

CERTIFICATE OF COVERAGE

This Certificate of Coverage does not apply unless this space is covered by a validation sticker indicating the employee's name, policy number, and effective date of coverage.

Decatur County Board of Education
000051243

GOVERNING JURISDICTION: Georgia

Security Mutual Life Insurance Company of New York (referred to as Security Mutual) welcomes you as a client.

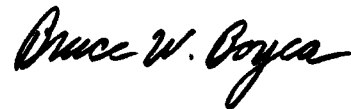
This is your Certificate of Coverage as long as you are eligible for coverage and you become insured. You will want to read it carefully and keep it in a safe place.

Security Mutual has written your Certificate of Coverage in plain English. However, a few terms and provisions are written as required by insurance law. If you have any questions about any of the terms and provisions, please consult Security Mutual's claims paying office. Security Mutual will assist you in any way to help you understand your benefits.

If the terms and provisions of the Certificate of Coverage (issued to you) are different from the policy (issued to the Policyholder), the policy will govern. Your coverage may be canceled or changed in whole or in part under the terms and provisions of the policy.

The policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1984 (ERISA) and any amendments. When making a benefit determination under the policy, Security Mutual has discretionary authority to determine your eligibility for benefits and to interpret the terms and provisions of the policy.

For purposes of effective dates and ending dates under the group policy, all days begin at 12:01 a.m. and end at 12:00 midnight at the Policyholder's address.



President



Security Mutual Life Insurance Company of New York
100 Court Street, P. O. Box 1625
Binghamton, New York 13902-1625

CERTIFICATE SECTION

GENERAL PROVISIONS

CERTIFICATE OF COVERAGE INFORMATION
ELIGIBILITY DATE
WHEN COVERAGE BEGINS
ABSENCE FROM WORK ON DATE COVERAGE WOULD NORMALLY BEGIN
TEMPORARILY NOT WORKING
CHANGES TO YOUR COVERAGE
WHEN YOUR COVERAGE ENDS
TIME LIMITS FOR LEGAL PROCEEDINGS
STATEMENTS MADE IN APPLICATION FOR COVERAGE
INSURANCE FRAUD
WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE
AGENCY

COVERAGE HIGHLIGHTS - LONG TERM DISABILITY PLAN**GENERAL INFORMATION**

ELIGIBLE CLASS(ES)
WAITING PERIOD
COST OF COVERAGE

BENEFIT INFORMATION

DEFINITION OF DISABILITY
ELIMINATION PERIOD
IF YOU ARE WORKING
MONTHLY EARNINGS
WHEN YOU RECEIVE PAYMENT
AMOUNT OF YOUR PAYMENT
IF YOU ARE DISABLED AND NOT WORKING
IF YOU ARE DISABLED AND WORKING
IF YOUR DISABILITY EARNINGS FLUCTUATE
DEDUCTIBLE SOURCES OF INCOME
NON-DEDUCTIBLE SOURCES OF INCOME
MINIMUM BENEFIT
COST OF LIVING INCREASE FROM DEDUCTIBLE SOURCES OF INCOME
QUALIFYING FOR DEDUCTIBLE INCOME BENEFITS
DURATION OF PAYMENTS
DISABILITIES WITH A LIMITED PAY PERIOD
DISABILITIES NOT COVERED
PRE-EXISTING CONDITION
RECURRING DISABILITY
WHAT IF YOU WERE PREVIOUSLY INSURED UNDER A GROUP INSURANCE PLAN, AND BECOME DISABLED
UNDER THIS PLAN DUE TO A PRE-EXISTING CONDITION

OTHER BENEFIT FEATURES

SURVIVOR BENEFIT
CONTINUITY OF COVERAGE

CLAIM INFORMATION

NOTICE OF CLAIM
FILING A CLAIM
PROOF OF CLAIM
MAKING PAYMENTS
OVERPAID CLAIMS
CLAIM REVIEW
APPEALS PROCEDURE

GENERAL PROVISIONS

CERTIFICATE OF COVERAGE

This Certificate of Coverage is a written statement prepared by Security Mutual and may include attachments. It tells you:

1. the coverage to which you may be entitled;
2. to whom Security Mutual will make a payment; and
3. the limitations, exclusions and requirements that apply within a plan.

Throughout this certificate:

You means a person who is eligible for Security Mutual coverage.

We, Us, and Our means Security Mutual Life Insurance Company of New York.

Employee means a person who is a citizen or legal resident of the United States in active employment with the Employer.

Employer means the individual, company or corporation where you are in active employment and includes any division, subsidiary, or affiliated company named in the policy.

Insured means any person covered under a plan.

Plan means a line of coverage under the policy.

ELIGIBILITY DATE

If you are working for your Employer in an eligible class, the date you are eligible for coverage is the later of:

1. the plan effective date; or
2. the day after you complete your **waiting period**.

