed by giving written notice to AUL prior to the Employee's death. If no payment method is in effect at death, the payee may select a payment method. For information concerning payment method options, the Employee or payee should contact AUL.

Benefits will be paid only if AUL decides in its discretion the person is entitled to them and after AUL approves the payment method. Any person who becomes entitled to receive any portion of the proceeds under this policy shall be entitled to receive payment of interest if any payment is not received by such person within 30 days after the event giving rise to the obligation and after all requested information is received by AUL. Interest payable shall be calculated at an annual rate after all requested information is received by AUL. The rate of interest payable shall be the lesser of 3% or that rate, as determined from time to time by AUL, applicable to proceeds of life insurance left on deposit with AUL and subject to withdrawal on demand. For the purposes of this section, payment shall be deemed to have been received by the person when deposited by AUL in United States mail, postage prepaid, and directed to the person's last known address or the Group Policyholder's address shown in AUL's records.

Other than lump sum payment, AUL reserves the right to specify the minimum periodic payment when a method is to become effective.

Refer to the Dependent Basic Schedule of Benefits to determine to which class(es) this Section applies. When applicable, the Dependent Schedule of Benefits will be included.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20A - ELIGIBILITY

ELIGIBILITY

All Dependents must be legally authorized to reside in the United States under applicable state and federal laws.

An individual who is a Dependent of an Employee on the effective date of this policy becomes eligible for Dependent Insurance on the later of the following dates:

- 1) the effective date of this policy;
- 2) the date the Employee becomes eligible for Personal Insurance; or
- 3) the effective date that Dependent coverage under Section 20, Dependent Insurance, is added to this policy.

An individual who becomes a Dependent of an Employee after the effective date of this policy becomes eligible for Dependent Insurance on the later of the following dates:

- 1) the date the Employee becomes eligible for Personal Insurance;
- 2) the date the individual becomes a Dependent of the Employee; or
- 3) the effective date that Dependent coverage under Section 20, Dependent Insurance, is added to the Group Policyholder's coverage.

The Employee as a condition of insuring his Dependent(s) must make written election to AUL on a form approved by AUL and, for Contributory Insurance, must contribute the required amount of premium to AUL on a timely basis.

Refer to the Dependent Basic Schedule of Benefits to determine to which coverage and class(es) this page applies. When applicable, the Dependent Schedule of Benefits will indicate employee premium CONTRIBUTIONS are required and INDIVIDUAL EFFECTIVE DATE is First of the Month.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20B - INDIVIDUAL EFFECTIVE DATE

INDIVIDUAL EFFECTIVE DATE--CONTRIBUTORY INSURANCE

The Employee, as a condition of insuring his Dependent(s), must make written election to AUL on a form approved by AUL and must make timely contributions of the required amount of premium to AUL. The effective date of Dependent Insurance for each Dependent, subject to the further provisions of this Section, is the first day of the Coverage Month following:

- 1) the date the Dependent becomes eligible for coverage, if the election for Dependent Insurance is made on or before the first day of the Coverage Month and the amount requested does not exceed the Guaranteed Issue Amount;
- 2) the date of the election, if the election is made within 31 days after the date the Dependent becomes eligible and the coverage amount requested does not exceed the Guaranteed Issue; or
- 3) the date determined by AUL when Evidence of Insurability is required. Satisfactory Evidence of Insurability, at no expense to AUL, must be provided if:
 - a) election is made more than 31 days after the date the Dependent becomes eligible for coverage;
 - b) the amount requested exceeds the Guaranteed Issue Amount shown in the Dependent Insurance Schedule of Benefits; or
 - c) election is made after a termination of insurance due to failure to make contributions.

If an Employee has at least one Dependent insured under this policy, insurance amounts for any newly acquired Dependent that do not exceed the Guaranteed Issue Amount shown in the Dependent Insurance Schedule of Benefits become effective on the date that Dependent is acquired.

