Group Insurance Application

United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza • Omaha, NE 68175

APPLICANT INFORMATION

Applicant (Full Legal Name) Village of Oak Park

Address 123 Madison St.

City Oak Park State IL ZIP 60302

REQUESTED EFFECTIVE DATE

Insert Date on this Line 01-01-2022

If this application is approved, insurance will become effective on the requested effective date, unless United of Omaha Life Insurance Company sends written notice of a different effective date.

Coverage(s) being applied for	GROUP (Contributory / Non-Contributory)	GROUP VOLUNTARY (100% Employee Paid)
Life	☐	☐
Life / AD&D	☐	☐
Short Term Disability	☐	☐
Long Term Disability	☐	☐
Dental	☐	☐
Vision	☐	☐
Critical Illness	☐	☒
Accident	☐	☒

REQUIRED FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, may be guilty of a crime and may subject such person to criminal and civil penalties.

DB 4095485

ACKNOWLEDGEMENT AND SIGNATURE

All statements in this application and any claims experience data provided to United of Omaha Life Insurance Company are true and complete and will be relied upon by United of Omaha Life Insurance Company to determine whether to issue a policy. Such statements and claims experience data, along with the group insurance proposal from United of Omaha Life Insurance Company, are the basis for any policy issued by United of Omaha Life Insurance Company. Any incomplete, incorrect or misleading statements or data may void this application and any issued policy as of the effective date.

If an authorized representative at United of Omaha Life Insurance Company's Home Office does not approve this application, no insurance is in effect at any time and any advance payment received will be returned.

Applicant Signature

Name

Title | Date

Broker Signature David Schwimmer | Name DAVID SCHWIMMER | License # 36 4095485

Mutual *of* Omaha Insurance Company
United *of* Omaha Life Insurance Company

Group Insurance Proposal

Presented To:

Village of Oak Park

Presented By:

VistaNational Insurance Group Inc.

Includes:
Voluntary Critical Illness, Voluntary Accident

October 1, 2021

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Rating Criteria

VOLUNTARY CRITICAL ILLNESS INSURANCE

Proposal for: Village of Oak Park
Alternate: 7.00

The following Voluntary Critical Illness plan is being proposed on a fully-insured basis effective **01/01/22**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit *mutualofomaha.com*.

ELIGIBILITY

CLASS DEFINITION(S)

Class 1: All Eligible Employees

ELIGIBILITY REQUIREMENT(S)

An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

Provided an employee/member is eligible and insured, the spouse and dependent child(ren) of the employee/member are eligible for insurance. Certain requirements apply.

For California residents, an employee/member and any dependent(s) must have major medical insurance, or basic hospital and basic medical insurance, to be eligible for critical illness insurance.

MINIMUM WORK HOURS

Class 1: 30 or more hours each week

AMOUNT(S) OF INSURANCE

CRITICAL ILLNESS (CI)

The CI insurance amount for the employee/member and any dependent(s) is selected at time of enrollment within the following parameters. Child insurance is automatic (a separate election is not required).

	Minimum Amount	Maximum Amount	Increments	Guarantee Issue Amount*
Employee/Member	$5,000	$30,000	$5,000	$30,000
Spouse	$5,000	100% of employee/member benefit amount, up to $15,000**	$5,000	$15,000
All Children†	25% of employee/member benefit, up to $5,000**			$5,000

***Guarantee Issue is only available if the minimum participation requirement is met. If participation does not reach the required level, the Guarantee Issue Amount(s) may be reduced or rescinded. The Guarantee Issue Amount for any employee/member or spouse age 70 and older is 50% of the amount shown above.

****The amount of insurance for any dependent will be rounded to the next higher multiple of $1,000, if not already an even multiple of $1,000.

†Child coverage begins at birth and terminates at age 26 unless the child is incapacitated.

INSURANCE REDUCTION DUE TO AGE

Any amount of insurance for the employee/member and spouse will reduce by 50% at age 70. The reduction is applied on the first day of the month that coincides with or follows the day the employee/member reaches the specified age. Reduced amounts of insurance round to the nearest dollar.

CRITICAL ILLNESS BENEFITS

BASIC BENEFITS

A lump-sum benefit is payable for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation.

The CI insurance amount is referred to as the CI Principal Sum in the table below. For some critical illnesses, 100% of the CI Principal Sum is payable, and for others, a partial benefit (a lesser percentage of the CI Principal Sum) is payable.

100% of the CI Principal Sum is payable for an insured person in each benefit category, subject to any policy benefit maximum. If a partial benefit is paid, the remainder of the CI Principal Sum will be available to an insured person if diagnosed with another critical illness in the same category.

BENEFIT CATEGORY/CRITICAL ILLNESS	BENEFIT
Heart/Circulatory/Motor Function Category	
Heart Attack (Myocardial Infarction)	100% of the CI Principal Sum
Heart Transplant/Placement on UNOS List	100% of the CI Principal Sum
Heart Valve Surgery	25% of the CI Principal Sum
Coronary Artery Bypass	25% of the CI Principal Sum
Aortic Surgery	25% of the CI Principal Sum
Stroke	100% of the CI Principal Sum
ALS (Lou Gehrig's) Disease*	100% of the CI Principal Sum
Advanced Alzheimer's Disease*	100% of the CI Principal Sum
Advanced Parkinson's Disease*	100% of the CI Principal Sum
Organ Category	
Major Organ Transplant/Placement on UNOS List	100% of the CI Principal Sum
End-Stage Renal Failure	100% of the CI Principal Sum
Acute Respiratory Distress Syndrome (ARDS)	25% of the CI Principal Sum
Childhood/Developmental Category (These benefits are available to children only.)	
Cerebral Palsy*	100% of the CI Principal Sum
Structural Congenital Defects*	100% of the CI Principal Sum
Genetic Disorders*	100% of the CI Principal Sum
Congenital Metabolic Disorders*	100% of the CI Principal Sum
Type 1 Diabetes*	100% of the CI Principal Sum
Cancer Category	
Cancer (Invasive)	100% of the CI Principal Sum
Bone Marrow Transplant	50% of the CI Principal Sum
Carcinoma in Situ	25% of the CI Principal Sum
Benign Brain Tumor	25% of the CI Principal Sum

*A benefit for this critical illness is only payable once per insured person under the policy.

BENEFIT SEPARATION PERIOD

3 months – If an insured person who was diagnosed with a critical illness in one benefit category is subsequently diagnosed with a critical illness in a different benefit category, the dates of diagnosis must be separated by 3 months or more for subsequent benefits to be payable. There is no benefit separation period between critical illnesses diagnosed within the same benefit category.

ADDITIONAL CATEGORY OCCURRENCE BENEFIT

Included – This benefit allows an insured person to receive up to 200% of the CI Principal Sum in the Heart/Circulatory/Motor Function and Organ Categories, subject to any policy benefit maximum. An additional benefit is only payable if the date of diagnosis for an additional critical illness occurs at least 12 months after the date of diagnosis of a previous critical illness for the insured person in the same Benefit Category for which benefits were paid.

REOCCURRENCE BENEFIT

100% – Once benefits have been paid for a critical illness for an insured person, a reoccurrence benefit is payable one time for a subsequent diagnosis of that same critical illness. The amount of the reoccurrence benefit is the benefit shown in the table above for the reoccurring critical illness, subject to any policy benefit maximum.