WAITING PERIOD means the continuous period of time (shown in each plan) that you must be in **active employment** in an eligible class before you are eligible for coverage under a plan.

ACTIVE EMPLOYMENT means you are working for your Employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation. You must be working at least the minimum number of hours as described under Eligible Class(es) in each plan.

Your work site must be:

1. your Employer's usual place of business;
2. an alternative work site at the direction of your Employer; or
3. a location to which your job requires you to travel.

Normal vacation is considered active employment.

Temporary and seasonal workers are excluded from coverage.

GENERAL PROVISIONS

WHEN COVERAGE BEGINS

When your Employer pays 100% of the cost of your coverage under a plan, you will be covered at 12:01 A.M. on the date you are eligible for coverage.

When you and your Employer share the cost of your coverage under a plan or when you pay 100% of the cost yourself, you will be covered at 12:01 A.M. on the later of:

1. the date you are eligible for coverage, if you apply for insurance on or before that date;
2. the date you apply for insurance, if you apply within 31 days after your eligibility date; or
3. the date Security Mutual approves your application, if **Evidence of Insurability** is required.

EVIDENCE OF INSURABILITY means a statement of your medical history which Security Mutual will use to determine if you are approved for coverage. Evidence of Insurability will be provided at your own expense.

Evidence of Insurability is required if you;

1. are a late applicant, which means you apply for coverage more than 31 days after the date you are eligible for coverage; or
2. voluntarily canceled your coverage and are reapplying.

An evidence of insurability form can be obtained from your Employer.

GENERAL PROVISIONS

ABSENCE FROM WORK ON THE DATE COVERAGE WOULD NORMALLY BEGIN

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.

TEMPORARILY NOT WORKING

If you are on a **temporary layoff**, and if premium is paid, you will be covered through the end of the month in which your temporary layoff begins.

If you are on a **leave of absence**, and if premium is paid, you will be covered through the end of the month follows the month in which your leave of absence begins.

If you are on a Family and Medical Leave of Absence as defined by the Federal Family and Medical Leave Act of 1993, and any amendments, and if premium is paid, your coverage will continue as though you were in active employment. Coverage will continue up to the greater of the leave period required under the:

- Federal Family and Medical Leave Act of 1993, and any amendments; or
- applicable state law.

TEMPORARY LAYOFF or **LEAVE OF ABSENCE** means you are absent from active employment for a period of time that has been agreed to in advance in writing by your Employer.

Your normal vacation time or any period of disability is not considered a temporary layoff or leave of absence.

CHANGES TO YOUR COVERAGE

Once your coverage begins, any increased or additional coverage will take effect immediately if you are in active employment. If you are not in active employment due to injury or sickness, any increased or additional coverage will begin on the date you return to active employment.

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

WHEN YOUR COVERAGE ENDS

Your coverage under the policy or a plan ends on the earliest of:

1. the date the policy or a plan is canceled;
2. the date you are no longer in an eligible class;
3. the date your eligible class is no longer covered; or
4. the last day of the period for which you made any required contributions.

Security Mutual will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

GENERAL PROVISIONS

TIME LIMITS FOR LEGAL PROCEEDINGS

You can start legal action regarding your claim 60 days after proof of claim has been given and up to three years from the time proof of claim is required.

STATEMENTS MADE IN YOUR APPLICATION FOR THIS COVERAGE

Security Mutual considers any statements you or your Employer make in a signed application for coverage, or evidence of insurability form, a representation and not a warranty. If any of the statements you or your Employer make are not complete and/or not true at the time they are made, we can:

1. reduce or deny any claim; or
2. cancel your coverage from the original effective date.

We will use only statements made in a signed application as a basis for doing this.

If the Employer gives us information about you that is incorrect, we will:

1. use the facts to decide whether you have coverage under the plan and in which amounts; and
2. make a fair adjustment of the premium.

You will have the right to review all information that our decision was based on, and you also have the right to appeal our decision. Please see the Appeals Procedure section of your Certificate for information on how to file an appeal.

INSURANCE FRAUD

Any person who knowingly and with intent to defraud or deceive any insurance company, submits an application containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE

This policy does not replace or affect the requirements for coverage by any Workers' Compensation or state disability insurance.

AGENCY

For purposes of the policy, the Employer acts on its own behalf or as your agent. Under no circumstances will the Employer be deemed the agent of Security Mutual.

COVERAGE HIGHLIGHTS - LONG TERM DISABILITY PLAN

This Long Term Disability plan provides financial protection for you by paying a portion of your income while you are disabled. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled.

EMPLOYER'S ORIGINAL PLAN

PLAN EFFECTIVE DATE: March 1, 2004

PLAN ANNIVERSARY DATE: March 1st

POLICY NUMBER: 000051243

ELIGIBLE CLASS(ES):

Class A0: All full-time active employees who work at least 20 hours per week and earn at least \$30,000 per year from the Employer.