Contributions for Dependent Insurance are required from the Employee.

Any Dependent who converted his insurance under this policy to an individual life insurance policy and if that individual life insurance policy is still in force, the Dependent is required prior to becoming insured again under this policy, to undergo medical underwriting and submit satisfactory Evidence of Insurability, at no expense to AUL. If the Dependent does not wish to undergo medical underwriting and submit satisfactory Evidence of Insurability, the Life Amount under this policy will be reduced by the amount of coverage under the individual life insurance policy. No coverage shall begin until the date AUL has approved the request for coverage in writing and the required amount of premium is received from the Employer.

If a Dependent is confined in any medical facility, rehabilitation center, convalescent care facility, nursing home, or correctional facility on the date Dependent Insurance would otherwise become effective for that Dependent, the effective date for that Dependent is the date following the Dependent's final discharge from the medical facility, rehabilitation center, convalescent care facility, nursing home, or correctional facility on and the resumption of the usual and customary duties or activities of an individual in good health and of the same age and sex. For the purposes of this policy, a Dependent will not cease to be confined if one confinement is followed by another confinement, within 72 hours, for the same or a related injury or Sickness.

Also see Continuity of Coverage, Section 5, if included in this policy.

Dependent Insurance will not become effective for a Dependent unless the Employee is insured for Personal Insurance.

Refer to the Dependent Basic Schedule of Benefits to determine to which class(es) this page applies. When applicable, the Dependent Schedule of Benefits will indicate CHANGES IN INSURANCE COVERAGE is First of the Month.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20C - CHANGES IN INSURANCE COVERAGE

CHANGES IN INSURANCE COVERAGE

The amount of coverage for which a Dependent is eligible is shown in the Schedule of Benefits.

A change in coverage that does not increase the amount of coverage becomes effective the earlier of:

- 1) the first day of the Coverage Month following any scheduled reduction; or
- 2) the first day of the Coverage Month following AUL's written approval of the change.

Prior to a change in coverage that increases coverage, the Dependent must not be confined in any medical facility, rehabilitation center, convalescent care facility, nursing home, or correctional facility and the Employee must be Actively at Work and the required premium must be paid.

A change increasing the amount of coverage equal to or less than the Dependent's Guaranteed Issue Amount takes effect on:

- 1) the first day of the Coverage Month, if the Dependent becomes eligible for the change on the first day of the Coverage Month; or
- 2) the first day of the Coverage Month following the date the Dependent becomes eligible for the change, if the date is after the first day of the Coverage Month.

A change in coverage increasing the amount of coverage above the Dependent's Guaranteed Issue Amount is subject to:

- 1) satisfactory Evidence of Insurability, at no expense to AUL; and
- 2) takes effect on the first day of the Coverage Month following AUL's written approval of the change.

If a Dependent is confined in any medical facility, rehabilitation center, convalescent care facility, nursing home, or correctional facility on the approved change date, any increase in the amount of coverage for that Dependent takes effect when the required amount of premium is received and on:

- 1) the date of the Dependent's final discharge from the medical facility, rehabilitation center, convalescent care facility, nursing home, or correctional facility and the resumption of the usual and customary duties or activities of an individual in good health and of the same age and sex, if the date is the first day of the Coverage Month; or
- 2) the first day of the next Coverage Month following the Dependent's final discharge from the medical facility, convalescent care facility, nursing home, or correctional facility and the resumption of the usual and customary duties or activities of an individual in good health and of the same age and sex, if the date is after the first day of the Coverage Month.

For the purposes of this policy, a Dependent will not cease to be confined if one confinement is followed by another confinement, within 72 hours, for the same or a related injury or Sickness.

Refer to the Dependent Basic Schedule of Benefits to determine to which class(es) this page applies. When applicable, the Dependent Schedule of Benefits will indicate WAIVER OF PREMIUM is Included.