A reoccurrence benefit for an insured person is only payable if the initial and subsequent dates of diagnosis for the same critical illness occur at least 12 months apart without treatment. Benefits for some critical illnesses are only payable once per insured person, as indicated in the table above.

HEALTH SCREENING BENEFIT

$50 – A health screening benefit of $50 is payable once per calendar year for each insured person who has a health screening test performed while insurance is in effect for the insured person.

POLICY BENEFIT MAXIMUM

300% – The total amount of benefits payable for each insured person is subject to a benefit maximum of 300% of the CI Principal Sum in effect for the insured person. If the benefits paid for an insured person reach the benefit maximum, insurance for the insured person will terminate. Insurance for any other insured persons will remain in effect, subject to this maximum. If insurance terminates for the employee/member, any dependent(s) may remain insured provided the employee/member continues to satisfy the eligibility requirements.

PRE-EXISTING CONDITION LIMITATION

12/12 – Benefits are not payable for any critical illness caused by, attributable to or resulting from a pre-existing condition until 12 months after an insured person is continuously insured. A pre-existing condition includes any critical illness for which an insured person received treatment in the 12 months prior to the date the person became insured. This limitation does not apply to newborn child(ren).

ADDITIONAL BENEFITS AND FEATURES

OPEN ENROLLMENT

A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health insurance.

PORTABILITY

Included – An employee/member or spouse has the right to continue insurance (including insurance for any dependent child(ren)) when insurance ends with the policyholder by paying premium directly to Mutual of Omaha. The employee/member or spouse must be under age 70 to be eligible to continue insurance through portability (unless otherwise stated in the Policy). Continued insurance is issued under Mutual of Omaha's group critical illness portability policy.

ANNUAL INCREASE OPTION

Included – Once annually, the employee/member may increase their insurance amount by $5,000, provided it does not exceed the Guarantee Issue amount, without providing evidence of insurability.

DOMESTIC/CIVIL UNION PARTNER COVERAGE

Included – Any reference to "spouse" includes an employee/member's same sex or opposite sex domestic partner, civil union partner or equivalent, as recognized and allowed by applicable federal law, state law, or law of the county, city or local government in the employee/member's jurisdiction of residence.

CONTINUATION FOR TEMPORARY LAYOFF

12 Weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary involuntary layoff. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

CONTINUATION FOR LEAVE OF ABSENCE

12 Weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a personal leave of absence approved by the policyholder. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

CONTINUATION FOR FEDERAL AND STATE LAWS

Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

PARTICIPATION AND PREMIUM STRUCTURE

PARTICIPATION ASSUMPTIONS

Minimum Participation Requirement*	Number of Eligible Employees/Members	Contribution Structure
10%	436	100% Employee/Member Paid

*Guarantee Issue is only available if the minimum participation requirement is met. If participation does not reach the required level, the Guarantee Issue Amount(s) may be reduced or rescinded.

PREMIUM CONTRIBUTIONS - CLASS 1

The employee/member contributes 100% of the premium for the employee and any dependent insurance (if elected). Child insurance is automatic. A separate premium is not required.

CRITICAL ILLNESS PREMIUM RATES

Age Band	Employee/ Member*† Monthly Rates per $1,000	Spouse* Monthly Rates per $1,000
<25	$0.60	$0.77
25 - 29	$0.63	$0.81
30 - 34	$0.81	$1.01
35 - 39	$0.94	$1.11
40 - 44	$1.10	$1.25
45 - 49	$1.61	$1.70
50 - 54	$2.40	$2.31
55 - 59	$3.48	$3.11
60 - 64	$4.77	$4.09
65 - 69	$6.61	$5.48
70 - 74	$9.58	$8.15
75 - 79	$9.58	$8.15
80 - 99	$9.58	$8.15

*Employee/member and spouse premiums are calculated with the employee/member's age as of the effective date of the plan. Rates are adjusted once each year on the plan anniversary date that coincides with or follows the day an employee/member reaches the starting age of the next age band.

†Child insurance is automatic. A separate premium is not required.

RATE GUARANTEE PERIOD 2 Years

RATE GUARANTEE DATE 01/01/2024

CRITICAL ILLNESS UNDERWRITING GUIDELINES

BENEFIT AMOUNT GRANDFATHERING

Not Included – Any amount of insurance in excess of any flat benefit amount or maximum benefit amount (as applicable) stated in this proposal for each Class is not available, regardless of the amount of insurance any employee/member or dependent was insured for under a prior plan.

GUARANTEE ISSUE

This proposal includes a Guarantee Issue offer for critical illness insurance, contingent on attainment of the minimum participation requirement. The Guarantee Issue offer is available during any initial enrollment period, and thereafter for any new hires or as allowed by the policy.

If the minimum participation requirement is not attained, the Guarantee Issue offer may be reduced or rescinded, and Simplified Issue applications may be required from each employee/member requesting insurance.

GUARANTEE ISSUE AMOUNT GRANDFATHERING

Not Included – Any amount `of insurance in excess of any Guarantee Issue Amount stated in this proposal for each Class requires evidence of insurability, regardless of the amount of insurance any employee/member or dependent was insured for under a prior plan.

SIMPLIFIED ISSUE

A Simplified Issue application, consisting of several "Yes/No" health questions, will be used to underwrite critical illness insurance for late entrants and requests for insurance in excess of any Guarantee Issue Amount.

If an employee/member responds "Yes" to any question on the Simplified Issue application for the employee/member or any dependent, the requested amount of insurance may be reduced to the Guarantee Issue Amount, if available (knock-back). If Guarantee Issue is not available for the employee/member or any dependent, a "Yes" response to any question may result in a decline of coverage (knock-out). Based on the amount of critical illness insurance requested, Mutual of Omaha may further underwrite an application with a pharmacy scan and/or medical exam.

If Guarantee Issue is available, the Simplified Issue application questions can optionally be included with the enrollment form, to simplify the enrollment process and avoid the need to provide or obtain a separate application later in the implementation process. *If meeting the minimum participation requirement is a concern, this approach is strongly recommended*. The responses to the questions would be utilized to underwrite the enrollment up to the previous Guarantee Issue Amount(s) only if participation is not met. Any request for insurance in excess of any Guarantee Issue Amount would still be underwritten.

VOLUNTARY ACCIDENT INSURANCE

Proposal for: Village of Oak Park
Alternate: 8.00

The following Voluntary Accident plan is being proposed on a fully-insured basis effective **01/01/22**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit *mutualofomaha.com*.

ELIGIBILITY

CLASS DEFINITION(S)

Class 1: All Eligible Employees

ELIGIBILITY REQUIREMENT(S)

An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

Provided an employee/member is eligible and insured, the spouse and dependent child(ren) of the employee/member are eligible for insurance. Certain requirements apply.

MINIMUM WORK HOURS

Class 1: 30 or more hours each week

INSURANCE TERMINATION DUE TO AGE

Class 1: Insurance for the employee/member terminates at age 80. If insurance for the employee/member terminates due to age, insurance for any dependents also terminates.

CHILD ELIGIBILITY AGES

Child coverage begins at birth and terminates at age 26 unless the child is incapacitated.

ACCIDENT INSURANCE

COVERAGE TIER

Class 1: The employee/member may elect one of the following coverage options:
- Employee/member only
- Employee/member and spouse
- Employee/member and dependent children
- Employee/member, spouse and dependent children

COVERAGE TYPE

Class 1: Non-occupational coverage (Off-job only)

EXPRESS BENEFIT

Class 1: $100

If an insured person is injured as a result of an accident, an express benefit will be paid upon notification of the accident. The benefit is payable once per accident for each insured person.

