



UnitedHealthcare[®]

**GROUP TERM BASIC LIFE INSURANCE
CERTIFICATE OF COVERAGE**

FOR

**PALM BEACH COUNTY FIREFIGHTERS
EMPLOYEE BENEFIT FUND**

POLICY NUMBER: 306931

EFFECTIVE DATE: January 1, 2026

**FL – UHIC/2023
CLASS 2
(12-25)**

UnitedHealthcare Insurance Company

Home Office: 185 Asylum Street, Hartford, Connecticut 06103-3408

www.uhc.com

CERTIFICATE OF COVERAGE

Policyholder: Palm Beach County Firefighters Employee Benefit Fund

Policy Effective Date: January 1, 2026

Policy Anniversary Date: January 1 of each year

Policy Number: 306931

Beneficiary: As on file with the Administrator

UnitedHealthcare Insurance Company (We, Our, Us or the Company), has issued the Policy to the Policyholder shown above.

This Certificate replaces any other Certificate previously issued and is incorporated in and made part of the Policy on the Effective Date shown in the Policy's Incorporation Provision.

Read Your Certificate Carefully. If You have questions, need information about Your insurance, or You require assistance in resolving a complaint, call 1-866-615-8727.

Capitalization in this Certificate: Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term or a specific provision herein.

Time Periods: All periods begin and end at 12:01 A.M., standard time, at the Policyholder's address.

Signed for the Company by:



Mollie K. Zito, Secretary



Robert Hunter, President

Insurance Products: Group Term Life Insurance

Non-Participating (no dividends paid)

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SCHEDULE OF BENEFITS

Policyholder: Palm Beach County Firefighters Employee Benefit Fund

Description of Eligible Class(es):

All eligible retired bargaining unit employees of Palm Beach County Fire Rescue, all retired non-bargaining unit employees of Palm Beach County Fire Rescue that are participants in the Palm Beach County Firefighters Employee Benefits Fund, all retired employees of the Professional Firefighters/Paramedics of Palm Beach County, Local 2928 IAFF, Inc., that are participants in the Palm Beach County Firefighters Employee Benefits Fund, and retired employees of the Palm Beach County Firefighters Employee Benefits Fund that are participants in the Palm Beach County Firefighters Employee Benefits Fund and retired employees of the Palm Beach County Firefighters Health Clinic LLC that are participants in the Palm Beach County Firefighters Employee Benefits Fund

Insurance Funding Information:

Non-Contributory Insurance:

- Basic Life Insurance - Your Employer pays the entire premium

Premium Rate Change: Your premium may change on any premium due date if rates for Your Class are changed under the Policy. We will notify the Policyholder in writing at least 45 days prior to the change in rates.

Your Benefits and Benefit Amounts are those which You elect at the time You Enroll

<u>Your Insurance Benefits</u>	<u>Benefit Information</u>
Basic Life Insurance Benefit	Benefit Amount: \$50,000 Guaranteed Issue Amount: \$50,000
<u>Additional Life Insurance Benefits</u>	<u>Benefit Information</u>
Repatriation Benefit – Life	The lesser of actual expenses incurred, or \$25,000

Reduction in Basic Insurance Due to Age

We will reduce the Basic Life Insurance Benefit Amount for You to 50% at age 70 as stated in the Covered Person Termination of Insurance. These percentages will apply to the current amount of insurance. The reductions will be effective on the Policy Anniversary Date on or next following the month in which Your birthday occurs.

These reductions will also apply if, after reaching age 70:

1. You first become insured under the Policy; or
2. Your insurance increases.

The reduced amount of insurance will be rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. An appropriate adjustment in premium will be made.

DEFINITIONS

Active Work or Actively at Work means the Covered Person is in pay status, which means he is receiving a paycheck from his respective employer (Palm Beach County Firefighters Employee Benefits Fund, Palm Beach County Fire Rescue, Professional Firefighters/Paramedics of Palm Beach County, Local 2928 IAFF, Inc., or Palm Beach County Firefighters Health Clinic LLC).

Certificate or Certificate of Coverage means this document, which describes the benefits, terms, conditions, limitations and exclusions provided by the Policy. If there is a conflict between the Policy and the Certificate, the Policy will control.