**SECTION 20 - DEPENDENT INSURANCE
SECTION 20D - WAIVER OF PREMIUM**

DEFINITIONS

ELIMINATION PERIOD means a 6 month period of consecutive days of Total Disability. The Elimination Period begins on the 1st day of Total Disability and ends on the last day of the 6 month period. An Employee may not have more than three (3) days of Active Work during the Elimination Period.

WAIVER OF PREMIUM BENEFIT FOR TOTAL DISABILITY

If the Employee has been approved by AUL for Waiver of Premium Benefit for Total Disability under this policy and remains Totally Disabled, AUL will waive further premium payments for an Employee's Dependent Life Insurance until the first of the following occurs:

- 1) the Employee's coverage under Waiver of Premium provisions terminates for any reason;
- 2) the Dependent attains the maximum age; or
- 3) in the case of a Dependent legal spouse, divorce.

If the Employee is not approved for the Waiver of Premium for Total Disability Benefit, the Employee may apply to convert his Dependent Life Amount to an individual life insurance policy pursuant to Section 20F, Conversion Privilege, within 31 days from notice of the adverse benefit determination. If the Employee did not pay premiums during the Elimination Period, the Employee is not eligible to convert his coverage to an individual life insurance policy upon notice of and adverse benefit determination.

If coverage under the Waiver of Premium Benefit for Total Disability terminates, the Employee is entitled to apply to convert his Dependent Life Amount to an individual life insurance policy within 31 days of cessation of such coverage pursuant to Section 20F, Conversion Privilege.

DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS, IF ANY, ARE NOT PAYABLE AFTER THE EMPLOYEE'S ELIMINATION PERIOD.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20E - INDIVIDUAL TERMINATIONS

INDIVIDUAL TERMINATIONS

A Dependent's insurance terminates on the earliest of the following dates:

- 1) the date this policy or this Section is terminated;
- 2) the date the Employee requests termination, but not prior to the date of the request;
- 3) the date for which any required premium payment was not received by AUL;
- 4) the date the Dependent ceases to be eligible;
- 5) the date Personal Insurance terminates;
- 6) the date after the Employee has not been Actively at Work for 6 months due to Sickness or injury;
- 7) the date the Employee becomes a Retiree; or
- 8) the date of an adverse or positive benefit determination under the Waiver of Premium provisions, if applicable.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20F - CONVERSION PRIVILEGE

CONVERSION PRIVILEGE

If a Dependent's coverage, or a portion of it, terminates because the Dependent is no longer eligible for coverage under this policy, the Dependent may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under this policy minus the amount of any group life coverage for which the Dependent becomes eligible within 31 days of termination.

If the Dependent's coverage ceases due to termination of the Policy, the Dependent may apply for and receive an individual life insurance conversion policy if the Dependent's group life insurance has been in force with AUL for five (5) continuous years before the termination date. The coverage amount of the individual life insurance conversion policy may not exceed the LESSER of:

- 1) the amount of life insurance that ceases because of termination minus the amount of any group life coverage for which the Dependent becomes eligible within 31 days of termination; or
- 2) \$10,000.

The conversion privilege is subject to the following:

- 1) Written application must be made and the first premium must be paid within 31 days after the date of termination of insurance.
- 2) An individual life insurance policy, other than term life insurance, offered by AUL at the time of conversion, may be selected.
- 3) The premium on the individual policy must be at AUL's then customary rate applicable to the form and amount of the individual policy, to the class of risk to which the Employee or dependent then belongs, and to the individual age attained by the Employee or dependent on the effective date of the individual policy.
- 4) The individual life insurance conversion policy takes effect on the last day of the application period and is in lieu of all benefits under the Policy.