ACCIDENT BENEFITS

INITIAL CARE & EMERGENCY BENEFITS

Most Initial Care/Emergency benefits require treatment or service within 72 hours of an accident and are payable once per accident per insured person.

Benefit	Amount
Initial Care	**Class 1**
Emergency Room	$200
Urgent Care Center	$125
Initial Physician Office Visit	$100
Emergency Transportation	**Class 1**
Ground Ambulance	$300
Air Ambulance	$1,500

SPECIFIED INJURY BENEFITS

Fractures and dislocations require treatment within 90 days of an accident. Burns and lacerations require treatment within 72 hours of an accident. Dental care requires treatment within 30 days of an accident.

If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.

Additional limitations apply as described in the policy.

Fractures	Open Reduction	Closed Reduction
Bone/Bone Group	**Class 1**	
Skull, depressed (Cranial bones)	$6,000	$3,000
Skull, non-depressed (Cranial bones)	$3,000	$1,500
Bones of face (Except nose and lower jaw)	$1,200	$600
Nose (Nasal bones)	$900	$450
Lower jaw (Mandible)	$1,200	$600
Shoulder blade (Scapula)	$1,200	$600
Collarbone (Clavicle)	$900	$450
Breastbone (Sternum)	$1,200	$600
Rib	$900	$450
Upper arm (Humerus)	$1,200	$600
Forearm (Radius and/or ulna)	$1,200	$600
Wrist (Carpals)	$1,200	$600
Hand (Metacarpals, except fingers)	$1,200	$600
Fingers (Phalanges)	$400	$200
Vertebral body (Except vertebral processes)	$3,000	$1,500
Vertebral process	$1,200	$600
Tail bone (Coccyx)	$900	$450
Pelvis (Except tail bone and hip bones)	$3,000	$1,500
Hip bones (Illium, ischium and/or pubis)	$6,000	$3,000
Thigh (Femur)	$3,000	$1,500
Knee cap (Patella)	$1,200	$600
Lower leg (Tibia and/or fibia)	$3,000	$1,500
Ankle (Talus)	$1,200	$600
Foot (Metatarsals and calcaneus, except toes)	$1,200	$600
Toes (Phalanges)	$400	$200
Chip Fracture	25% of the closed reduction amount for the bone/bone group	

Dislocations	Open Reduction	Closed Reduction
Joint/Joint Group	**Class 1**	
Lower jaw (Temporomandibular)	$1,800	$900
Shoulder (Glenohumeral)	$1,800	$900
Collarbone and breastbone (Sternoclavicular)	$1,800	$900
Elbow	$1,800	$900
Wrist (Radiocarpal and/or intercarpal)	$1,800	$900
Hand (Carpometacarpal and/or intrametacarpal)	$1,800	$900
Fingers (Interphalangeal and/or metacarpophalangeal)	$450	$225
Hip	$9,000	$4,500
Kneecap (Patella)	$4,500	$2,250
Ankle (Talocalcaneal and/or talocalcaneonavicular	$2,700	$1,350
Foot (Tarsometatarsal and/or intermetatarsal)	$2,700	$1,350
Toes (Interphalangeal and/or metatarsalphalangeal)	$450	$225

Partial Dislocation	25% of the closed reduction amount for the joint/joint group
Other Injuries	**Amount**
Lacerations	**Class 1**
Less than 2 inches	$100
2 inches to 6 inches	$450
Greater than 6 inches	$800
No repair required	$50
Burns	**Class 1**
2nd degree <= 9% TBSA	$250
2nd degree 10 - 36% TBSA	$500
2nd degree > 36% TBSA	$1,500
3rd degree < 18% TBSA	$2,000
3rd degree 18 - 36% TBSA	$7,500
3rd degree > 36% TBSA	$15,000
Skin Graft (% of burn benefit)	25%
Note: "TBSA" is an acronym for "total body surface area."	
Dental Care	**Class 1**
Crown or Filling Repair	$300
Extraction	$100

HOSPITAL, SURGICAL & DIAGNOSTIC BENEFITS

Initial hospital admission and confinement must begin within 90 days of an accident. ICU confinement must begin within 30 days of an accident. Surgical treatment timeframes vary by the type of surgery. Diagnostic services, except for X-Ray, must be received within 30 days of an accident. X-Ray services must be received within 90 days. Except for confinement benefits, most benefits are payable once per accident per insured person.

If any surgery listed below occurs concurrently with an Open Reduction for a Fracture or Dislocation of the same bone/bone group or joint/joint group as a result of the same Accident, only the highest applicable benefit is payable. Additional limitations apply as described in the Certificate.

Benefit	Amount
Hospital	**Class 1**
Admission	$1,500
Daily Confinement (Up to 365 days per accident)	$300 per day
ICU Confinement (Up to 15 days per accident)	$600 per day
Rehab. Facility Confinement (Up to 30 days per accident)	$150 per day
Surgical	**Class 1**
Exploratory/Arthroscopic (365 days)	$200
Abdominal/Cranial/Thoracic (365 days)	$2,000
Herniated Disc (365 days)	$900
Torn Knee Cartilage (365 days)	$750
Ligament/Rotator Cuff/Tendon (365 days)	$750
Eye Procedure (90 days)	$400
Blood Products (90 days)	$450
Pain Management (90 days)	$150
Diagnostic	**Class 1**
X-Ray	$75
Diagnostic Exam	$300
Brain Injury Diagnosis	$200

FOLLOW-UP CARE BENEFITS

Follow-Up Care benefits require treatment or service within 365 days of an accident. The number of benefits varies by the type of follow-up care. The medical device benefit is payable once per accident per insured person.

Benefit	Amount
	Class 1

Physician Follow-Up Office Visit (Up to 6 per accident)	$100
Therapy Services (Up to 6 per accident)	$50
Medical Device	$200
Prosthetic Device(s) (Up to 2 per accident)	$1,000

ADDITIONAL BENEFITS Additional benefits are payable within 365 days of an accident. The number of benefits varies by type of additional benefit.

Benefit	Amount
	Class 1
Transportation (Up to 3 trips per accident)	$500 per trip
Lodging (Up to 30 nights per accident)	$175 per night
Childcare (Up to 30 days per accident)	$30 per day
Health Screening	$100

CATASTROPHIC BENEFITS

PRINCIPAL SUM AMOUNT The amount of catastrophic insurance is referred to as the principal sum.

Class 1: The principal sum for the employee/member and spouse reduces by 50% when the employee/member reaches the age of 70.

The benefit amounts shown below are a percentage of the principal sum for an insured person, unless otherwise stated. Catastrophic benefits are payable within 365 days of an accident and are payable once per accident per insured person. Additional limitations apply as described in the policy.

Benefit	Amount
Accidental Death	**Class 1**
Principal Sum ▪ Employee ▪ Spouse ▪ Child(ren)	 $50,000 $25,000 $10,000
Basic Accidental Death	100%
Common Carrier Accidental Death	300%
Transportation of Remains	Up to $5,000
Dismemberment & Paralysis	**Class 1**
Loss of Both Hands, Loss of Both Feet, Loss of Entire Sight of Both Eyes or any combination of two or more of these losses	100%
Loss of Speech and Loss of Hearing (Both ears)	100%
Loss of One Hand, Loss of One Foot, Loss of Entire Sight of One Eye or Loss of Hearing (Both ears)	50%
Loss of Thumb and Index Finger of the Same Hand	25%
Loss of Multiple Fingers or Loss of Multiple Toes	10%
Quadriplegia (Paralysis of both upper and both lower limbs)	100%
Triplegia (Paralysis of three limbs)	75%
Hemiplegia (Paralysis of an upper and a lower limb)	50%
Paraplegia (Paralysis of both lower limbs)	50%
Uniplegia (Paralysis of a limb)	25%
Other Benefits	**Class 1**
Reasonable Modifications	Up to 10%
Coma	25%

ADDITIONAL BENEFITS AND FEATURES

OPEN ENROLLMENT A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without

providing health insurance.