Class B0: All full-time active employees who work at least 20 hours per week and earn less than \$30,000 per year from the Employer.

WAITING PERIOD:

If you are in an eligible class on or before plan effective date: None

If you are entering an eligible class after plan effective date: First of the calendar month coincident with or next following Thirty (30) days of continuous Active Employment.

ELIMINATION PERIOD: 180 days

Benefits begin the day after the elimination period is completed.

MONTHLY BENEFIT:

Class A0 and B0: 66 2/3% of monthly earnings to a maximum of \$5,000 per month.

Our payment to you will be based on the monthly earnings covered by this plan and for which premiums have been paid.

*Your benefit may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered or may have limited coverage under this plan.

MINIMUM MONTHLY BENEFIT: \$100.

MAXIMUM PERIOD OF PAYMENT: See Section entitled Duration of Payment

No premium payments are required for our coverage while you are receiving payments under this plan.

OTHER FEATURES: Continuity Of Coverage
Three Month Survivor Benefit
30/5 Pre-Existing

The above items are only highlights of this plan. For a full description of your coverage, continue reading your Certificate of Coverage section.

LONG TERM DISABILITY

GENERAL INFORMATION

CLASS(ES) OF EMPLOYEES ELIGIBLE FOR COVERAGE

The eligible class(es) are:

- | | |
|-----------|--|
| Class A0: | All full-time active employees who work at least 20 hours per week and earn at least \$30,000 per year from the Employer. |
| Class B0: | All full-time active employees who work at least 20 hours per week and earn less than \$30,000 per year from the Employer. |

Employees must be citizens or legal residents of the United States unless otherwise noted.

WAITING PERIOD

- | | |
|---|---|
| If you are in an eligible class on or before plan effective date: | None |
| If you are entering an eligible class after plan effective date: | First of the calendar month coincident with or next following Thirty (30) days of continuous Active Employment. |

Rehire

If your employment ends and you are rehired within one year, your previous work while in an eligible class will apply toward the waiting period. All other policy provisions apply.

COST OF COVERAGE

You pay the entire cost of your coverage through the Section 125 Plan provided by your Employer.

**LONG TERM DISABILITY
BENEFIT INFORMATION**

DEFINITION OF DISABILITY

You are disabled when Security Mutual determines that:

With respect to employees in Class A0:

1. you are **limited** from performing the **material and substantial duties** of your **regular occupation** due to your **sickness or injury**; and
2. you have a 20% or more loss in **indexed monthly earnings** due to the same sickness or injury.

You will continue to receive payments beyond 60 months of disability if you are:

1. working in any occupation and continue to have a 20% or more loss in your **indexed monthly earnings** due to your **sickness or injury**; or
2. not working, and due to the same **sickness or injury**, are unable to perform the duties of any **gainful occupation** for which you are reasonably fitted by education, training, or experience.

With respect to employees in Class B0:

1. you are **limited** from performing the **material and substantial duties** of your **regular occupation** due to your **sickness or injury**; and
2. you have a 20% or more loss in **indexed monthly earnings** due to the same sickness or injury.

You will continue to receive payments beyond 24 months of disability if you are:

1. working in any occupation and continue to have a 20% or more loss in your **indexed monthly earnings** due to your **sickness or injury**; or
2. not working, and due to the same **sickness or injury**, are unable to perform the duties of any **gainful occupation** for which you are reasonably fitted by education, training, or experience.

SICKNESS means illness, disease or pregnancy which results in disability and which manifests itself while you are covered under this plan.

INJURY means a bodily injury that is the direct result of an accident and not related to any other cause. Injury which occurs before you are covered under this plan will be treated as a sickness.

Disability must begin while you are covered under the plan.

LIMITED means what you cannot or are unable to do.

MATERIAL AND SUBSTANTIAL DUTIES means duties that:

1. are normally required for the performance of your regular occupation and
2. cannot be reasonably omitted or modified, except that if you are required to work on average in excess of 40 hours per week, we will consider you able to perform that requirement if you are working or have the capacity to work 40 hours per week.

GAINFUL OCCUPATION means an occupation that is or can be expected to provide you with an income of the lesser of your gross disability benefit or \$8,333 a month within 12 months of your return to work.

REGULAR OCCUPATION means the occupation you are routinely performing when your disability begins.

INDEXED MONTHLY EARNINGS means your monthly earnings adjusted on each anniversary of benefit payments by the lesser of 10% or the current annual percentage increase in the Consumer Price Index. Your indexed monthly earnings may increase or remain the same, but will never decrease.

The Consumer Price Index (CPI-W) is published by the U.S. Department of Labor. Security Mutual reserves the right to use some other similar measurement if the Department of Labor changes or stops publishing the CPI-W.

Indexing is only used to determine your percentage of lost earnings while you are disabled and working

The loss of a professional or occupational license, or certification does not, in itself, constitute disability.