If notice of the existence of the conversion right is not given at least 15 days before the expiration of the period during which the conversion application and payment of the first premium must be made under the terms of the policy, the Dependent has an additional period within which to exercise the conversion right. The additional conversion application period created to exercise a right of conversion expires 15 days after the Dependent is given notice of the conversion right. However, irrespective of the date on which notice is given or of the absence of any notice, the additional conversion application period may not extend beyond 60 days after the expiration date of the period within which conversion application and payment of the first premium were to be made under the terms of the policy. For purposes of this section, notice of the right of conversion may be given to the Dependent in writing presented to the Employee; mailed by the Group Policyholder to the last known address of the Dependent; or mailed by the insurer to the last known address of the Dependent as furnished by the Group Policyholder.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20F - CONVERSION PRIVILEGE
Continued

If death occurs during the conversion application period, AUL will pay the Dependent Life Amount available for conversion whether or not the application or the first premium payment has been made. After the 31-day period, no conversion application will be accepted unless it is proven that it was not possible for the Dependent to apply in a timely fashion. The individual life insurance conversion policy will not include Accidental Death benefits or any other benefits currently in force under this Policy.

Premium must be paid to and received by AUL for coverage during the conversion application period.

IF DEATH OCCURS DURING THE CONVERSION APPLICATION PERIOD, IN NO EVENT WILL BENEFITS BE PAYABLE UNDER BOTH THE INDIVIDUAL CONVERSION POLICY AND THIS POLICY.

See Individual Reinstatements, Section 11, if included in this policy.

Refer to the Dependent Basic Schedule of Benefits to determine to which class(es) this Section applies. When applicable, the Dependent Schedule of Benefits will indicate ACCELERATED LIFE BENEFIT is Included.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20H - DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT

DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT

DEFINITION

TERMINAL CONDITION means an injury or Sickness that, despite appropriate medical care, is conclusively established to AUL will result in the Dependent spouse's death and/or Domestic Partner's death (thereafter, within this Dependent Spouse Accelerated Life Benefit Section, references to Spouse includes Domestic Partner) within 12 months from the date of claim. AUL may require that the Dependent spouse be examined at AUL's expense by AUL's choice of Physician.

DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT

If a Dependent spouse, under age 60, is Permanently and Totally Disabled and is diagnosed with a Terminal Condition and is eligible for benefits under this Section, the Employee may apply for payment of the Dependent Spouse Accelerated Life Benefit. The amount of Dependent Spouse Accelerated Life Benefit available is shown in the Schedule of Benefits. Benefits will be paid in one lump sum to the Employee.

CONDITIONS

To be eligible to apply for the Dependent Spouse Accelerated Life Benefit:

- 1) the Employee must have Dependent Insurance that includes this Dependent Spouse Accelerated Life Benefit provision;
- 2) the Dependent spouse must be diagnosed by a Physician with a Terminal Condition while eligible for benefits under this Section; and must be less than age 60;
- 3) a Dependent who is subject to laws of a community property state, obtains the spouse's written consent for payment to the Employee of the Dependent Spouse Accelerated Life Benefit; and
- 4) the Employee can receive a Dependent Spouse Accelerated Life Benefit only once.

PROOF REQUIRED FOR THE DEPENDENT SPOUSE ACCELERATED BENEFIT

Proof is a completed claim form and other information AUL requires in order to determine whether benefits are owed under this Section. AUL may require that the Dependent spouse be examined by a Physician selected by AUL and at AUL's expense.

LIMITATIONS

A Dependent Spouse Accelerated Life Benefit will not be paid if:

- 1) the Dependent spouse's coverage terminates; or
- 2) this policy or provision terminates.

NOTE: the Dependent's Accidental Death and Dismemberment Insurance, if any, terminated upon approval of the Waiver of Premium benefit.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20H - DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT
Continued

DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT (continued)

EFFECT OF PAYMENT OF DEPENDENT SPOUSE ACCELERATED LIFE BENEFIT

After payment of a Dependent Spouse Accelerated Life Benefit, the Dependent spouse's Life Amount payable at death to the Employee equals:

- 1) the Dependent spouse's Life Amount as if a Dependent Spouse Accelerated Life Benefit payment had not been made, minus
- 2) the amount of the Dependent Spouse Accelerated Life Benefit paid, minus
- 3) the interest charge.