Annual Open Enrollment

An open enrollment is available for a period of up to 90 days each Policy Year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents without providing health information.

Portability

Included – An employee/member or spouse has the right to continue insurance (including insurance for any dependent child(ren)) when insurance ends with the policyholder by paying premium directly to Mutual of Omaha. The employee/member or spouse must be under age 70 to be eligible to continue insurance through portability (unless otherwise stated in the Policy). Continued insurance is issued under Mutual of Omaha's group accident portability policy.

Domestic/Civil Union Partner Coverage

Included – Any reference to "spouse" includes an employee/member's same sex or opposite sex domestic partner, civil union partner or equivalent, as recognized and allowed by applicable federal law, state law, or law of the county, city or local government in the employee/member's jurisdiction of residence.

Continuation for Temporary Layoff - Class 1

12 Weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary involuntary layoff. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

Continuation for Leave of Absence - Class 1

12 Weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a personal leave of absence approved by the policyholder. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

Continuation for Federal and State Laws

Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

PARTICIPATION AND PREMIUM STRUCTURE

Participation Assumptions

Minimum Participation Requirement	Number of Eligible Employees/Members	Contribution Structure
5%	422	100% Employee/Member Paid

Accident Monthly Premium Rates

	Employee/Member	Employee/Member + Spouse	Employee/Member + Child(ren)	Employee/Member + Family
Class 1	$16.29	$29.21	$33.92	$42.46

Rate Guarantee Period

2 Years

Rate Guarantee Date

01/01/2024

CRITICAL ILLNESS DEFINITIONS

ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS)

Acute Respiratory Distress Syndrome (ARDS) means diagnosis of acute respiratory failure that results in inadequate oxygenation due to aspiration or infection. Diagnosis must be made by a board-certified or board-eligible physician appropriately specialized for the involved organ(s). Evidence of infiltrates in both lungs in the absence of clinical heart failure and acute lung injury confirmed by testing of blood gases is required.

ADVANCED ALZHEIMER'S DISEASE

Advanced Alzheimer's Disease means diagnosis of Alzheimer's disease that has progressed to a classification of Stage 6 or greater of the Functional Assessment Staging Test (FAST). Diagnosis must be made by a board-certified or board-eligible neurologist, and based on neurological examination and cognitive testing for the involved condition/illness. There must be permanent clinical loss of the ability to do all of the following: remember, reason, and perceive; and understand, express and give effect to ideas. Other types of dementia are not included in this definition. Initial diagnosis of Alzheimer's disease must occur while the Insured Person is insured under the Policy.

ADVANCED PARKINSON'S DISEASE

Advanced Parkinson's Disease means diagnosis of Parkinson's disease that has progressed to a classification of Stage 4 or greater. There must be permanent clinical impairment of motor function with associated tremor, muscle rigidity and postural instability. Diagnosis must be made by a board-certified or board-eligible neurologist, and based on neurological examination, cognitive testing and the results of imaging studies for the involved condition/illness. Parkinson's disease secondary to drug abuse and other Parkinsonian syndromes are not included in this definition. Initial diagnosis of Parkinson's disease must occur while the insured person is insured under the policy.

ALS (LOU GEHRIG'S) DISEASE

ALS (Lou Gehrig's) Disease means diagnosis of amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease) of the "Middle Stage" according to the Muscular Dystrophy Association. Diagnosis must be made by a board-certified or board-eligible neurologist according to the diagnostic criteria for the involved condition/illness. Other motor neuron diseases are not included in this definition. Initial diagnosis of amyotrophic lateral sclerosis must occur while the insured person is insured under the policy.

AORTIC SURGERY

Aortic Surgery means diagnosis of the need for surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The thoracic and abdominal aorta are included, but branches of the aorta are not included. Angiographic evidence to support the necessity of the surgery is required. Diagnosis must be made by a board-certified or board-eligible cardiologist. The need for any other surgical procedures, such as stent placement or endovascular repair, or surgery following traumatic injury to the aorta, are not included in this definition.

BENIGN BRAIN TUMOR

Benign Brain Tumor means diagnosis of a non-malignant tumor or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms. Diagnosis must be made by a board-certified or board-eligible neurologist or physician appropriately specialized for the involved condition, and confirmed by imaging and examination findings. Tumors in the pituitary gland or angiomas are not included in this definition.

Bone Marrow Transplant

Bone Marrow Transplant means diagnosis of the need for an autologous or allogeneic transplant of bone marrow, necessitated by compromise of the bone marrow's ability to appropriately produce blood cells. Diagnosis must be made by a board-certified or board-eligible hematologist or oncologist. The need for transplant of any other organs, parts of organs, tissues or cells is not included in this definition.

Cancer

Cancer means diagnosis of any malignant tumor or neoplasm with histological confirmation, characterized by the uncontrolled growth of malignant cells and invasion of tissue beyond the initial tissue. Diagnosis must be made by a board-certified or board-eligible oncologist or pathologist, and based upon pathological diagnosis or clinical diagnosis. The term malignant tumor includes leukemia, lymphoma and sarcoma. Malignant melanoma or other skin malignancies that have been histologically classified as having caused invasion beyond the epidermis (the outer layer of skin) with: a Clark's level III or greater; Breslow's depth of .75mm or greater; or AJCC TNM stage II or greater; are included in this definition.

Conditions which are not considered invasive cancer are not included in this definition. Such conditions include, but are not limited to:

- All cancers which are histologically classified as pre-malignant, non-invasive, carcinoma in situ, having borderline malignancy or having low malignant potential
- Benign tumors or polyps
- Early prostate cancer that is histologically classified as T1N0M0 or equivalent staging
- Chronic lymphocytic leukemia that is histologically classified as Rai Stage 0 or Binet Stage A
- Any skin cancer not previously incorporated in this definition, including cutaneous lymphoma and melanoma that is histologically classified as: Clark Level I or II; Breslow Thickness of less than .75mm; or AJCC TNM Stage 0 or I

Carcinoma in Situ

Carcinoma in Situ means diagnosis of cancer in which the tumor or cells still lie within the tissue of origin without having invaded neighboring tissue or regional lymph nodes. Diagnosis must be made by a board-certified or board-eligible oncologist or pathologist, and be based upon pathological diagnosis or clinical diagnosis. Carcinoma in situ includes, but is not limited to:

- Early prostate cancer that is histologically classified as AJCC TNM Stage T1N0M0 or equivalent staging
- Chronic lymphocytic leukemia that is histologically classified as Rai Stage 0 or Binet Clinical Stage A
- Cutaneous lymphoma
- Melanoma not invading the reticular (lower) dermis that is histologically classified as: Clark Level I or II; Breslow Thickness of less than .75mm; or AJCC TNM stage 0 or I

Lesser skin malignancies (basal cell and squamous cell carcinomas, for example), pre-malignant lesions (intraepithelial neoplasia, for example), and benign tumors or polyps are not included in this definition

Cerebral Palsy

Cerebral Palsy means diagnosis made during childhood of cerebral palsy, which is the group of non-progressive disorders of movement and posture caused by abnormal development of or damage to the motor control centers of the brain. Evidence of significant disturbances of sensation, cognition, communication, perception and/or behavior, a seizure disorder, or inability to independently perform activities of daily living, is required. Diagnosis must be made by a board-certified or board-eligible pediatrician or physician appropriately specialized for the involved defect/disorder, and confirmed by diagnostic testing after the child reaches the biological age of 18 months. Other similar conditions such as degenerative nervous disorders, genetic diseases, muscle diseases, metabolic disorders, nervous system tumors, coagulation disorders, or other injuries or disorders which delay early development (but can be outgrown) must be ruled out and are not included in this definition.