Covered Person means the Employee insured under the Policy and to whom this Certificate is issued.

Employee means a person who prior to retirement worked for the Employer on a regular basis:

1. in the normal business of the Employer;
2. is paid for services by the Employer;
3. who resides in the United States, its territories and protectorates; and
4. is actively at work for the Employer, or any subsidiary or affiliate insured under the Policy.

Employee does not include temporary, leased or seasonal Employees.

No director or officer of an Employer will be considered an Employee unless they work directly for and receive a salary, from the Employer.

Employer means the Policyholder or an Enrolling Group and:

1. may also include any division, subsidiary, or affiliated company named in the Schedule of Benefits; and
2. does not include any employer who is not the Policyholder.

Enrolling Group means the participating Employer of the Policyholder insured under the Policy.

Immediate Family means Your spouse or domestic partner, child, parent or sibling; or Your spouse's or domestic partner's child, parent or sibling.

Non-Contributory Insurance means insurance which You do not have to elect nor make any premium contributions.

Physician means a person who is:

1. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that We recognize or are required by law to recognize;
2. licensed to practice in the jurisdiction where care is being given; and
3. practicing within the scope of that license.

The term Physician does not include You or members of Your Immediate Family.

Retiree means a former employee who meets the Employer's definition of retiree.

Sickness means an illness, disease, pregnancy or complication of pregnancy.

Treatment means any consultation, advice, tests, attendance or observation, supplies or equipment, including prescriptions or the use of prescription drugs or medications.

We, Our, Us or the Company means UnitedHealthcare Insurance Company, and its administrators and representatives.

You or Your means the Employee insured under the Policy and to whom this Certificate is issued.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Covered Person Eligibility: You will become eligible for insurance on the latest of:

1. the Effective Date of the Policy;
2. the Effective Date of the Enrolling Group to which You belong;
3. the date the Policy is changed to include Your Class; or
4. the date You enter a Class eligible for insurance, as shown in the Schedule of Benefits.

Enrolling for Your Insurance Under the Policy:

For Non-Contributory Insurance: Your Employer will automatically enroll You.

Covered Person Effective Date of Insurance:

If Your insurance is Non-Contributory and Evidence of Insurability is not required, Your insurance will start on the date You become eligible for insurance, regardless of when You apply.

Effective Date of Change in Amount of Insurance: If there is a decrease in the amount of Your insurance, the decrease will take effect on the Policy Anniversary Date on or next following the date of the decrease.

Covered Person Termination of Insurance: Your insurance will terminate on the earliest of the following dates:

1. the last day of the period the required premium is due but not paid, subject to the Grace Period provision;
2. the date You cease to be a member of a class eligible for insurance;
3. the date the Policy terminates, or a specific benefit terminates; or
4. the date the Enrolling Group's insurance under the Policy terminates.

Grace Period: A Grace Period of 31 days will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will continue in effect provided the premium is paid by the Policyholder before the end of the Grace Period.

LIFE INSURANCE BENEFIT AND CONVERSION RIGHT

Life Insurance Benefit: If You die while insured under the Policy, We will pay the deceased person's Life Insurance Benefit Amount after We receive Proof of Claim. The benefit will be paid according to the Beneficiary provision.

Conversion Right: If the Life Insurance or any portion of it under the Policy ends, You have the right, subject to the provisions of this section, to convert part or all of the terminated insurance to an individual policy without providing Evidence of Insurability. Conversion is not available for:

1. the Accidental Death and Dismemberment Benefits; or
2. any amount of Life Insurance for which You were not eligible and insured;

under the Policy.

If insurance ends because:

1. the Policy is terminated;
2. insurance for an Eligible Class is terminated; or
3. Your Employer is no longer an Enrolling Group;

then You must have been insured under the Policy for at least 5 years, in order to be eligible to convert. The amount which may be converted under these circumstances is limited to the lesser of:

1. \$10,000; or
2. the Life Insurance Benefit amount under the Policy less any amount of Life Insurance for which You may become eligible under any group life insurance policy issued or reinstated within 31 days of termination of group life insurance.