The interest charge equals the Dependent Spouse Accelerated Life Benefit amount times the number of days from the date of payment to the Dependent spouse's date of death, divided by 365, times the interest rate. The interest rate will be based on the current 90-day Treasury bill rate existing on the date of payment of the Dependent Spouse Accelerated Life Benefit.

The required amount of Dependent Insurance premiums must continue to be received by AUL on the original Dependent Life Amount, unless premiums have ceased due to the Dependent spouse's coverage under the Dependent Life Insurance Waiver of Premium provision, if any, of this policy.

The Dependent spouse's AD&D Principal Sum, if any, will not be reduced by payment of the Dependent Spouse Accelerated Life Benefit.

The following information is used for illustrative purposes only:

Example: Dependent spouse life insurance in force = \$100,000*
Date of receipt of proof of terminal condition = 10/31/05
Date of payment of Accelerated Life Benefit = 11/1/05
Date of death = 2/15/06
Interest rate** = 3.5%

- 1) Amount of Accelerated Life Benefit = $.50 \times \$100,000 = \$50,000$
- 2) Interest Charge = $\$50,000 \times (106 \text{ days} / 365 \text{ days}) \times .035 = \508.22
- 3) Death Benefit Payable = $\$100,000 - \$50,000 - \$508.22 = \$49,491.78$

*The Dependent Spouse's Life Amount is shown in the Schedule of Benefits in the Employee's insurance certificate.

**The interest rate is equal to the 90-day Treasury bill rate on the date of the Accelerated Life Benefit payment.

NOTE: The Accelerated Life Benefit offered under this policy is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the Accelerated Life Benefit qualifies for such favorable tax treatment, the benefit will be excludable from the Employee's income and not subject to federal taxation. The laws relating to Accelerated Life Benefits are complex. Employees are advised to consult with a qualified tax advisor about circumstances under which they could receive an Accelerated Life Benefit excludable under federal law. Eligibility for Public Assistance: Receipt of an Accelerated Life Benefit may affect the Employee's, their Dependent spouse's, or their family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. Employees are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the Employee's, their Dependent spouse's, and their family's eligibility for public assistance.

SECTION 20 - DEPENDENT INSURANCE
SECTION 20J - PAYMENT OF DEATH BENEFITS

PAYMENT OF DEATH BENEFITS

Upon the death of an insured Dependent, benefits will be paid in the same manner as in Section 15. Benefits will be paid in a lump sum:

- 1) to the Employee;
- 2) to the Employee's Beneficiary, if the Employee is not living; or
- 3) as provided in Section 18.

SECTION 20K - DEPENDENT TERMINATION

TERMINATION OF THIS BENEFIT

The Group Policyholder may terminate the insurance under this Section at the end of any Coverage Month by giving AUL 31 days prior written notice.

AUL may terminate the insurance provided under this Section at the end of any Coverage Month by giving at least 31 days prior notice to the Group Policyholder.

AUL WILL STILL BE LIABLE FOR PAYMENT OF VALID CLAIMS INCURRED BEFORE THE TERMINATION DATE.

SECTION 21 - GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: This policy, the enrollment forms of the individuals, the application of the Group Policyholder, and any amendments made from time to time constitute the entire contract between the parties. A copy of the application of the Group Policyholder will be attached to this policy when issued.

AMENDMENT and CHANGES: This policy may be amended by mutual agreement between the Group Policyholder and AUL but without prejudice to any valid claim incurred prior to the effective date of the amendment. This policy may be changed or corrected by AUL at any time. However, no change in this policy will be valid unless written notice is provided by AUL containing the signature of its Chief Executive Officer or Secretary. No other person can alter or waive the conditions of this policy or make any agreement that shall be binding upon AUL. No agent may or has the authority to waive, alter or change any terms and conditions of this policy or coverage.

