

# YOUR CRITICAL ILLNESS INSURANCE PLAN

For Employees of  
Bloomington Independent School District #271

**Non Teachers**

**GROUP CRITICAL ILLNESS INSURANCE  
CERTIFICATE OF COVERAGE**

**RELIASTAR LIFE INSURANCE COMPANY**  
**20 Washington Avenue South, Minneapolis, Minnesota 55401**  
Claims: 888-238-4840 Customer Service: 800-537-5024

**POLICYHOLDER:** Bloomington Independent School District #271  
**GROUP POLICY NUMBER:** 65768-9CCI  
**POLICY EFFECTIVE DATE:** January 12, 2012  
**GOVERNING JURISDICTION:** Minnesota

**THIS IS LIMITED BENEFIT COVERAGE.**  
**Benefits are paid for Critical Illnesses as defined in the Certificate.**

ReliaStar Life Insurance Company (We, Us, Our) certifies that We have issued the group Policy listed above to the Policyholder. The Policy is available for You to review if You contact the Policyholder for more information. **This is Your Certificate as long as You are eligible for coverage and You become insured. Please read it carefully and keep it in a safe place.** This Certificate replaces any other Certificates We may have given You under the Policy.

This Certificate summarizes and explains the parts of the Policy which apply to You. The Certificate is part of the group Policy but by itself is not a policy. Your coverage may be changed under the terms and conditions 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 1974 (ERISA) and any amendments.

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

The coverage under the Policy is conditionally renewable according to the terms and provisions of the Policy.

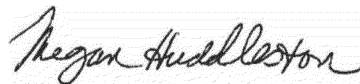
**Notice to buyer: This is a specified disease Certificate. This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

**Limitations or exclusions may apply. Please read Your Certificate carefully.** Benefits may also be limited or reduced based on the attainment of certain ages.

Signed for ReliaStar Life Insurance Company at its home office in Minneapolis, Minnesota on the Policy effective date.



President



Secretary

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# SCHEDULE OF BENEFITS

**EMPLOYER:** Bloomington Independent School District #271

**GROUP POLICY NUMBER:** 65768-9CCI

## **ELIGIBLE CLASS(ES)**

All Eligible Non Teachers in Active Employment with the Employer in the United States.

You must be an Employee of the Employer and in an eligible class.  
Temporary and seasonal workers are excluded from coverage.

## **MINIMUM HOURS REQUIREMENT**

20 hours per week

## **ELIGIBILITY WAITING PERIOD**

For persons in an eligible class on or before the Policy effective date: None

For persons entering an eligible class after the Policy effective date: None

## **REHIRE**

If Your employment with the Employer ends and You are rehired within 12 months, Your previous work while in an eligible class will apply toward the Eligibility Waiting Period. All other Policy provisions apply.

## **WHO PAYS FOR THE COVERAGE**

The Employer pays the cost of Your coverage.

## **MAXIMUM BENEFIT AMOUNT**

\$2,000

## **CRITICAL ILLNESS BENEFITS**

<b>Covered Illness</b>	<b>Percent of Maximum Benefit Amount Payable</b>
Heart Attack	100%
Stroke	100%
End Stage Renal Failure	100%
Coronary Artery Bypass	25%
Coma	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Cancer	100%
Carcinoma in Situ (CIS)	25%
Skin Cancer	10%

**Benefits reduce 50% on the Policy anniversary following Your 70<sup>th</sup> birthday; however, premiums do not reduce as a result of this benefit change.**

## DEFINITIONS

**Active Employment** means You are working for the Employer for earnings that are paid regularly and 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 the MINIMUM HOURS REQUIREMENT shown in the SCHEDULE OF BENEFITS.

Your work site must be one of the following:

- The Employer's usual place of business;
- An alternative work site at the direction of the Employer, including Your home; or
- A location to which Your job requires You to travel.

Normal vacation is considered Active Employment.

Temporary and seasonal workers are excluded from coverage.