Congenital Metabolic Disorders

Congenital Metabolic Disorders means diagnosis made during childhood of any of the following: Gaucher's disease (excluding type I); glutaric acidemia type 1; glycogen storage disease types I, II, IV and VII; infantile Tay-Sachs disease; Lesch-Nyhan syndrome; Niemann-Pick disease; or Zellweger syndrome. Diagnosis must be made by a board-certified or board-eligible pediatrician or physician appropriately specialized for the involved defect/disorder, and based on screening or diagnostic tests, including gas chromatography/mass spectrometry (GC/MS) testing if available. A prenatal diagnosis of one or more of these defects/disorders for an eligible dependent child is included in this definition upon the live birth of the dependent child. In the event of a prenatal diagnosis, the date of diagnosis under the policy for the defect/disorder(s) will be the date of birth of the dependent child.

Coronary Artery Bypass

Coronary Artery Bypass means diagnosis of the need for surgery requiring median sternotomy (surgery to divide the breastbone) to correct narrowing or blockage of one or more coronary arteries with by-pass grafts. Angiographic evidence to support the necessity of the surgery is required. Diagnosis must be made by a board-certified or board-eligible cardiologist. Balloon angioplasty, laser embolectomy, atherectomy, stent placement or other non-surgical procedures are not included in this definition.

End Stage Renal (Kidney) Failure

End Stage Renal (Kidney) Failure means diagnosis of chronic and end stage (irreversible) failure of both kidneys to function, as a result of which the need for regular (at least weekly) dialysis or transplant is recommended to sustain life. Diagnosis must be made by a board-certified or board-eligible physician appropriately specialized for the involved organ(s). Renal failure caused by a traumatic event or surgical trauma is not included in this definition.

Genetic Disorders

Genetic Disorders means diagnosis made during childhood of any of the following: infantile onset ascending spastic paralysis; cystic fibrosis; Down syndrome; juvenile primary lateral sclerosis; muscular dystrophy; ostogenesis imperfecta (excluding type I); spinal muscular atrophy type I or II; or Vascular Ehlers-Danlos syndrome. Diagnosis must be made by a board-certified or board-eligible pediatrician or physician appropriately specialized for the involved defect/disorder, and based on genetic testing. A prenatal diagnosis of one or more of these defects/disorders for an eligible dependent child is included in this definition upon the live birth of the dependent child. In the event of a prenatal diagnosis, the date of diagnosis under the policy for the defect/disorder(s) will be the date of birth of the dependent child.

Health Screening Test

Health Screening Test means any of the following: abdominal aortic aneurysm ultrasound; blood test for triglycerides; bone marrow testing; bone density screening; breast ultrasound; CA 15-3 (blood test for breast cancer); CA 125 (blood test for ovarian cancer); carotid ultrasound; CEA (blood test for colon cancer); chest X-ray; colonoscopy; CT angiography; EKG; double contrast barium enema; fasting blood glucose test; flexible sigmoidoscopy; hemoccult stool analysis; mammography; pap smear; PSA (blood test for prostate cancer); serum cholesterol test (for HDL and LDL levels); SPEP (blood test for myeloma); stress test (on a bicycle or treadmill); or thermography.

Heart Attack Myocardial Infarction

Heart Attack (Myocardial Infarction) means diagnosis of the death of a portion of the heart muscle (myocardium) due to inadequate blood supply that has resulted in all of the following evidence of acute myocardial infarction:

- Typical physical symptoms (characteristic chest pain, for example)
- New and serial characteristic electrocardiographic (EKG) changes consistent with myocardial infarction
- The characteristic rise of cardiac enzymes, biochemical markers or Troponins recorded at the following levels or higher: Troponin T > 1.0 ng/ml; or AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods

The evidence must show a definite acute myocardial infarction. Diagnosis must be made by a board-certified or board-eligible cardiologist. Diagnosis of other acute coronary syndromes (including but not limited to angina or established (old) myocardial infarction), any other disease or injury involving the cardiovascular system, or cardiac arrest not caused by a myocardial infarction are not included in this definition.

Heart Transplant/ Placement on OPTN/UNOS List	Heart Transplant/Placement on OPTN/UNOS List means diagnosis of the need for transplantation of a healthy human heart, or inclusion on the Organ Procurement and Transplantation Network/United Network for Organ Sharing (OPTN/UNOS) waiting list for such a procedure, necessitated by the diagnosis of end-stage heart disease. Diagnosis must be made by a board-certified or board-eligible cardiologist. The transplant of any other organs, parts of organs, tissues or cells is not included in this definition.
Heart Valve Surgery	Heart Valve Surgery means diagnosis of the need for surgery requiring median sternotomy (surgery to divide the breastbone) to replace or repair one or more heart valves. Diagnosis must be made by a board-certified or board-eligible cardiologist. Evidence to support the necessity of the surgery is required.
Major Organ Transplant/ Placement on OPTN/UNOS List	Major Organ Transplant/Placement on OPTN/UNOS List means the diagnosis of the need for transplantation of a healthy, complete human liver, lung, pancreas, small intestine or large intestine, or inclusion on the Organ Procurement and Transplantation Network/United Network for Organ Sharing (OPTN/UNOS) waiting list for such a procedure, necessitated by the diagnosis of end-stage organ disease (organ failure). Diagnosis must be made by a board-certified or board-eligible physician appropriately specialized for the involved organ(s). The need for organ transplant as a direct result of life-threatening cancer, or the transplant of any other organs, parts of organs, tissues or cells, is not included in this definition.
Stroke	Stroke means diagnosis of the death or permanent damage of brain tissue due to inadequate blood supply or hemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms, categorized with a score of 3 or higher on the modified Rankin Scale (mRS). Diagnosis must be made by a board-certified or board-eligible neurologist, and damage evidenced by computerized axial tomography (CAT scan) or magnetic resonance imaging (MRI) and examination demonstrating lasting neurological deficits. Transient ischaemic attack; traumatic or infection-caused injury to brain tissue or blood vessels; brain injury associated with hypoxia, anoxia or hypotension; vascular disease affecting the eye or optic nerve; chronic cerebrovascular insufficiency; and ischemic disorders of the vestibular system are not included in this definition.
Structural Congenital Defects	Structural Congenital Defects means diagnosis made during childhood of any of the following: anal atresia; anencephaly; bilary atresia; cleft lip and/or palate; club foot; coractation; diaphragmatic hernia; gastroschisis; Hirschsprung's disease; hypoplastic left heart system; omphalocele; patent ductus arteriosis; pyloric stenosis; spina bifida; tetralogy of fallot; or transposition of the great arteries. Diagnosis must be made by a board-certified or board-eligible pediatrician or physician appropriately specialized for the involved defect/disorder, and confirmed by diagnostic testing if applicable. A prenatal diagnosis of one or more of these defects/disorders for an eligible Dependent child is included in this definition upon the live birth of the Dependent child. In the event of a prenatal diagnosis, the date of Diagnosis under the Policy for the defect/disorder(s) will be the date of birth of the Dependent child.
Type I Diabetes	Type I Diabetes means diagnosis made during childhood or adolescence of diabetes that results from auto-immune destruction of insulin producing cells in the pancreas. Confirmation of the cause of low insulin production is required. Diagnosis must be made by a board-certified or board-eligible endocrinologist or physician appropriately specialized for the involved condition, and based on blood tests.