INCONTESTABILITY: The validity of any coverage under this policy may not be contested, except for nonpayment of premiums, after the policy has been in force for two years after its date of issue, and other than a misrepresentation of a material fact, no statement made by Group Policyholder or an Employee or a Dependent relating to his insurability may be used in contesting the validity of the insurance with respect to which the statement was made, unless: (1) the insurance has not been in force for a period of two years or longer; or (2) the statement is contained in a written instrument signed by the Group Policyholder or the Employee or the Dependent. However, AUL is not precluded from asserting at any time any defenses based upon provisions in this Policy relating to eligibility for coverage. All statements made by the Group Policyholder or by the Employees or Dependents insured are to be deemed representations and not warranties, and that other than a misrepresentation of a material fact no statement made by any person insured may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the Employees or Dependents or, in the event of death or incapacity of the Employee or Dependent, to the Employee's or Dependent's beneficiary or personal representative.

INSURANCE FRAUD: AUL wants to ensure that its customers do not incur additional insurance costs as a result of the act of insurance fraud. AUL promises to focus on all means necessary to support fraud detection, investigation and prosecution.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

RELATIONSHIP: AUL and the Group Policyholder are, and will remain, independent contractors. Nothing in this policy shall be construed as making the parties joint ventures or as creating a relationship of employer and employee, master and servant, or principal and agent. Neither party has any power, right or authority to bind the other or to assume or create any obligation or responsibility on behalf of the other. AUL and the Group Policyholder each retain exclusive control of their time and methods to perform their respective duties. AUL and the Group Policyholder will employ, pay and supervise their own employees and pay their own expenses during the term of this policy.

DISCRETIONARY AUTHORITY: Benefits under this policy will be paid only if AUL decides in its discretion that the applicant is entitled to them. Except for the functions this policy explicitly reserves to a Group Policyholder, AUL reserves the right to:

- 1) manage this policy and administer claims under it; and
- 2) interpret the provisions and resolve questions arising under it.

AUL's authority includes, but is not limited to, the right to:

- 1) establish and enforce procedures for administering this policy and claims under it;
- 2) determine applicant's eligibility for insurance and entitlement to benefits;
- 3) determine what information AUL reasonably requires to make such decisions; and
- 4) resolve all matters when a claim review is requested.

Any decision that AUL makes, in the exercise of its authority, will be conclusive; subject to the Employee's or beneficiary's right to request reviews allowed under applicable laws.

SECTION 21 - GENERAL POLICY PROVISIONS

Continued

GRACE PERIOD: Premiums are due monthly and must be received by AUL within the required time frame for coverage to remain in force. The Employee is entitled to a grace period of 31 calendar days for the payment of any premium due except the first. During the grace period, the insurance coverage shall continue in force, unless AUL has received written notice of termination in advance of date of termination and in accordance with the terms of the policy. Group Policyholder is liable to AUL for the payment of a pro rata premium for the time the policy was in force during the grace period. If the required amount of premium is not received by the end of the grace period, the insurance will terminate as of the last day of coverage for which premium was paid.

LEGAL ACTION: No legal action may be brought to obtain benefits under this policy:

- 1) for at least 60 days after proof of loss has been furnished and before arbitration is held pursuant to the arbitration provisions in the policy; or
- 2) after three (3) years from the time written proof of loss is required to have been furnished to AUL.

CONFORMITY WITH STATE LAWS: Any provision of this policy in conflict with the laws of the state in which it is delivered is amended to conform to the minimum requirements of those laws.

DATA AND RECORDS: The Group Policyholder must furnish information which AUL reasonably requires. The Group Policyholder's documents which may have a bearing on the insurance shall be open for inspection by AUL at all reasonable times.

GENDER PRONOUNS: Whenever the male pronoun is used, it shall also mean the female.

CERTIFICATES: Individual certificates, which describe the insurance coverage of this policy, will be furnished by AUL to the Group Policyholder for distribution to eligible insureds pursuant to AUL's written guidelines.