We may require you to be examined by a doctor, other medical practitioner or vocational expert of our choice. Security Mutual will pay for this examination. We can require an examination as often as it is reasonable to do so. We may also require you to be interviewed by an authorized Security Mutual Representative.

ELIMINATION PERIOD

You must be continuously disabled through your **elimination period**. Security Mutual will treat your disability as continuous if your disability stops for 30 days or less during the elimination period.

Your elimination period is :

1. 180 days.

The days that you are not disabled will not count toward your elimination period.

ELIMINATION PERIOD means a period of continuous disability which must be satisfied before you are eligible to receive benefits from Security Mutual. The elimination period begins on the first day of your disability.

SALARY CONTINUATION or **ACCUMULATED SICK LEAVE** means continued payments to you by your employer of all or part of your monthly earnings, after you become disabled as defined by the Policy. This continued payment must be part of an established plan maintained by your Employer. Salary continuation or accumulated sick leave does not include compensation paid to you by your Employer for work you actually perform after your disability begins. Such compensation is considered disability earnings, and would be taken into account in calculating your monthly payment

IF YOU ARE WORKING

You can satisfy your Elimination Period if you are working provided you meet the definition of disability.

MONTHLY EARNINGS

Your monthly earnings means your gross monthly income from your Employer in effect just prior to your date of disability. Gross monthly income is your total income before taxes and any pre-tax deductions made under a qualified deferred compensation plan recognized by the Internal Revenue Service. It does not include earnings from bonuses, commissions, overtime pay or other extra compensation.

Your monthly earnings does not include income received from sources other than your Employer.

If you become disabled while you are on a covered layoff or leave of absence, we will use your gross monthly income from your Employer in effect just prior to the date your absence began.

WHEN YOU RECEIVE PAYMENTS

You will begin to receive payments when we approve your claim, providing the elimination period has been met. We will send you a payment each month for any period for which Security Mutual is liable.

AMOUNT OF PAYMENT

A. IF YOU ARE DISABLED AND NOT WORKING

We will follow this process to figure your payment if you are disabled and provide proof of disability:

1. Multiply your monthly earnings by the **benefit percentage** of **66 2/3%**.
2. The maximum **monthly benefit** is **\$5,000**.
3. Compare the answer from Item 1 with the maximum monthly benefit. The lesser of these two amounts is your **gross disability benefit**.
4. Subtract from your gross disability benefit any **deductible sources of income**.

The amount figured in Item 4 is your **monthly payment**.

After the elimination period, if you are disabled for less than 1 month, we will send you 1/30th of your payment for each day of disability.

MONTHLY BENEFIT means the total benefit amount for which an employee is insured under this plan subject to the maximum benefit.

GROSS DISABILITY BENEFIT means the benefit amount before Security Mutual subtracts deductible sources of income and disability earnings.

DEDUCTIBLE SOURCES OF INCOME means income from deductible sources listed in this plan which you receive while you are disabled. This income will be subtracted from your gross disability benefit.

AMOUNT OF PAYMENT (continued)**B. IF YOU ARE DISABLED AND WORKING (Loss of Earnings)**

We will send you the **monthly payment** as determined under “**IF YOU ARE DISABLED AND NOT WORKING**” in the section entitled “**AMOUNT OF PAYMENT**” if you are disabled and your **disability earnings**, if any, are less than 20% of your indexed monthly earnings, due to the same sickness or injury.

If you are disabled and your monthly **disability earnings** are 20% or more of your **indexed monthly earnings** due to the same sickness or injury, Security Mutual will figure your benefit as follows:

During the first 12 months of payments, while working, your monthly payment will not be reduced as long as disability earnings plus the gross disability benefit does not exceed 100% of indexed monthly earnings.

1. Add your monthly disability earnings to your gross disability benefit.
2. Compare the answer in Item 1 to your indexed monthly earnings.

If the answer from Item 1 is less than or equal to 100% of your indexed monthly earnings, Security Mutual will not further reduce your monthly payment.

If the answer from Item 1 is more than 100% of your indexed monthly earnings, Security Mutual will subtract the amount over 100% from your monthly payment.

After 12 months of benefits, while working, you will receive benefits based on the percentage of income you are losing due to your disability.

1. Subtract your disability earnings from your indexed monthly earnings.
2. Divide the answer in Item 1 by your indexed monthly earnings. This is your percentage of lost earnings.
3. Multiply your monthly payment by the answer in Item 2.

During the first 24 months of disability payments, if your monthly disability earnings exceed 80% of your indexed monthly earnings, Security Mutual will stop payments and your claim will end.

Beyond 24 months of disability payments, if your monthly disability earnings exceed 60% of your indexed monthly earnings, Security Mutual will stop sending you payments and your claim will end.

This is the amount Security Mutual will pay you each month.

Security Mutual may require you to send proof of your monthly disability earnings at least quarterly. We will adjust your benefit based on your quarterly disability earnings.