**Cancer** means a group of diseases characterized by the uncontrolled growth and/or spread of abnormal cells. Cancer is limited to malignancies of solid tissue, blood or lymph tissue and includes leukemia, lymphoma and Hodgkin's disease.

The diagnosis of Cancer must be established according to the criteria of the American Board of Pathology or the American Joint Committee on Cancer. This requires looking at the suspect tumor, tissue or specimen at the microscopic level such that malignancy may be determined. A clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in You when a pathological diagnosis can not be made, provided the medical evidence substantially documents the diagnosis of Cancer.

Conditions such as the following are not considered Cancer for the purposes of the Policy:

- Basal cell carcinoma and squamous cell carcinoma of the skin;
- Carcinoma In Situ;
- Melanoma that is diagnosed as Breslow's classification less than 0.75mm;
- Pre-malignant conditions or polyps;
- Any other benign or nonmalignant condition.

**Carcinoma in Situ (CIS)** means tumor cells tending toward malignancy but that do not invade the underlying tissue (i.e. malignant cells confined to the epithelium without penetration of the basement membrane). This diagnosis must be confirmed by a study of the suspect tissue in a pathologic specimen that meets the American Joint Committee on Cancer or the American Board of Pathology criteria.

Cancers such as the following are not considered Carcinoma In Situ:

- Basal cell carcinoma and squamous cell;
- Carcinoma of the skin;
- Melanoma that is diagnosed as Breslow's classification less than 0.75mm; or
- Pre-malignant conditions or conditions with malignant potential.

**Certificate** means the document that explains the parts of the Policy which apply to eligible Insured Persons. It may include riders, endorsements or amendments.

**Coma** means a Coma resulting from a severe traumatic brain injury that results in a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, characterized by having a Glasgow scale of 3; defined as the absence of:

- Eye opening;
- Verbal response; and
- Motor response.

The condition must require intubation for respiratory assistance.

**Coronary Artery Bypass** means coronary artery disease that has been clinically diagnosed and requires You to undergo a surgical procedure to open a blockage of one or more coronary arteries using venous or arterial grafts.

Coronary Artery Bypass does not include balloon angioplasty, placement of intravascular stent, laser relief or other like procedures.

**Critical Illness** means any of the following as defined:

- Cancer;
- Carcinoma in Situ;
- Coma;
- Coronary Artery Bypass;
- End Stage Renal (Kidney) Failure;
- Heart Attack;
- Major Organ Failure;
- Permanent Paralysis;
- Skin Cancer; or
- Stroke.

**Doctor** means a person other than You or any family member, who is licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical doctor. If so, then this definition includes persons recognized as qualified to treat the condition for which claim is made by the state in which treatment is received.

**Eligibility Waiting Period** means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that You must be in Active Employment in an eligible class before You are eligible for coverage under the Policy.

**Employee** means a person who is a citizen or legal resident of the United States in Active Employment with the Employer in the United States.

**Employer** means the Policyholder and includes any division, subsidiary or affiliated company named in the Policy.

**End Stage Renal (Kidney) Failure** means chronic, irreversible failure of the kidneys requiring regular hemodialysis or peritoneal dialysis (at least weekly) in order to sustain life or renal transplantation is performed. This definition includes You being placed on the UNOS (United Network for Organ Sharing) list for a renal transplant.

**Heart Attack** means an acute myocardial infarction (death of an area of heart muscle) that was caused by a blockage of one or more coronary arteries. The medical evidence must be consistent with the diagnosis of heart muscle death. Significant electrocardiogram (EKG) changes must be seen and one or both of the following must confirm the acute myocardial infarction (Heart Attack):

- A clinical picture of myocardial infarction with cardiac enzyme changes found in the blood (elevated CK-MB isoenzyme fraction or elevated troponins).
- Confirmatory imaging test such as a nuclear imaging test or echocardiogram that is consistent with a myocardial infarction.

Diagnosis must be made by a licensed cardiologist or another Doctor familiar with Heart Attack diagnosis.