All exclusions may not be applicable, or may be adjusted, as required by state regulations for the situs state of the policyholder.

CRITICAL ILLNESS EXCLUSIONS

A benefit is not payable for any critical illness that:

- Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
- Results from an act of declared or undeclared war or armed aggression
- Is incurred while the insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable
- Results from illegal activities, including participation in an illegal occupation
- Is the result of the voluntary use of illegal drugs by an insured person; the intentional misuse of over the counter medication or prescription drugs by an insured person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an insured person
- Is diagnosed outside of the United States

All exclusions may not be applicable, or may be adjusted, as required by state regulations for the situs state of the policyholder.

ELIGIBILITY SUMMARY

Following is a summary of some of the eligibility terms and conditions that will appear in the policy. In the event of any discrepancy, the policy shall control.

EMPLOYEES/MEMBER ELIGIBILITY REQUIREMENT(S)

An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

MINIMUM WORK HOURS

Class 1: 30 or more hours each week

DEFINITION OF ACTIVELY WORKING/ACTIVE WORK

Actively Working/Active work means an employee/member is:

- Performing the normal duties of his or her regular job for the policyholder on a regular and continuous basis for the minimum work hours stated above
- Receiving compensation from the policyholder for work performed for the policyholder

An employee/member will be considered to be actively working on any day that is a regular paid holiday or day of vacation, or regular or scheduled non-working day, provided the employee/member was actively working on the last preceding regular work day.

EMPLOYEES/MEMBERS ELIGIBLE FOR INSURANCE

Employees/members that may be eligible for insurance include persons who are:

- A citizen or permanent resident of the United States
- Lawfully and legally able to work in the United States pursuant to applicable laws
- Actively working for the policyholder at the policyholder's usual place of business or an alternative work site at the direction of the policyholder

An employee/member does not include any person:

- Who resides outside the United States for a period in excess of 12 consecutive months, unless otherwise approved by Mutual of Omaha
- Working for the policyholder on a seasonal or temporary basis
- Performing services for the policyholder as an independent contractor or under the terms of a lease

Dependents Eligible for Insurance

Dependents that may be eligible for insurance include an employee/member's:

- Legal spouse, domestic partner, civil union partner or equivalent
- Natural born or legally adopted child(ren) from birth to age 26 unless the child is incapacitated
- Stepchild or child of the employee/member's domestic partner, civil union partner or equivalent
- A child that the employee/member is required to provide insurance for under the terms of a: Qualified Medical Child Support Order (QMCSO), National Medical Support Notice or equivalent; or a decree, judgment or order issued by a court of competent jurisdiction
- Any other child that lives with the employee/member in a regular parent/child relationship and that qualifies as the employee/member's dependent under federal tax code

A dependent does not include anyone insured under the policy as an employee/member (unless the Dual Coverage option is included), anyone that is not a citizen, permanent resident or lawful resident of the U.S., or anyone who is a member of the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary duty of 31 days or less).

Health Insurance Requirement

For California residents, an employee/member and any dependent(s) must have major medical insurance, or basic hospital and basic medical insurance, to be eligible for critical illness insurance.

When Insurance Begins

After satisfaction of any applicable eligibility waiting period, an employee/member will become insured for any amount of insurance that does not require evidence of insurability when the employee/member becomes eligible and is actively working, or after the eligible employee/member submits a request to enroll for insurance, if required.

An eligible dependent will become insured for any amount of insurance that does not require evidence of insurability when the employee/member becomes insured, when the employee/member acquires the eligible dependent, or when the employee/member submits a request to enroll the eligible dependent for insurance, if required.

An eligible employee/member or dependent will become insured for any amount of insurance that requires evidence of insurability, including any amount in excess of a Guarantee Issue Amount for the employee/member or any dependent, on the first day of the month that follows the day Mutual of Omaha approves evidence of insurability.

Exceptions to When Insurance Begins (Deferred Effective Date)

Insurance for an employee/member or dependent who is confined in a hospital as an inpatient, in any institution or facility other than a hospital, or at home and under the care or supervision of a physician on the day insurance is to begin will not take effect until after confinement has ended and the employee/member has returned to active work.

Insurance for an employee/member who is not actively working when insurance would otherwise begin will not take effect until after the employee/member has completed one full day of active work.

In addition, insurance for any employee/member or dependent who is unable to perform two or more Activities of Daily Living (ADLs), whether or not confined, will not take effect until after the employee/member or dependent has performed all ADLs for at least 15 consecutive days.

This provision does not apply if the employee/member is eligible for insurance under the continuity provision. This provision also does not apply to any dependent who was eligible and insured under any prior plan on the day before the policy becomes effective.

When Insurance Ends

Insurance for an employee/member and any dependent(s) will end:

- When the employee/member is no longer eligible for insurance under the policy
- On the date that benefits paid for the employee/member reach the policy benefit maximum (if applicable)
- The employee/member begins active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less)
- On the day the policy terminates
- In accordance with the grace period

Insurance for the employee/member will also end on the date that benefits paid for the employee/member reach the policy benefit maximum.

Insurance for a dependent will also end when the dependent is no longer eligible for insurance under the policy, or on the date that benefits paid for the dependent reach the policy benefit maximum.

If insurance for an employee/member or any dependent(s) would otherwise end, the employee/member and/or any dependent(s) may be able to continue insurance under a continuation provision or through the portability provision.

ACCIDENT DEFINITIONS

ACCIDENT, ACCIDENTAL Accident, Accidental means a sudden, unexpected and unforeseeable event which results in one or more injuries that occurs after the effective date of insurance under the policy for an insured person and while insurance is in effect for an insured person.

BRAIN INJURY Brain Injury means a traumatic brain injury (TBI) or a mild traumatic brain injury (MTBI), including cerebral contusions, cerebral lacerations, concussions or intracranial hemorrhage.

BURN Burn means an injury to flesh or skin caused by heat, electricity, chemicals, friction or radiation. A burn includes second and third degree burns in which damage penetrates to the dermis (underlying layers of the skin). A burn does not include a sunburn or a superficial (first degree) burn of the epidermis (the outer layer of the skin).

CHIP FRACTURE Chip Fracture means a fracture in which a fragment or piece of a bone is broken off near a joint at a place where a ligament is usually attached which is diagnosed as a chip fracture by a physician or medical professional. Another term for chip fracture is "avulsion fracture." A chip fracture does not include a stress fracture or a hairline fracture.

CLOSED REDUCTION Closed Reduction means a medical procedure to restore a broken bone or dislocated joint to the correct alignment without surgery. Closed reduction includes immobilization.