If insurance under the Policy ends for any other reason, except non-payment of premium, the full amount of insurance which ended may be converted.

Conversion Process: To convert Your insurance, You must:

1. complete the required individual life conversion form;
2. have Your Employer sign the form; and
3. send the form to the Conversion Insurer at the address on the form.

The Conversion Insurer will verify Your eligibility and will send You a Conversion Policy proposal. You must:

1. complete and return the request form in the proposal; and
2. pay the required premium;

within 31 days of the date Your Life Insurance terminates.

Conversion Policy Provisions: The Conversion Policy will:

1. be issued on any one of the life insurance policy forms the Conversion Insurer is issuing for this purpose at the time of conversion; and
2. base premiums on the Conversion Insurer's customary rates in effect for new applicants of Your class and age at the time of conversion.

The Conversion Policy will not provide:

1. the same terms and conditions of insurance You had before converting;
2. any benefit other than life insurance; and
3. term insurance.

Conversion is not available for any amount of Life Insurance which is being continued until such insurance ends.

Death within the Conversion Period: We will pay the deceased person's amount of Life Insurance You would have had the right to convert if:

1. You die within 31 days of the date insurance terminates; and
2. We receive Proof of Claim.

If the Conversion Policy has already taken effect, no Life Insurance Benefit will be payable under the Policy for the amount converted.

Conversion Insurer, as used in this provision, means Us or another insurance company which has agreed to issue conversion policies according to this Conversion Right.

EXCLUSIONS AND LIMITATIONS

Basic Life Insurance Suicide Limitations: No benefit will be paid for any loss for You caused directly or indirectly from suicide occurring within 24 months:

1. after Your initial Effective Date of insurance; or
2. after the Effective Date of any elected increase or additional insurance.

Any premium You paid during this period for initial amounts of Basic Life Insurance or elected increases in Basic Life Insurance, will be returned to You or Your Beneficiary.

CLAIM INFORMATION

All benefits payable under the Policy will be paid according to the following provisions.

Notice of Claim: You, the person who has the right to claim benefits or Your authorized representative, must give Us, written notice of a claim, at Our Home Office, within 30 days after:

1. the date of death; or
2. the date of loss.

If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant's name, address, and the Policy Number.

The claim form is available from Your Employer, or can be requested from Us. If the form is not received from Us within 15 days of a request, written Proof of Claim should be sent to Us without waiting for the form. Written proof must fully describe the nature and extent of the claim.

Proof of Claim: Written Proof of Claim must be filed within 90 days of the loss. However, if it is not possible to give proof within 90 days, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Proof of Claim may include the following:

1. a completed claim form;
2. a certified copy of the death certificate (if applicable);
3. Your enrollment form;
4. Your Beneficiary designation (if applicable);
5. documentation of:
 - a. the date Your disability began;
 - b. the cause of Your disability; and
 - c. the prognosis of Your disability;
6. all medical information, including reports of diagnostic testing and photocopies of medical records, including histories,
7. physical, mental or diagnostic examinations and treatment notes;
8. the names and addresses of all:
 - a. Physicians or other qualified medical professionals You have consulted;
 - b. hospitals or other medical facilities in which You have been treated; and
 - c. pharmacies which have filled Your prescriptions within the past three years;
9. Your signed authorization for Us to obtain and release medical, employment, and financial information (if applicable);
10. documentation of Your hours worked, earnings and all other types of income;
11. proof of any Employer approved Leave of Absence; or
12. any additional information required by Us to adjudicate the claim.

All proof submitted must be satisfactory to Us.

We may request that You provide proof of continuing Disability, satisfactory to Us, indicating that You are under the Regular Care of a Physician. The proof, provided at Your expense, must be received within 30 days of a request by Us.

In some cases, You will be required to give Us authorization to obtain additional medical information, and to provide non-medical information as part of Your Proof of Claim, or proof of continuing Disability. We will deny Your claim or stop making Your payments if the appropriate information is not submitted.

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

Payment of Claim: Payment of Claim for loss of life will be paid in accordance with the Beneficiary provision. All other benefits under the Policy are paid to You.