If there is any discrepancy between the provisions of any certificate and the provisions of this policy, the provisions of this policy will govern.

ASSIGNMENT: A Group Policyholder may not assign any benefits or rights under this policy without first receiving AUL's written approval. An Employee may make an absolute assignment of all benefits and rights of his coverage. Any coverage is assignable to the extent permitted by law except that no collateral assignment is permitted. No assignment is binding unless filed with AUL in a form acceptable to it. AUL assumes no responsibility for the validity or effect of any assignment.

CLAIMS OF CREDITORS: The benefits paid under this policy will be exempt from the claims of creditors to the maximum extent permitted by law.

CLERICAL ERROR: Clerical error on the part of the Group Policyholder or AUL will not invalidate insurance otherwise in force or continue insurance otherwise validly terminated. Upon discovery of an error, an equitable adjustment will be made in the premiums and/or benefits, if appropriate.

MISSTATEMENT OF AGE: If the age of an Employee or Dependent has been misstated, the benefits will be payable based on the true facts. Premium adjustment will be made so that AUL will receive the actual premium required based on the true facts. Any adjustment of benefits due to the correction of age will also be made.

SECTION 21 - GENERAL POLICY PROVISIONS

Continued

ARBITRATION: Any controversy or claim arising out of or relating to this policy, the sale or solicitation of this policy, or its breach thereof whether in tort, contract, breach of duty (including but not limited to) any alleged fiduciary, good faith and fair dealing duties, shall be decided by arbitration in accordance with the Federal Arbitration Act, the procedures of the commercial arbitration rules of the American Arbitration Association, and this agreement. The Court of Arbitrators, which is to be held in the county seat where the Policyholder resides, shall consist of three (3) arbitrators familiar with group insurance and employee welfare benefit plans. The selection of the arbitrators shall be conducted within thirty (30) days after proper service of a demand for arbitration. One of the arbitrators shall be appointed by AUL, one by the insured, and the third shall be selected by the first two appointees prior to the beginning of arbitration. Should the two arbitrators be unable to agree upon the choice of a third, the appointment shall be left to the President or any Vice President of the American Arbitration Association. The arbitrators shall decide by a majority of votes, the award shall be in writing, the decision shall be signed by a majority of the arbitrators, and they shall include a statement regarding the reasons for the disposition of any claim. Judgment on the award rendered by the arbitrators may be entered by any court having jurisdiction thereof. The parties are not precluded from challenging the decision under the Federal Arbitration Act or applicable law. Unless not allowed under applicable law, each party shall bear the expense of its own attorney and arbitrator, and shall share equally with the other party the expenses of the third arbitrator and of the arbitration.

The parties agree that AUL is engaged in interstate commerce, and the transaction is governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16.

Consistent with the expedited nature of arbitration, each party will, upon the written request of the other party, promptly provide the other with copies of documents relevant to the issues raised by any claim or counterclaim on which the producing party may rely in support of or in opposition to any claim or defense. Any dispute regarding discovery, or the relevance or scope thereof, shall be determined by the arbitrator(s), which determination shall be conclusive. All discovery shall be completed within sixty (60) days following the appointment of the arbitrator(s) or longer following mutual agreement by the parties.

ERISA APPEAL GUIDELINES WHEN POLICY IS GOVERNED BY ERISA: If a claimant wishes to appeal AUL's decision, claimants are allowed 60 days following receipt of a notification of an adverse benefit determination within which to appeal the determination. Claimants are allowed the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits. The claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits. Whether a document, record, or other information is relevant to a claim for benefits shall be determined by reference to paragraph (m)(8) of 29 C.F.R. Section 2560.503-1. AUL's review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. A claimant has a right to obtain the information about any voluntary appeal procedures offered by the plan described in paragraph (c)(3)(iv) of 29 C.F.R. Section 2560.503-1 and has a right to bring an action under section 502(a) of ERISA. A final determination will be provided pursuant to 29 C.F.R. Section 2560.503-1.