DIAGNOSTIC EXAM Diagnostic Exam means any of the following: bone scintigraphy, computerized tomography (CT) scan, electroencephalogram (EEG), magnetic resonance imaging (MRI) or single photon emission computed tomography (SPECT) scan. A diagnostic exam does not include an X-ray.

DISLOCATION Dislocation means a complete, abnormal separation of a joint which is diagnosed as a dislocation by a physician or medical professional and is confirmed by an X-ray or appropriate diagnostic exam. Another term for dislocation is "luxation."

DISMEMBERMENT Dismemberment means the removal of a body part by trauma, prolonged constriction, or surgery (amputation).

FRACTURE Fracture means a break in a bone that can be detected by an X-ray or similar diagnostic exam which is diagnosed as a fracture by a physician or medical professional. The fractures covered under the policy are shown in the fractures section of the specified injury Benefits section of the certificate. A fracture does not include a stress fracture or a hairline fracture.

HEALTH SCREENING TEST Health Screening Test means any of the following: abdominal aortic aneurysm ultrasound; blood test for triglycerides; bone marrow testing; bone density screening; breast ultrasound; CA 15-3 (blood test for breast cancer); CA 125 (blood test for ovarian cancer); carotid ultrasound; CEA (blood test for colon cancer); chest X-ray; colonoscopy; CT angiography; EKG; double contrast barium enema; fasting blood glucose test; flexible sigmoidoscopy; hemoccult stool analysis; mammography; pap smear; PSA (blood test for prostate cancer); serum cholesterol test (for HDL and LDL levels); SPEP (blood test for myeloma); stress test (on a bicycle or treadmill); or thermography.

INCOMPLETE DISLOCATION Incomplete Dislocation means an incomplete, abnormal separation or misalignment of a joint which is diagnosed as an incomplete dislocation by a physician or medical professional and is confirmed by an X-ray or appropriate diagnostic exam. Another term for incomplete dislocation is "subluxation" or "partial dislocation."

INJURY, INJURIES Injury, Injuries means a bodily injury that is the direct result of an accident which requires treatment by a physician or medical professional. An injury must be independent of bodily infirmity, sickness or medical or surgical treatment thereof, and all other causes. An injury includes an infection that is the natural result of an accidental wound and accidental food poisoning.

OPEN REDUCTION Open Reduction means a medical procedure to restore a broken bone or dislocated joint to the correct alignment with surgery.

PARALYSIS Paralysis means total and permanent loss of use of a limb without severance. This loss must be determined by a physician to be complete and irreversible. Forms of paralysis include quadriplegia, triplegia, hemiplegia, paraplegia and uniplegia.

All definitions may not be applicable, or may be adjusted, as required by state regulations for the situs state of the policyholder.

ACCIDENT EXCLUSIONS

A benefit is not payable for any loss or claim which does not result from a covered accident or occurs more than 365 days after an Accident. A benefit is also not payable for any accident that:

- Occurs in the course of any occupation or employment for an insured person with any employer for wage or profit, or for which the insured person is entitled to benefits under any workers' compensation or occupational disease law or receives any settlement from a workers' compensation carrier, if the Coverage Type is "Non-occupational coverage (Off-job only)"
- Results from any bodily infirmity, sickness, or medical or surgical treatment thereof
- Results from cosmetic surgery or procedures
- Results, whether an insured person is sane or insane, from an intentionally self-inflicted injury or sickness, or suicide or attempted suicide
- Occurs in consequence of an insured person's being voluntarily intoxicated or under the influence of any controlled substance or alcohol (as defined by the laws of the state in which the accident occurred), unless administered on the advice of a physician
- Results from an insured person's intentional or voluntary use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption, including self-infliction of carbon monoxide poisoning emanating from a motor vehicle
- Results from an insured person's voluntary participation in a riot, commission of a felony, participation in illegal activities or participation in an illegal occupation
- Occurs while an insured person is incarcerated or imprisoned
- Results from an act of declared or undeclared war or armed aggression
- Occurs while an insured person is operating, learning to operate, riding as a passenger, boarding, departing or jumping from any aircraft (including those that are not motor driven, such as a hot air balloon), unless riding as a fare-paying passenger in a commercial aircraft on a regularly-scheduled flight or while traveling on business of the policyholder or an affiliated entity
- Occurs while an insured person is riding in or on any motor vehicle or aircraft engaged in racing, endurance tests, off-road activities (for motor vehicles), acrobatic tricks or stunts (for motor vehicles), or acrobatic or stunt flying (for aircraft)
- Occurs while an insured person is practicing for, participating in or officiating any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received by the insured person
- Occurs while an insured person is engaged in skydiving, scuba diving, parachuting, hang gliding, bungee jumping, sail gliding, parasailing, parakiting, mountain climbing, base jumping, rock climbing or other similar high risk activities or extreme sport
- Occurs while an insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable

All exclusions may not be applicable, or may be adjusted, as required by state regulations for the situs state of the policyholder.

ELIGIBILITY SUMMARY

Following is a summary of some of the eligibility terms and conditions that will appear in the policy. In the event of any discrepancy, the policy shall control.

Employees/Member Eligibility Requirement(s)

An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

Definition of Actively Working/Active Work

Actively Working/Active work means an employee/member is:

- Performing the normal duties of his or her regular job for the policyholder on a regular and continuous basis for the minimum work hours stated above
- Receiving compensation from the policyholder for work performed for the policyholder

An employee/member will be considered to be actively working on any day that is a regular paid holiday or day of vacation, or regular or scheduled non-working day, provided the employee/member was actively working on the last preceding regular work day.

Employees/Members Eligible for Insurance

Employees/members that may be eligible for insurance include persons who are:

- A citizen or permanent resident of the United States
- Lawfully and legally able to work in the United States pursuant to applicable laws
- Actively working for the policyholder at the policyholder's usual place of business or an alternative work site at the direction of the policyholder

An employee/member does not include any person:

- Who resides outside the United States for a period in excess of 12 consecutive months, unless otherwise approved by Mutual of Omaha
- Working for the policyholder on a seasonal or temporary basis
- Performing services for the policyholder as an independent contractor or under the terms of a lease

Dependents Eligible for Insurance

Dependents that may be eligible for insurance include an employee/member's:

- Legal spouse, domestic partner, civil union partner or equivalent
- Natural born or legally adopted child(ren) from birth to age 26 unless the child is incapacitated
- Stepchild or child of the employee/member's domestic partner, civil union partner or equivalent
- A child that the employee/member is required to provide insurance for under the terms of a: Qualified Medical Child Support Order (QMCSO), National Medical Support Notice or equivalent; or a decree, judgment or order issued by a court of competent jurisdiction
- Any other child that lives with the employee/member in a regular parent/child relationship and that qualifies as the employee/member's dependent under federal tax code

A dependent does not include anyone insured under the policy as an employee/member (unless the Dual Coverage option is included), anyone that is not a citizen, permanent resident or lawful resident of the U.S., or anyone who is a member of the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary duty of 31 days or less).

When Insurance Begins

After satisfaction of any applicable eligibility waiting period, an employee/member will become insured when the employee/member becomes eligible and is actively working, or after the eligible employee/member submits a request to enroll for insurance, if required.

An eligible dependent will become insured when the employee/member becomes insured, when the employee/member acquires the eligible dependent, or when the employee/member submits a request to enroll the eligible dependent for insurance, if required.

Exceptions to When Insurance Begins (Deferred Effective Date)

Insurance for an employee/member or dependent who is confined in a hospital as an inpatient, in any institution or facility other than a hospital, or at home and under the care or supervision of a physician on the day insurance is to begin will not take effect until after confinement has ended and the employee/member has returned to active work.