Time of Claim Payment: We will pay a claim for loss of life after We receive due Proof of Claim. However, if special circumstances require an extension, We will provide You or Your authorized representative with:

1. a description of any further proof needed to complete the claim; and
2. an explanation of why such material is needed.

Benefits for a covered loss will then be paid upon receipt of all proper Proof of Claim.

Legal Action: You may not bring suit to recover under this section until 60 days after You have given Us written Proof of Claim. No suit may be brought more than five years after the date of loss.

CLAIM INFORMATION

Beneficiary: means the person(s) You name in writing to receive any amount of insurance payable due to Your death. You may name or change a Beneficiary by giving written notice to the Administrator. The Beneficiary notice will be effective on the date made, subject to any payment We may have made before the notice was received. For Beneficiary notices, Administrator means the Employer.

If You name more than one Beneficiary, those who survive will share equally unless You specify otherwise. If there is no named Beneficiary living at the time of Your death, We will pay any amount due in the following order:

1. to Your legal spouse or Your domestic partner;
2. to Your natural or legally adopted children in equal shares;
3. to Your parents;
4. to Your brothers and sisters; or
5. to Your estate.

If Your named primary beneficiaries die before You, their share will be payable in equal shares to any other named primary beneficiaries who survive You. If You have named a contingent beneficiary, the contingent beneficiary will only be paid if all primary beneficiaries die before You. If You have not named a primary or contingent beneficiary, or if all the person(s) You have named as primary or contingent beneficiaries die before You, payment will be made as follows:

1. to Your legal spouse or domestic partner, if any
2. if there is no spouse or domestic partner, in equal shares to Your children.
3. if there is no spouse; or domestic partner or children, to Your parents, equally or to the survivor.
4. if there is no spouse; domestic partner, children, or parents, in equal shares to Your brothers and sisters.
5. if none of the above survives, to Your executors or administrators.

Assignment: Your Life Insurance as provided by the Policy may be assigned as an absolute assignment only. In making an assignment, You must transfer all Your present and future ownership rights to the person to whom You assigned the insurance. This includes the right to change the Beneficiary and to convert the insurance. You may not make a collateral assignment of Your insurance.

Physical Examination and Autopsy: We have the right to have You examined by a Physician of Our choice as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.

Settlement Options: Instead of a single payment, You may choose another settlement option We may have available. We will give You full information about that option upon request. If You have chosen a settlement option, no one may change it unless You consent in writing. Your Beneficiary may only choose a settlement option within 60 days after Your death if one has not been chosen.

Overpayment of Claim: We have the right to recover any overpayments due to fraud or any error We make in processing a claim. You must reimburse Us in full. We will determine the method by which the repayment is to be made. We have the right to recover overpayment from Your Beneficiary.

Conformity with State or Federal Statutes: If any provision of Your Certificate conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

Fraud: Subject to the Contestability provision, We will use all means necessary to support fraud detection, investigation, and prosecution. Submission of false or misleading information may result in denial of Your claim, and may be subject to prosecution and punishment to the full extent under state and/or federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

Contestability: We may not contest the validity of Your insurance, except for the non-payment of premiums, after it has been in force for two years from its date of issue. Statements made in any signed application relating to such insurability will not be used to contest the validity of the insurance after such insurance has been in force for two years from its date of issue. In the event Your insurance is rescinded, We will refund premiums paid for the periods such insurance is void.

Misstatement of Age: If Your age has been misstated, premiums will be adjusted. If the amount of the benefit is based on age, the benefit will be adjusted based upon Your correct age.

Workers' Compensation: The Policy does not provide benefits required by any Workers' Compensation laws.

CERTIFICATE MODIFICATIONS RIDER

Modification(s) to the Certificate

Policyholder: Palm Beach County Firefighters Employee Benefit Fund

Policy Number: 306931

It is agreed that the Certificate is amended as follows:

Effective January 1, 2026, with respect to residents of the states as shown on the subsequent pages, the following provisions amend, replace or are added, when applicable, to the Certificate, and all other conditions apply:

If the Policyholder has questions or concerns about this Rider or requires assistance in resolving a complaint, please contact the Insurance Company Home Office: 185 Asylum Street, Hartford, Connecticut 06103-3408 1-888-299-2070.