**Hospital** means an institution that is run for the care and treatment of sick or injured persons as in-patients and which, on its premises or in facilities available to the Hospital on a pre-arranged basis, fully meets each of the following requirements:

- It is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located.
- It is under the supervision of a medical staff and has one or more Doctors available at all times.
- It provides 24 hours a day service by registered graduate nurses (RNs).
- It is not an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

**Insured Person** means a person who is eligible for coverage under the Policy, becomes covered according to the terms of the Policy, and whose coverage remains in effect according to the terms of the Policy.

**Leave of Absence** means You are absent from Active Employment for a period of time under a leave granted in writing by the Employer that is in accordance with the Employer's formal leave policies. Your normal vacation time is not considered a Leave of Absence.

**Major Organ Failure** means a clinical diagnosis of a major organ failure of the liver, both lungs, pancreas or heart resulting in You being placed on the UNOS (United Network for Organ Sharing) list for a transplant.

**Permanent Paralysis** means total and permanent loss of the use of two or more limbs (arms or legs or combination) due to accident or sickness for a continuous period of at least 60 days.

Permanent Paralysis does not include paralysis as the result of a Stroke.

Diagnosis must be made by a licensed Doctor familiar with Permanent Paralysis diagnosis.

**Policy** means the written group insurance contract between Us and the Policyholder.

**Policyholder** means the Employer to whom the Policy is issued and who sponsors the coverage for its Employees

**Skin Cancer** means tumor cells tending toward malignancy and which invade the underlying tissue.

The Skin Cancer diagnosis must be confirmed by a study of the suspect tissue in a pathologic specimen that meets the American Joint Committee on Cancer or the American Board of Pathology criteria.

Skin Cancer includes:

- Basal cell carcinoma and squamous cell;
- Carcinoma of the skin; and
- Melanoma that is diagnosed as Breslow's classification less than 0.75mm .

Skin Cancer does not include pre-malignant conditions or conditions with malignant potential.

**Stroke** means an acute cerebral event including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis. The diagnosis of Stroke shall be based on confirmatory neuroimaging studies and evidence of persistent neurological impairment confirmed by a neurologist or a Doctor familiar with the diagnosis of Stroke at least 30 days after the event.

Stroke does not include:

- Transient ischemic attacks (TIA).
- Ischemic disorders of the vestibular system.
- Brain injury related to trauma or infection.
- Brain injury associated with hypoxia/anoxia or hypotension.

**We, Us** and **Our** means ReliaStar Life Insurance Company.

**You** and **Your** means an Employee who is eligible for coverage under the Policy.

## GENERAL PROVISIONS

### ELIGIBILITY

If You are working for the Employer in an eligible class (shown on the SCHEDULE OF BENEFITS), the date You are eligible for coverage is the later of the following:

- The Policy effective date.
- The day after You complete Your Eligibility Waiting Period.

### EFFECTIVE DATE OF COVERAGE

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the date You are eligible for coverage.

### LEAVE OF ABSENCE

If You are on an Employer-approved Leave of Absence after coverage becomes effective under the Policy, and if premiums are paid, Your coverage may be continued beyond the date You are no longer in Active Employment, limited to the time periods described below.

If You are on a Leave of Absence as described under the Family and Medical Leave Act of 1993 ("FMLA") or applicable state family and medical leave law ("State FML"), and the Employer's Human Resource Policy provides for continuation of the type of coverage provided under the Policy during an FMLA or State FML Leave of Absence, Your coverage will be continued until the end of the later of:

- The leave period permitted by the federal Family and Medical Leave Act of 1993 and any amendments.
- The leave period permitted by applicable state law.

If You are on a Leave of Absence other than an FMLA or State FML Leave of Absence, and if premium is paid, Your coverage will be continued through the end of 2 months that immediately follows the month in which the Leave of Absence begins.

If the Employer has approved more than one type of Leave of Absence for You during any one period that You are not in Active Employment, We will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the Policy.