SECTION 22 - PREMIUM PAYMENT

Each premium is payable by the Group Policyholder to AUL on or before its due date. Upon the request of the Group Policyholder and the written consent of AUL, the premium due date may be changed. Payment of any premium does not maintain the insurance in force beyond the end of the period for which the premium has been paid or after the policy has terminated except as provided under the Grace Period provision.

AUL reserves the right to change premium rates on:

- 1) any date after this policy has been in effect for 11 months by giving written notice to the Group Policyholder at least 31 days before the date the change is to become effective;
- 2) any date the benefit or eligibility provisions of this policy are changed;
- 3) any date the number of Employees changes by 25% or more;
- 4) any date an Insured Unit is added to this policy; or
- 5) any date on which AUL learns any information provided by the Group Policyholder prior to and after the date of the application for insurance was not true or accurate and would have changed any coverage, changed the premium rates, and/or would have required further evaluation by AUL prior to AUL's issuance of the policy.

SECTION 23 - INSURED UNITS

PROVISIONS APPLICABLE TO ELIGIBLE UNITS

The Group Policyholder is liable for all premiums due for an Insured Unit during any period of time it is an Insured Unit under this policy.

EFFECTIVE DATE. Insurance for an Eligible Unit becomes effective on:

- 1) the effective date of this policy when the Eligible Unit is approved for coverage by AUL and shown in this policy;
or
- 2) the effective date of an amendment to this policy showing AUL has added and approved the Eligible Unit for coverage.

TERMINATION. Insurance for an Insured Unit terminates on the earliest of the following dates:

- 1) the date the Insured Unit no longer meets the definition of an Eligible Unit;
- 2) the date the Insured Unit ceases active business operations or is placed in bankruptcy or receivership;
- 3) the date the Insured Unit loses its entity by means of dissolution, merger, or otherwise;
- 4) the date the Insured Unit is eliminated as an Insured Unit by an amendment to or change in this policy; or
- 5) the last day of the Coverage Month for which any required premium payment is not received for the Insured Unit's insurance.

Any rights of an Employee whose insurance is terminated due to the termination of an Insured Unit are determined the same as if this policy had terminated on that date.

Any references to Group Policyholder or Employer used in this policy shall include Insured Units.

SECTION 24 - TERMINATION OF THE POLICY

The Group Policyholder may terminate this policy at the end of any Coverage Month by giving AUL at least 31 days prior written notice.

AUL may terminate this policy at the end of any Coverage Month by giving at least 31 days prior notice to the Group Policyholder.

AUL WILL STILL BE LIABLE FOR PAYMENT OF VALID CLAIMS INCURRED BEFORE THE TERMINATION DATE.

COMPLAINT NOTICE

If you have questions about your policy or need assistance with a problem you may contact:

American United Life Insurance Company®
One American Square
P.O. Box 368
Indianapolis, IN 46206-0368
(800) 553-5318

Should any dispute arise about your premium or about a claim that you have filed, write or call your soliciting agent.

YOUR AGENT OF RECORD: Stephens Insurance Llc
(501) 377-8141
111 CENTER STREET

LITTLE ROCK, AR 72201

If the problem is not resolved, you may also write or call:

Arkansas Insurance Department
Consumer Services Division
1 Consumer Way, Suite 102
Little Rock, Arkansas 72202
(501) 371-2640
(800) 852-5494

This notice of complaint procedure is for information only and does not become a part or condition of this policy or certificate.

NOTICE TO ARKANSAS POLICYHOLDERS

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy and contract owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association

c/o The Liquidation Division

1023 West Capitol

Little Rock, Arkansas 72201

Arkansas Department of Insurance

1 Commerce Way, Suite 102

Little Rock, Arkansas 72202

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/or in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);

- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.