Insurance for an employee/member who is not actively working when insurance would otherwise begin will not take effect until after the employee/member has completed one full day of active work.

In addition, insurance for any employee/member or dependent who is unable to perform two or more Activities of Daily Living (ADLs), whether or not confined, will not take effect until after the employee/member or dependent has performed all ADLs for at least 15 consecutive days.

This provision does not apply if the employee/member is eligible for insurance under the continuity provision. This provision also does not apply to any dependent who was eligible and insured under any prior plan on the day before the policy becomes effective.

When Insurance Ends - Class 1

Insurance for an employee/member and any dependent(s) will end:

- When the employee/member reaches the age of 80
- When the employee/member is no longer eligible for insurance under the policy
- The employee/member begins active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less)
- On the day the policy terminates
- In accordance with the grace period

Insurance for a dependent will also end when the dependent is no longer eligible for insurance under the policy.

If insurance for an employee/member or any dependent(s) would otherwise end, the employee/member and/or any dependent(s) may be able to continue insurance under a continuation provision or through the portability provision.

RATING CRITERIA

Some assumptions have been made in the preparation of this proposal. Changes in these assumptions may impact the rates or fees. These assumptions apply to all coverages included in this proposal unless otherwise noted.

SIC CODE

This proposal assumes the applicable Standard Industry Classification (SIC) code for the group is 9111.

SITUS STATE

This proposal assumes the situs state of the group is IL.

ACCEPTANCE

This proposal is contingent upon Mutual of Omaha Home Office review and acceptance of the completed application for coverage. It is recommended that current coverage is not cancelled or dropped until notification acceptance from Mutual of Omaha is received.

LIMITATIONS & STANDARD CONTRACT NOTICE

This proposal is subject to Mutual of Omaha's standard product terms, limitations, and exclusions. Additionally, this proposal requires use of standard system-compatible benefits and contract provisions. Applicable federal and state mandates are added at issuance.

This proposal also assumes that all employees/members reside in the situs state of the group. If any employees/members reside outside of the situs state of the group, we must be notified of the number of employees/members by state during the implementation process so that all applicable state mandates can be accommodated.

Please refer to a sample standard contract, certificate booklet and/or subscription agreement documents for additional information and detail, available upon request.

ERISA

Each plan presented in this proposal is considered to be an employer-sponsored ERISA benefit plan. If it is determined that any plan presented in this proposal is not an ERISA benefit plan, Mutual of Omaha reserves the right to re-rate or otherwise adjust the proposed plan(s).

PROPOSAL CONDITIONS

Mutual of Omaha reserves the right to re-rate or withdraw this proposal *prior* to the effective date if any of the following changes:

- SIC code
- Employer contributions
- Information regarding disabled or COBRA participants
- For groups that are experience rated - risk increases based on review of the current carrier's claims experience, including open or pended claims
- Demographics (age, gender, occupation, earnings, location and size)
- Plan participation - increase or decrease of 10% or more lives
- Laws, regulations, judicial and/or administrative orders and decisions affecting benefits, cost of administration, or cost of health care services
- Proposed effective date
- Benefits or eligibility
- Premium tax

On or after the effective date, Mutual of Omaha reserves the right to change rates or fees if there is a change in any factor listed above. In addition, Mutual of Omaha may change rates or fees any time after the most recent Rate Guarantee Date, provided at least 30 days advance notice of the rate or fee increase has been given to the group.

PROPOSAL EXPIRATION

This proposal is good for 90 days after 10/01/21, or the assumed effective date of the plan, whichever comes first.

For additional locations, provide information on a separate sheet of paper.

POLICY ADMINISTRATION

Mutual of Omaha

ELIGIBILITY INFORMATION

Unless otherwise noted in the Group Insurance Proposal, the policy will be issued with the following provisions.

1. **Eligibility Rules:** A clear definition of eligibility rules by class is necessary to properly administer your plan. Complete the table below to clarify whether or not any classes have varying eligibility criteria by product (*include all variations*). If eligibility does not vary by class or product, only complete the first row of the below chart.
   - *<u>Class Description</u> – How the employees class should be described in the policy*
   - *<u>Minimum Hours</u> – Minimum number of hours an employee must work to be eligible for coverage*
   - *<u>Waiting Period</u> – Days, months, years an employee must be employed full-time before becoming eligible for coverage*
   - *<u>Effective Date</u> – Day on which coverage begins after employees satisfy the waiting period*
   - *<u>Termination Date</u> – Day on which coverage terminates once an employee is no longer eligible*

MINIMUM HOURS	COVERAGE WAITING PERIOD	COVERAGE EFFECTIVE DATE	REHIRE EFFECTIVE DATE	COVERAGE TERMINATION DATE	APPLIES TO WHICH PRODUCTS	
Class Description:						
30 Hours ☑ Week ☐ Month ☐ Quarter ☐ Year	___ Days ___ Months ___ Years	☑ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☐ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☐ on the day- *(Required for disability)* ☑ last day of month *(Required for critical illness)* *(Required for accident)*	☐ Life ☐ STD ☐ LTD ☐ Dental ☐ Crit Illness ☐ Accident ☐ Stand Alone AD&D ☐ Stand Alone VAD&D ☐ Vision	☐ Vol. Life ☐ Vol. STD ☐ Vol. LTD ☐ Vol. Dental ☑ Vol. Crit Ill ☑ Vol. Acc ☐ Busn Travel ☐ Vol. Vision
Class Description:						
30 Hours ☑ Week ☐ Month ☐ Quarter ☐ Year	___ Days ___ Months ___ Years	☑ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☐ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☐ on the day- *(Required for disability)* ☑ last day of month *(Required for critical illness)* *(Required for accident)*	☐ Life ☐ STD ☐ LTD ☐ Dental ☐ Crit Illness ☐ Accident ☐ Stand Alone AD&D ☐ Stand Alone VAD&D ☐ Vision	☐ Vol. Life ☐ Vol. STD ☐ Vol. LTD ☐ Vol. Dental ☑ Vol. Crit Ill ☑ Vol. Acc ☐ Busn Travel ☐ Vol. Vision
Class Description:						
30 Hours ☑ Week ☐ Month ☐ Quarter ☐ Year	___ Days ___ Months ___ Years	☑ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☐ on the day[1] ☐ first day of month coinciding with policy[2] ☐ first day of month following[3]	☐ on the day- *(Required for disability)* ☑ last day of month *(Required for critical illness)* *(Required for accident)*	☐ Life ☐ STD ☐ LTD ☐ Dental ☐ Crit Illness ☐ Accident ☐ Stand Alone AD&D ☐ Stand Alone VAD&D ☐ Vision	☐ Vol. Life ☐ Vol. STD ☐ Vol. LTD ☐ Vol. Dental ☑ Vol. Crit Ill ☑ Vol. Acc ☐ Busn Travel ☐ Vol. Vision

Note: All of the following examples assume a standard enrollment period of 31 days.

[1] **<u>"on the day"</u>** means insurance is effective on the day after satisfaction of the waiting period (if applicable), or on the day the enrollment form is signed (if applicable), whichever is later.
With no waiting period:
- Noncontributory Plan – Insurance for an employee with a hire date of April 15 would begin on April 15.
- Contributory Plan – Insurance for an employee with a hire date of April 15 that signs the enrollment form on or before May 16 would begin on the day the form is signed.