

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

CERTIFICATE GROUP LIFE INSURANCE

Policyholder:	School District No. 1 Health and Welfare Trust
Policy Number:	750971-C
Effective Date:	February 1, 2016

A Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of the Group Policy. If your coverage is changed by an amendment to the Group Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

This policy includes an Accelerated Benefit. Death benefits will be reduced if you are determined to be terminally ill individual according to the Internal Revenue Code Section 2035(a)(3) and 2043(a)(3). However, if you meet the definition of "terminally ill individual" according to the Internal Revenue Code Section 2035(a)(3) and 2043(a)(3), the full death benefits will be payable.

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the Group Policy will govern.

"We", "us" and "our" mean Standard Insurance Company. "You" and "your" mean the Member. All other defined terms appear with the initial letter capitalized. Section headings, and references to them, appear in boldface type.

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Index of Defined Terms

Accelerated Benefit, 14
Active Work, Actively At Work, 12
AD&D Insurance, 23
Annual Earnings, 23
Annual Enrollment Period, 3

Beneficiary, 20

Child, 23
Class Definition, 1
Contributory, 24
Conversion Period, 16

Dependent, 10
Dependents Life Insurance, 24
Domestic Partner, 24

Eligibility Waiting Period, 24
Employer(s), 1
Evidence Of Insurability, 24

Family Status Change, 3

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6. If your Child was insured for an amount of Dependents Life Insurance under the Group Policy, requirement f.

SCHEDULE OF INSURANCE

SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit: You may apply for Life Insurance in multiples of \$10,000, from \$10,000 to the lesser of \$500,000 and 5 times your Annual Earnings.

Repatriation Benefit: The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$5,000 or 10% of the Life Insurance Benefit, whichever is less.

(LI.REPAT296)

If you are insured under Life Insurance, you may also become insured under Dependents Life Insurance as follows:

For your Spouse:

Dependents Life Insurance Benef i2p-2 (u)3.8 eo(en)9fe4w -6.337 Tde37 Tde3l3-eID 8 BDC f-9-7.2 (e)-6-eID 8 BD3.4 (is)-4.7

For yourCs h(l)-7.1 d2 (u)3.8 eo(6.4324 0 Td())TjEMC /P <MCID-11 BDC 0.006 Tc -0.009 Tw 146278 -1.88 Td[D]5.4 (ep)778 (en)9.7 (d)6.8 (en) d-52.3 nsl u

ld(s)232 (D)534 (o)-5.1 m(i2p-e(s)2.2 (t)6.7 (i)6.9 (c)1.2 Ps)-4.3 ((r)10.4 (i2p-en)9.8 ((r)10.4 .(i18 (p)-11.9 ()12.4 S)4 eee())TJ/TT2 81 f -0.0

90 through 94	53%
95 or over	51%

OTHER BENEFITS

Waiver Of Premium: Yes

(LI.WAIVER.899)

Accelerated Benefit: Yes

(LI.AB.899)

OTHER PROVISIONS

Limits on Right To Convert if
Group Policy terminates
or is amended:

Minimum Time Insured: 5 years

Maximum Conversion Amount: \$10,000

Suicide Exclusion: Applies to:

- a. Life Insurance
- b. Dependents Life Insurance on your Spouse

(LI.SUI.296)

Leave Of Absence Period: 365 days

Insurance Eligible For Portability:

For you:

Life Insurance Yes

Minimum amount: \$10,000

Maximum amount: \$300,000

For your Spouse:

Dependents Life Insurance Yes

Minimum amount: \$5,000

Maximum amount: \$100,000

For your Child:

Dependents Life Insurance Yes

Minimum amount: \$1,000

Maximum amount: \$5,000

Annual Earnings based on: Earnings in effect on your last full day of Active Work.

apply.

1. The amount payable will exclude the amount of your Life Insurance which is subject to this suicide exclusion

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(iv) For your Child:

ACTIVE WORK PROVISIONS

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective

3. If you receive an Accelerated Benefit, Insurance will be reduced according to the **Accelerated Benefit** provision.

(LI.WAIVER.300)

F. Effect Of Death During The Waiting Period

If you die during the Waiting Period and are otherwise eligible for Waiver Of Premium, the Waiting Period will be waived.

G. Termination Or Amendment Of The Group Policy

Insurance will not be affected by termination or amendment of the Group Policy after you become Totally Disabled.

D. Effect On Insurance And Other Benefits

For any purpo

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on the information we have received.

If we deny any part of the claim, we will send the claimant a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. A description of any additional information needed to support the claim.
4. Information concerning the claimant's right to a review of our decision.

G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing:

1. Within 180 days after receiving notice of the denial of a claim for Waiver Of Premium (or other benefits based on disability);
2. Within 60 days after receiving notice of the denial of any other claim.

The claimant may send us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. With respect to all claims except Waiver Of Premium claims (or other benefits based on disability), within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60 days.

With respect to Waiver Of Premium claims (or other benefits based on disability), within 45 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days.

If an extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the review period, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim on review; and (c) any additional information we need to decide the claim.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may conclude our review of the claim based on the information we have received.

With respect to Waiver Of Premium claims (or other benefits based on disability), the person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgement, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgement and will not be subordinate to that person. The claimant may request the names of medical or vocational experts who provided advice to us about a claim for Waiver Of Premium (or other benefits based on disability).

If we deny any part of the claim on review, the claimant will receive a written notice of denial containing:

- 1.

You may name or change Beneficiaries in writing. Writing includes a form signed by you; or a verification from us, or our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent of an electronic or telephonic designation made by you.

Your designation:

1. Must be dated;
2. Must be delivered to us, our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent; during your lifetime.
3. Must relate to the insurance provided under the Group Policy; and
4. Will take effect on the date it is delivered or, if a telephonic or electronic designation, verified by us, our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent.

If we approve it, a designation, which meets the requirements of a Prior Plan, will be accepted as your Beneficiary designation under the Group Policy.

C. Simultaneous Death Provision

If a Beneficiary or a person in one of the c

3. Installments

Payment to a Recipient may be made in installments if:

- a. The amount payable is \$25,000 or more;
- b. The Recipient chooses; and
- c. We agree.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

(NO FB_REPAT_ELECT/TEL DESIG_WITH DEF SP_WITH REV SSA_SPOUSE DEF TERM_THIRD PARTY DESIG) LLBB.OT.6X

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured;
 2. Invalidate insurance under the Group Policy otherwise validly in force; or
 3. Continue insurance under the Group Policy otherwise validly terminated.
- B. The Policyholder and your Employer act on their own behalf as your agent, and not as our agent.
- C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

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TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups thereof.

Annual Earnings does not include:

1. Bonuses.
2. Commissions.
3. Overtime pay.
- 4.

Spouse means:

1. A person to whom you are legally married; or
2. Your Domestic Partner. Your Domestic Partner means an individual with whom you have filed an approved affidavit of domestic partnership with your employer.

For purposes of insurance under the Group Policy, Spouse does not include a person who is a full-time member of the armed forces of any country or a person from whom you are divorced or from whom you have terminated a Domestic Partner relationship.

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