As part of your proof of disability earnings, we can require that you send us appropriate financial records which we believe are necessary to substantiate your income.

After the elimination period, if you are disabled for less than 1 month, we will send you 1/30th of your payment for each day of disability.

MONTHLY PAYMENT means your benefit after any deductible sources of income and disability earnings have been subtracted from your gross disability benefit.

DISABILITY EARNINGS means the earnings which you receive while you are disabled and working, plus the earnings you could receive if you were working to your **maximum capacity**.

MAXIMUM CAPACITY, as used with Long Term Disability plans, means based on your restrictions and limitations:

With respect to employees in Class A0:

1. During the first 60 months of disability, the greatest extent of work you are able to do in your regular occupation.
2. Beyond 60 months of disability, the greatest extent of your work you are able to do in any occupation for which you are reasonably fitted by education, training or experience.

With respect to employees in Class B0:

1. During the first 24 months of disability, the greatest extent of work you are able to do in your regular occupation.
2. Beyond 24 months of disability, the greatest extent of your work you are able to do in any occupation for which you are reasonably fitted by education, training or experience.

IF YOUR DISABILITY EARNINGS FLUCTUATE

If your disability earnings routinely fluctuate widely from month to month, Security Mutual may average your disability earnings over the most recent three months to determine if your claim should continue.

If Security Mutual averages your disability earnings, we will not terminate your claim unless:

1. during the first 24 months of disability payments, the average of your disability earnings from the last three months exceeds 80% of monthly earnings; or
2. beyond 24 months of disability payments, the average of your disability earnings from the last three months exceeds 60% of indexed monthly earnings.

We will not pay you for any month during which disability earnings exceed the amount allowable under the plan.

DEDUCTIBLE SOURCES OF INCOME

Security Mutual will subtract from your gross disability benefit the following deductible sources of income:

1. The amount that you receive, or are eligible to receive, under:
 - A. a Workers' Compensation Law;
 - B. an occupational disease law; or
 - C. any other **act or law** with similar intent.
2. The amount that you receive as disability income payments under any:
 - A. state compulsory benefit act or law;
 - B. other group insurance plan;
 - C. governmental retirement system as a result of your job with your Employer; or
- 3a. The amount that you, your spouse, and children receive, or are eligible to receive, as disability payments because of your disability under:
 - A. The United States Social Security Act;
 - B. The Canada Pension Plan;
 - C. The Quebec Pension Plan;
 - D. any similar plan or act.
- 3b. The amount that you receive, or are eligible to receive, as retirement payments or the amount your spouse and children receive as retirement payments because you are receiving retirement payments under:
 - A. The United States Social Security Act;
 - B. The Canada Pension Plan;
 - C. The Quebec Pension Plan;
 - D. any similar plan or act.

LAW, PLAN, or ACT means the original enactments of the law, plan, or act and all amendments.

DEDUCTIBLE SOURCES OF INCOME (Continued)

4. The amount that you:
 - A. receive as disability payments under your Employer's **retirement plan** ;
 - B. voluntarily elect to receive as retirement payments under your Employer's retirement plan;
 - C. are eligible to receive as retirement payments when you reach the later of, age 62 or normal retirement age, as defined in your Employer's retirement plan.

Disability payments under a retirement plan will be those benefits which are paid due to disability and do not reduce the retirement benefit which would have been paid if the disability had not occurred.

Retirement payments will be those benefits which are paid based on your Employer's contribution to the retirement plan. Disability benefits which reduce the retirement benefit under the plan will also be considered as a retirement benefit.

Regardless of how the retirement funds from the retirement plan are distributed, Security Mutual will consider the Employer and Employee contributions to be distributed simultaneously throughout your lifetime.

Amounts received do not include amounts rolled over or transferred to any eligible retirement plan. Security Mutual will use the definition of eligible retirement plan as defined in Section 402 of the Internal Revenue Code including any future amendments which affect the definition.

RETIREMENT PLAN means a defined contribution plan or defined benefit plan. These are plans which provide retirement benefits to employees and are not funded entirely by employee contributions.

5. The amount you receive as a result of any action brought under Title 46, United States Code Section 688 (The Jones Act).
6. The amount you receive from any unemployment compensation law.
7. The amount you receive under the mandatory portion of any "no fault" motor vehicle plan.
8. The amount you receive under any salary continuation or accumulated sick leave plans.

With the exception of retirement payments, Security Mutual will only subtract deductible sources of income which are payable as a result of the same disability.

We will not reduce your payment by your Social Security retirement income if your disability begins after age 65 and you were already receiving Social Security retirement payments.