Signed for UnitedHealthcare Insurance Company by:



Mollie K. Zito, Secretary



Robert Hunter, President

**UnitedHealthcare Insurance Company
Hartford, Connecticut 06103-3408**

CERTIFICATE MODIFICATIONS RIDER

STATUTORY PROVISIONS

ALASKA

Residents of the state of Alaska, the following provisions are included to bring your Certificate into conformity with Alaska state law:

Definitions

If **Domestic Partner** coverage is included, it is amended so that any references to gender (i.e., “of the opposite or same sex” or “of the same sex”) are removed.

Exclusions and Limitations

If Accidental Death and Dismemberment coverage is included, and

- the hazardous activities exclusion is included, it is amended to remove any reference to off road vehicles.
- the travel/flight exclusion is amended with regard to charter flights by deleting the phrase “seating 15 or more people.”

Claim Information

Overpayment of Claim is amended to advise that we have the right to recover any overpayments within 180 days of payment of a benefit.

ARKANSAS

Residents of the state of Arkansas, the following provision is included to bring your Certificate into conformity with Arkansas state law:

Insurer Information Notice

Any questions regarding the Policy may be directed to:

UnitedHealthcare Insurance Company
Home Office
185 Asylum Street
Hartford, Connecticut 06103-3408
1-866-615-8727

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, Arkansas 77202

Eligibility, Effective Date, and Termination

If Dependent coverage is included, **Continuation of an Incapacitated Child** is amended to remove the 31 day notice requirement of the incapacity.

CERTIFICATE MODIFICATIONS RIDER

IDAHO

Residents of the state of Idaho, the following provision is included to bring your Certificate into conformity with Idaho state law:

LIFE INSURANCE BENEFITS WILL BE REDUCED IF AN ACCELERATED BENEFIT IS PAID

DISCLOSURE: The Life Insurance accelerated benefit offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If this benefit qualifies for such favorable tax treatment, the benefit will be excludable from Your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive an accelerated benefit excludable from income under federal law.

DISCLOSURE: Receipt of an accelerated benefit may affect Your, Your Spouse's or Your family's eligibility for public assistance programs such as Medical Assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect Your, Your Spouse's and Your family's eligibility for public assistance.

NOTICE FOR RESIDENTS OF IDAHO

If You have a question concerning Your coverage or a claim, first contact the Policyholder. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and Us, You should feel free to contact:

Idaho Department of Insurance Consumer Affairs
700 West State Street, 3rd Floor
PO Box 83720 Boise, Idaho 83720-0043
1-800-721-3272 or www.DOI.Idaho.gov

Definitions

If Dependent and **Domestic Partner** and/or **Civil Union** coverage is included, the definition of **Child** is amended to include a Child for whom legal guardianship has been awarded to you or your spouse, Domestic Partner, or partner in a Civil Union.

If **Domestic Partner** coverage is included, it is amended so that any references to gender (i.e., "of the opposite or same sex" or "of the same sex") are removed.

The **Hospital** definition is amended to include an institute which operates either on its premises or in facilities available to the hospital on a prearranged basis.

Eligibility, Effective Date, and Termination

Enrolling for Your Insurance and Your Dependent's Insurance Under the Policy is amended to allow for 60 days to enroll in coverage for a newborn or newly adopted child.

If Dependent coverage is included, the **Newborn Child Provision** is amended to include adopted newborn Children that are Placed with You within 60 days of the adopted Child's date of birth, and will become covered by the Policy from the moment of live birth. An adopted newborn Child Placed with You more than 60 days after their birth is covered by the Policy from and after the date the Child is so Placed. Placed means physical placement in the care of the adopting Covered Person. If physical placement is prevented due to the medical needs of the child, "placed" means the date the adopting Covered Person signs an agreement for adoption of the child and assumes financial responsibility for the child.

We must receive notification the Child within 60 days next following the date of birth, adoption or placement for adoption. The appropriate premium, if any, must be received within 31 days of the date the monthly premium invoice is received by the Policyholder and a notice of premium, if any, is provided to You by the Policyholder.