If Your coverage is not continued during an FMLA or State FML Leave of Absence, and You return to Active Employment immediately following the end of the FMLA or State FML Leave of Absence, Your coverage will be reinstated effective the date You return to Active Employment.

In no event will Your coverage under the Policy be continued beyond the date Your coverage would otherwise end according to the terms of the TERMINATION OF COVERAGE provision.

### TERMINATION OF COVERAGE

Your coverage under the Policy ends on the earliest of the following dates:

- The date the Policy terminates.
- The date You are no longer in an eligible class.
- The date Your eligible class is no longer covered.
- The end of the Policyholder's grace period, if the Policyholder does not remit premium to Us by the end of such period.
- The last day You are in Active Employment except as provided under a covered Leave of Absence

We will provide coverage for a payable claim that occurs while You are covered under the Policy.

### POLICY TERMINATION

The Policy can be terminated either by Us or by the Policyholder.

We may terminate the Policy for any of the following reasons:

- There is less than 100% participation of those eligible persons for a Policyholder paid plan.
- The Policyholder does not promptly provide Us with information that is reasonably required.
- Fewer than 25 persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.



- We determine that there is a significant change in the size, occupation or age of the eligible class(es) as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its persons.
- We stop providing the type of coverage under this Policy to all groups in the Policy issue state.

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least 60 days prior to the termination date.

The Policyholder may terminate the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy is terminated, We will make a good faith effort to notify all Insured Persons at least 30 days before the termination date. We will not notify Insured Persons if We have reasonable evidence that the Policy has been or will be replaced by a substantially similar group policy, plan or contract.

If the Policy is terminated, the cancellation will not affect a payable claim.

## **PORTABILITY**

Portability means You have the option to continue Your coverage after it would otherwise terminate, if certain conditions are met.

To continue Your coverage, You must apply for portability and pay the first premium within 31 days of the date Your coverage would otherwise terminate due to any of the following:

- You retire or terminate employment with the Employer, if coverage remains in effect under the Policy for other Insured Persons.
- The Policyholder terminates coverage under the Policy for all Insured Persons, and does not replace it with a similar insurance plan.
- You are no longer eligible for coverage under the Policy.

Ported coverage is subject to all the terms of the Policy and this Certificate.

Premiums will be billed directly to You. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time You apply for portability. We may change the portability premium rates at any time upon 60 days written notice to You.

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which You paid premiums, if You stop making a required premium contribution, subject to the grace period.
- The date You die.
- The date the Policy terminates and coverage for all Insured Persons under the Policy terminates, upon 60 days written notice of termination.

## **GRACE PERIOD**

The Policyholder has a grace period of 47 days for the payment of any premium due except the first. During the grace period the Policy will remain in force. If full payment is not received by Us by the end of the grace period, the Policy will automatically terminate at the end of the grace period. The Policyholder is required to pay a pro rata premium for any period the Policy was in force during the grace period. There is no grace period if the Policyholder gives Us advance written notice of termination, or if We have given the Policyholder advance written notice of termination as described under the POLICY TERMINATION provision.

If You are on portability, You also have a grace period of 47 days for the payment of any premium due. During the grace period Your coverage will remain in force. If full payment is not received by Us by the end of the grace period, Your coverage will automatically terminate at the end of the grace period. A pro rata premium payment is required for any period Your coverage was in force during the grace period.

## **REPRESENTATIONS NOT WARRANTIES**

We consider any statements the Policyholder and You make in an application to be representations and not warranties. No statements made by You will be used to reduce or deny any claim or to cancel Your coverage unless both of the following are true:

- The statement is in writing and is signed by You.
- A copy of that statement is given to You, Your beneficiary or Your personal representative.

## **INCONTESTABILITY**

Except in the case of fraud, no statement made by You in an application relating to Your insurability will be used to contest the insurance for which the statement was made after the coverage has been in force for two years during Your lifetime.

## **CLERICAL ERROR**

Clerical error or omission by Us or by the Policyholder will not:

- Prevent You from receiving coverage, if You are entitled to coverage under the terms of the Policy.
- Cause coverage to begin or continue for You when the coverage would not otherwise be effective.