NON-DEDUCTIBLE SOURCES OF INCOME

We will not subtract from your gross disability payment income you receive from, but not limited to, the following:

1. 401(k) plans;
2. profit sharing plans;
3. thrift plans;
4. tax sheltered annuities;
5. stock ownership plans;
6. credit disability insurance;
7. non-qualified plans of deferred compensation;
8. pension plans for partners;
9. military pension and disability income plans;
10. franchise disability income plans;
11. individual disability plans paid by the Employee;
12. a retirement plan from another Employer;
13. individual retirement accounts (IRA);

MINIMUM BENEFIT

The minimum monthly payment is the greater of:

1. \$100; or
2. Zero.

Security Mutual may apply this amount toward an outstanding overpayment.

IF YOU RECEIVE A COST OF LIVING INCREASE FROM DEDUCTIBLE SOURCES OF INCOME

Other than for increases in any income you earn from any form of employment, once Security Mutual has subtracted any deductible sources of income from your gross disability payment, Security Mutual will not further reduce your payment due to a cost of living increase from that source, including social security.

YOU MAY QUALIFY FOR DEDUCTIBLE INCOME BENEFITS

When we determine that you may qualify for benefits under items 1, 2 and 3 in the deductible sources of income section, we will estimate your entitlement to these benefits. We can reduce your payment by the estimated amounts if such benefits:

1. have not been awarded; and
2. have not been denied; or
3. have been denied and the denial is being appealed.

Your Long Term Disability payment will NOT be reduced by the estimated amount if you:

1. apply for the disability payments under items 1, 2 and 3 in the deductible sources of income section and appeal your denial to all administrative levels Security Mutual feels are necessary; and
2. sign Security Mutual's payment option form. This form states that you promise to pay us any overpayment caused by an award.

If your payment has been reduced by an estimated amount, your payment will be adjusted when we receive proof:

1. of the amount awarded; or
2. that benefits have been denied and the denial is not being appealed. In this case, a lump sum refund of the estimated amount will be made to you.

If you receive a lump sum payment from any deductible sources of income, the lump sum will be pro-rated on a monthly basis over the insured's expected lifetime as determined by Security Mutual. If no time period is stated, the sum will be pro-rated on a monthly basis over the insured's expected lifetime as determined by Security Mutual.

DURATION OF PAYMENTS

Security Mutual will send you a payment each month up to the **maximum period of payment**. Your maximum period of payment is based on your age at disability as follows:

NSSRA For a disability which begins before you reach age 60, the Maximum Period of Payment will be until the Social Security Normal Retirement Age as shown in the following table:

<u>Year of Birth</u>	<u>Social Security Normal Retirement Age</u>
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

For a disability which starts on or after you reach age 60, the Maximum Period of Payment will be determined according to the following table:

<u>Insured's Age When Disability Begins</u>	<u>Maximum Period of Payment</u>
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

But if your disability started on or after age 60 and you reach the end of the Maximum Period of Payment from the above table before you reach your Social Security Normal Retirement Age, the Maximum Period of Payment will be extended until you reach your Social Security Normal Retirement Age.

DURATION OF PAYMENTS (Continued)

We will stop sending you payments and your claim will end on the earliest of the following:

1. the end of the maximum period of payment;
2. the date you are no longer disabled under the terms of this plan;
3. the date your disability earnings exceed the amount allowable under the plan;
4. the date you fail to provide proof of continuing disability; or
5. the date you die.

With respect to employees in Class A0:

6. during the first 60 months of disability, when you are able to work in your regular occupation on a **part time basis** but you choose not to.
7. after 60 months of disability, when you are able to work in any gainful occupation on a part time basis but you choose not to.

With respect to employees in Class B0:

6. during the first 24 months of disability, when you are able to work in your regular occupation on a **part time basis** but you choose not to.
7. after 24 months of disability, when you are able to work in any gainful occupation on a part time basis but you choose not to.

MAXIMUM PERIOD OF PAYMENT means the longest period of time Security Mutual will make payments to you for any one period of disability.

PART TIME BASIS means the ability to work and earn between 20% and 80% of your indexed monthly earnings.

DISABILITIES WHICH HAVE A LIMITED PAY PERIOD UNDER YOUR PLAN

Disabilities due to **mental illness**, alcoholism, and drug abuse have a limited pay period up to 24 months from date of disability.

Security Mutual will continue to send you payments beyond the 24 month period if you meet one or both of these conditions:

1. If you are confined to a **hospital** or **institution** at the end of the 24 month period, Security Mutual will continue to send you payments during your confinement.

If you are still disabled when you are discharged, Security Mutual will send you payment for a recovery period of up to 90 days.

If you become re-confined at any time during the recovery period and remain confined for at least 14 days in a row, Security Mutual will send payments during that additional confinement and for one additional recovery period up to 90 more days.

2. In addition to Item 1, if you continue to be disabled after the 24 month period, and subsequently become confined to a hospital or institution for at least 14 days in a row, Security Mutual will send payment during the length of the re-confinement.

Security Mutual will not pay beyond the limited pay period as indicated above, or the maximum period of payment, whichever occurs first.