If the Policyholder gives Us information about You that is incorrect, We will do both of the following:

- Use the facts to decide whether You are eligible for coverage under the Policy and in what amounts.
- Make a fair adjustment of the premium.

## **MISSTATEMENT OF AGE**

If premiums are based on Your age and You have misstated Your age, We will make a fair adjustment of benefits to reflect the amount that the premium paid would have purchased at Your true age. We may require satisfactory proof of Your age before paying any claim.

## **OTHER INSURANCE WITH US**

You may only have one Policy or Certificate, elected by You, that provides Critical Illness benefits through Us. If more than one Policy or Certificate is issued by Us, only one Policy or Certificate will remain in force and the premiums for the other(s) will be refunded.

## **ASSIGNMENT**

No assignment of benefits under the Policy is valid, unless otherwise specified in the Policy.

## **CONFORMITY WITH STATE STATUTES**

Any provision of the Policy which, on the Policy effective date and each subsequent Policy anniversary date, conflicts with any law that applies in the jurisdiction where the Policy is issued, is automatically amended to conform to the minimum requirements of such law.

## **CHANGES TO POLICY OR CERTIFICATE**

No agent, representative or employee of Ours or of any other entity may change or waive the terms of the Policy, or of any Certificate or rider issued under it, except in a writing signed by one of Our executive officers and endorsed or attached to the Policy.

If there is a conflict between the terms of this Certificate or any attached rider and the Policy, the Policy controls.

## CRITICAL ILLNESS BENEFITS

Benefits are payable up to the maximum benefit amount shown on the SCHEDULE OF BENEFITS for each Critical Illness.

Any partial benefits paid will not reduce the available maximum benefit amount.

We will pay the maximum benefit amount shown on the SCHEDULE OF BENEFITS as follows:

**BENEFITS FOR COMA, END STAGE RENAL (KIDNEY) FAILURE, HEART ATTACK, PERMANENT PARALYSIS and STROKE** are payable when We receive due proof of such condition which is diagnosed after Your coverage effective date.

**BENEFITS FOR MAJOR ORGAN FAILURE** are payable when We receive due proof of a Major Organ Failure which is diagnosed after Your coverage effective date.

If You are on the UNOS (United Network for Organ Sharing) list for a combined transplant only one benefit will be payable.

Failure of the function of the kidney, resulting in You being placed on the UNOS list, is payable under the End Stage Renal (Kidney) Failure benefit.

**BENEFITS FOR CORONARY ARTERY BYPASS** are payable when We receive due proof of Coronary Artery Bypass which is diagnosed after Your coverage effective date.

**BENEFITS FOR CANCER AND SKIN CANCER** are payable when We receive due proof of Cancer which is diagnosed after Your coverage effective date.

**BENEFITS FOR CARCINOMA IN SITU** are payable when We receive due proof of Carcinoma In Situ which is diagnosed after Your coverage effective date.

**Benefits reduce 50% on the Policy anniversary following Your 70<sup>th</sup> birthday; however, premiums do not reduce as a result of this benefit change.**

## EXCLUSIONS AND LIMITATIONS

### EXCLUSIONS

Benefits are not payable for any Critical Illness caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal occupation.
- Any intentionally self-inflicted injury, other than attempted suicide, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism or drug abuse.
- Being under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a Doctor.

## CLAIMS

### NOTICE OF CLAIM

Written notice of Your claim should be given to Us within 30 days after the date of loss. The notice may be given to Us at Our home office or to Our authorized agent or administrator. Failure to give notice within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such notice within that time and the notice was given as soon as reasonably possible.

The claim form is available from the Employer or You can request a claim form from Us. If You do not receive the form from Us within 15 days of Your request, You may send Us written proof of claim without waiting for the form. If such written proof of claim covers the occurrence, character and extent of the loss within the time period below for proof of claim, You will be deemed to have complied with the requirements for providing proof of claim.