Security Mutual will not apply the mental illness limitation to dementia if it is a result of:

1. stroke;
2. trauma;
3. viral infection;
4. Alzheimer's disease; or
5. other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods or treatment.

MENTAL ILLNESS means a psychiatric or psychological condition regardless of cause such as schizophrenia, depression, manic depressive or bipolar illness, anxiety, personality disorders and/or adjustment disorders or other conditions. These conditions are usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

HOSPITAL OR HEALTH FACILITY means an accredited facility licensed to provide care and treatment for the condition causing your disability.

DISABILITIES NOT COVERED UNDER YOUR PLAN

Your plan does not cover any disabilities caused by, contributed to by, or resulting from your:

1. participation in a felony;
2. intentionally self-inflicted injuries;
3. active participation in a riot;
4. pre-existing condition;

Your plan will not cover a disability due to war, declared or undeclared, or any act of war.

PRE-EXISTING CONDITION

You have a pre-existing condition if:

1. you have performed the material and substantial duties of your regular occupation for less than 5 consecutive days after your effective date of coverage; and
2. you received medical treatment, consultation, care, or services, including diagnostic measures, or took prescribed drugs or medicines in the 30 days just prior to your effective date of coverage.

RECURRING DISABILITY

If you have a **recurrent disability**, Security Mutual will treat your disability as part of your prior claim and you will not have to complete another elimination period if:

1. you were continuously insured under the plan for the period between your prior claim and your recurrent disability; and
2. your recurrent disability occurs within 6 months of the end of your prior claim.

Your recurrent disability will be subject to the same terms of the plan as your prior claim.

Any disability which occurs after 6 months from the date your prior claim ended will be treated as a new claim. The new claim will be subject to all of the policy provisions.

If you become entitled to payments under any other group Long Term Disability plan, you will not be eligible for payments under this plan.

RECURRENT DISABILITY means a disability which is:

1. caused by a worsening in your condition; and
2. due to the same cause(s) as your prior disability for which Security Mutual made a Long Term Disability payment.

WHAT IF YOU WERE PREVIOUSLY INSURED UNDER A GROUP INSURANCE PLAN, OTHER THAN WITH THE EMPLOYER, AND BECOME DISABLED UNDER THIS PLAN DUE TO A PRE-EXISTING CONDITION?

We will consider the total amount of time you were continuously insured under both your prior group plan and this plan to determine if you satisfy the pre-existing condition period if:

1. your coverage under the prior group plan was similar to or exceeded your coverage under this plan; and
2. your coverage under your prior group plan ended not more than 60 days before your coverage under this plan became effective, excluding any waiting period under this plan; and
3. you become insured under this plan when you are first eligible for coverage.

We will determine our payments to you using the provisions of this plan, but your monthly payment will not be more than the maximum monthly payment of your prior group plan. Your monthly payments will end on the earlier of the following dates:

1. the end of the maximum payment duration under this plan; or
2. the date benefits would have ended under your prior group plan if you had remained covered by that plan.

You must give us proof of your coverage under the prior group insurance plan.

**LONG TERM DISABILITY
OTHER BENEFIT FEATURES**

BENEFITS IF YOU DIE - Survivor Benefit

When Security Mutual receives proof that you have died, we will pay your **eligible survivor** a lump sum benefit equal to three (3) times your gross disability payment if, on the date of your death:

1. your disability had continued for 180 or more consecutive days; and
2. you were receiving or were entitled to receive payments under the plan.

If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made.

However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

ELIGIBLE SURVIVOR means your spouse, if living; otherwise, your children under age 25.

IF YOU ARE NOT IN ACTIVE EMPLOYMENT WHEN YOUR EMPLOYER CHANGES INSURANCE CARRIERS TO SECURITY MUTUAL - Continuity of Coverage

When the plan becomes effective, Security Mutual will provide coverage for you if:

1. you are not in active employment because of a sickness or injury; and
2. you were covered by the prior policy.

Your coverage is subject to payment of premium.

Your payment will be limited to the amount that would have been paid by the prior carrier. Security Mutual will reduce your payment by any amount for which your prior carrier is liable.

IF YOU HAVE A DISABILITY DUE TO A PRE-EXISTING CONDITION WHEN YOUR EMPLOYER CHANGES INSURANCE CARRIERS TO SECURITY MUTUAL - Continuity of Coverage

Security Mutual may send a payment if your disability results from a pre-existing condition if you were:

1. in active employment and insured under the plan on its effective date; and
2. insured by the prior policy when it terminated. The prior policy's coverage must be substantially similar to this plan and have been in effect within 60 days of this plan's effective date in order for this provision to apply.

In order to receive a payment you must satisfy the pre-existing condition provision under:

1. the Security Mutual plan; or
2. the prior carrier's plan, if benefits would have been paid had that policy remained in force.

If you do not satisfy Items 1 or 2 above, Security Mutual will not make any payments.