### FILING A CLAIM

The claim form(s) may require completion by You and the Employer and Your attending Doctor. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

### PROOF OF CLAIM

You must send Us written proof of Your claim within 90 days after the date of loss. Failure to give such proof within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such proof within that time, and the proof was given as soon as reasonably possible. However, in any event, You must provide proof of claim no later than 1 year after the time proof is otherwise required, except in the absence of legal capacity.

### PHYSICAL EXAMINATION

We may require You to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while Your claim is pending. We may also require You to be interviewed by Our authorized representative. Failure to comply with this request may result in denial or termination of benefits.

### BENEFIT PAYMENTS

Benefits are payable to You unless otherwise specified. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of Your death will be paid to Your estate.

### LEGAL ACTION

You can start legal action regarding a claim no earlier than 60 days after written proof of claim has been given to Us, and no later than three years from the time proof of claim is required, unless otherwise provided under federal law. Nothing in this provision waives, extends or tolls any applicable statute of limitations governing any claim relating in any way to Your coverage.

# RECURRENCE RIDER

## RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South, Minneapolis, Minnesota 55401

**POLICYHOLDER :** Bloomington Independent School District #271

**GROUP POLICY NUMBER:** 65768-9CCI

This rider is made a part of the Critical Illness Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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### SCHEDULE OF BENEFITS

#### WHO PAYS FOR THE COVERAGE

The cost of coverage under this Recurrence Rider is automatically included in the cost of Your coverage.

#### DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to each Covered Person.

**Covered Person** means:

- You, if You are covered for Critical Illness insurance under the Policy.

**Date of Recurring Diagnosis** means the date while this Recurrence Rider is in force when a Recurring Critical Illness benefit would be payable under the Policy.

**Recurring Critical Illness** means a Critical Illness included in the Certificate, Critical Illness for which a benefit has already been paid, following a period of 6 consecutive months during which both of the following are true:

- The Covered Person has had no occurrence of any Critical Illness listed in the Certificate
- The Covered Person was free of the condition(s) listed in the Certificate for which benefits were previously paid.

## GENERAL PROVISIONS

### ELIGIBILITY

If You are working for the Employer in an eligible class (shown in the Certificate's SCHEDULE OF BENEFITS), You are eligible for this Recurrence Rider on the latest of the following dates:

- The Policy effective date.
- The date this Recurrence Rider is available to the eligible class of Insured Persons to which You belong.
- Your Critical Illness coverage effective date.

### EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

### TERMINATION

This Recurrence Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Recurrence Rider is terminated for all Insured Persons under the Policy.

### PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Recurrence Rider will also be continued during portability.

## RECURRENCE BENEFITS

Following payment of 100% of the Critical Illness benefits in the Certificate, this Recurrence Rider provides a one time restoration of 100% of the maximum benefit amount shown in the SCHEDULE OF BENEFITS section of the Certificate (less any age reductions). We will pay 100% of the maximum benefit amount for the Critical Illness shown in the SCHEDULE OF BENEFITS section of the Certificate (less any age reductions) for the Recurring on the Date of Recurring Diagnosis.

**Benefits under this rider reduce 50% on the Policy anniversary following Your 70<sup>th</sup> birthday; however, premiums do not reduce as a result of this benefit change.**

## EXCLUSIONS AND LIMITATIONS

### EXCLUSIONS

Benefits are not payable for any Critical Illness caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal occupation.
- Any intentionally self-inflicted injury, other than attempted suicide, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism or drug abuse.
- Being under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a Doctor.

## CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

### FILING A CLAIM

The claim form(s) may require completion by You and the Employer and the Covered Person's attending Doctor. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

### PHYSICAL EXAMINATION

We may require the Covered Person to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. We may also require You to be interviewed by Our authorized representative. Failure to comply with this request may result in denial or termination of benefits.


### BENEFIT PAYMENTS

Benefits under this Recurrence Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:  
20 Washington Avenue South  
Minneapolis, MN 55401



President



Secretary