If you satisfy Item 1, we will determine our payments according to the Security Mutual plan provisions.

If you only satisfy Item 2, we will administer your claim according to each plan provision.

Your benefits will end on the earlier of the following dates:

1. The end of the maximum benefit period under the plan; or
2. The date benefits would have ended under the prior plan if it had remained in force.

CLAIM INFORMATION**NOTICE OF CLAIM**

We encourage you to notify us of your claim as soon as possible so that a claim decision can be made in a timely manner. Written notice of a claim should be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy. Failure to give notice within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was provided as soon as was reasonably possible. If it is not possible to give proof within 90 days, it must be given as soon as is reasonably possible.

The claim form is available from your Employer, or you can request a claim form from us. If you do not receive the form from Security Mutual within 15 days of your request, send Security Mutual written proof of claim without waiting for the form.

You must notify us immediately when you return to work in any capacity.

FILING A CLAIM

You and your Employer must fill out your own sections of the claim form and then give it to your attending doctor. Your doctor should fill out his or her section of the form and send it directly to Security Mutual.

PROOF OF YOUR CLAIM

Your proof of claim, provided at your expense, must show:

1. that you are under the **regular care** of a **doctor**;
2. the date your disability began;
3. the cause of your disability;
4. the appropriate documentation of your monthly earnings;
5. the extent of your disability, including restrictions and limitations preventing you from performing your regular occupation; and
6. the name and address of any **hospital** or **institution** where you received treatment, including all attending doctors.

Failure to provide notice to the insurer within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

REGULAR CARE means:

1. *you personally visit a doctor as frequently as is medically required, according to standard medical practice, to effectively manage and treat your disabling condition(s); and*
2. *you are receiving appropriate treatment and care of your disabling condition(s), which conforms with standard medical practice, by a doctor whose specialty or experience is the most appropriate for your disabling condition(s), according to standard medical practice.*

DOCTOR means:

1. a person performing tasks that are within the limits of his or her medical license; and
2. a person who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
3. a person with a doctoral degree in Psychology (Ph. D. or Psy.D.) whose primary practice is treating patients; or
4. a person who is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

Security Mutual will not recognize you or your spouse, children, parents, or siblings as a doctor for a claim that you send to us.

HOSPITAL OR HEALTH FACILITY means an accredited facility licensed to provide care and treatment for the condition causing your disability.

We may request that you send proof of continuing disability indicating that you are under the regular care of a doctor. This proof, provided at your expense, must be received within 30 days of a request by us.

In some cases, you will be required to give Security Mutual authorization to obtain additional medical information, and to provide non-medical information as part of your proof of claim, or proof of continuing disability. We will deny your claim, or stop sending you payments, if the appropriate information is not submitted.

MAKING PAYMENTS

Security Mutual will make payments to you. If we receive proof that you have died prior to final payment being paid, payment will be made to your **Eligible Survivor**.

ELIGIBLE SURVIVOR means your spouse, if living; otherwise, your children under age 25.

OVERPAID CLAIMS

Security Mutual has the right to recover any overpayments due to:

1. fraud;
2. any error Security Mutual makes in processing a claim; or
3. your receipt of deductible sources of income.

You must reimburse us in full. We will work with you to develop a reasonable method of repayment if you are financially unable to repay us in a lump sum.

Security Mutual will not recover more money than the amount we paid you.

CLAIM REVIEW

You have the right to request review of any denial by us of all or any part of your claim, in writing, within 60 days after the claim is denied.

You may submit issues and comments to us in writing, in addition to any documentation which will support your claim. We will then review your claim promptly after receiving your request.

Our decision will be sent to you in writing within 60 days of receipt of your request for review; or 120 days for special circumstances which may require additional review time. Our decision will include the following:

1. the reason for denial;
2. the policy provision that relates to the denial; and
3. any additional information that might allow us to change our decision.

You may authorize another person to act on your behalf under this review procedure.

Security Mutual shall have authority and full discretion to determine all questions arising in connection with the Plan benefits, including but not limited to eligibility, beneficiaries, interpretation of Plan language, and findings of fact with regard to any such questions. The actions, determinations, and interpretations of Security Mutual with respect to all such matters shall be conclusive and binding. This means that should there be any question concerning how the Plan applies:

1. to any claim for benefits;
2. concerning an employee's eligibility for Plan benefits;
3. concerning the determination of beneficiaries; or
4. to any other question or issue, whether one of fact or one of Plan interpretation;

Security Mutual is deemed to have the exclusive right and authority to resolve all such questions in the exercise of Security Mutual's sole discretion.

You may, upon written request, read any reports that are not confidential.

APPEALS PROCEDURE

No action at law or in equity may be brought to recover on the Policy any earlier than 60 days after the required proof of loss has been given. No action may be brought after the expiration of the statute of limitations in the state having jurisdiction. In no event may action be brought any later than two years after the time required for submitting the proof has elapsed.