CERTIFICATE MODIFICATIONS RIDER

Coverage will cease unless We receive written request and any required premium as stated above.

The coverage amount offered is the lowest amount available to Children under the Policy if no other Children are insured, until We are notified of another amount that is available for Children.

A Congenital Anomaly refers to a condition existing at or from birth that is a Significant Deviation from the common form or function of the body. Congenital Anomaly is often caused by a hereditary or developmental defect or disease.

Significant Deviation means a deviation which impairs the function of the body and includes, but is not limited to, the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies.

Exclusions and Limitations

The following exclusions are not applicable (if included in your Certificate):

- taking part in the commission of an assault or being engaged in an illegal activity
- use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You by a Physician and taken as prescribed;
- an Injury while Intoxicated;
- driving or in physical control of a Motor Vehicle while Intoxicated;
- operating any aircraft as a professional for wage or profit;
- practicing for or participating in any professional competitive athletic contests for which any type of compensation or remuneration is received; or
- travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people.

The crime exclusion is replaced with “actively committing a felony, or actively participating in a felony.”

The act of war exclusion is replaced with “an act of war, declared or undeclared, whether civil or international.”

The engaging in hazardous activities exclusion is replaced with “engaging as a professional in the following hazardous activities, including sky diving, hang gliding, mountain climbing, bungee jumping, or base jumping.”

The riding in or driving in a race, stunt show, or speed test exclusion is replaced with “riding in or driving as a professional any motorized dirt bike, off-road vehicle, or motor driven vehicle in a race, stunt show or speed test.”

The injury exclusion is amended to add: NOTE: This coverage under this certificate is not to be construed to provide benefits required by Worker’s Compensation laws.

Claim Information

Time of Claim payment is amended to advise that loss of life payments will be paid within 30 days after the date of receipt of due Proof of Claim and if we not paid when due, and it has not been denied for a valid reasons, the benefit due will accrue interest in accordance with Idaho statute until the claim is paid.

MINNESOTA

Minnesota has determined that its statutory requirements apply to Minnesota residence when non-Minnesota situated Employers have 25 or more Employees residing in Minnesota.

Any questions regarding these statutory requirements may be directed in writing to:

UnitedHealthcare Specialty Benefits
Contract Services
Home Office
185 Asylum Street
Hartford, Connecticut 06103-3408

CERTIFICATE MODIFICATIONS RIDER

Definitions

If Dependent coverage is included, the definition of **Child** is amended to include a grandchild(ren).

Life Insurance Benefit and Conversion Right

Conversion Right is amended to remove the eligibility requirement for You or Your Dependent to have been insured under the policy for 5 years or more.

Exclusions and Limitations

If Accidental Death and Dismemberment coverage is included, and the hazardous activities exclusion is included, it is amended to only exclude organized auto racing.

Claim Information

Time of Claim Payment is amended to be paid not more than 30 days after receipt of due Proof of Claim.

Legal Actions is amended to extend the timeframe in which no suit may be brought from three years after the date of loss to five years.

Louisiana

Residents of the state of Louisiana, the following provision is included to bring your Certificate into conformity with Louisiana state law:

Applicable to Policies that include an Accelerated Death Benefit:

Notice: The Accelerated Death Benefit payment may be taxable. You or Your Spouse or Domestic Partner should seek assistance from Your personal tax advisor regarding taxes that may need to be paid as the result of claiming an Accelerated Death Benefit.

All places and references within the Certificate, that mention or speak to your spouse, will also include the reference to Domestic Partner.

Definitions

If Dependent coverage is included, the definition of **Child** is amended to include a Child placed for adoption, a grandchild(ren) in legal custody and residing with You, or a foster Child.

If Dependent coverage is included, and Eligible Student coverage is included, the definition of **Eligible Student** is amended to include a grandchild in legal custody,

If Dependent coverage is included, the definition of **Incapacitated Child** is amended to include grandchild(ren), and to remove any requirement that the Child be unmarried.

Claim Information

Payment of Claim is amended to include accrued interest on benefits starting 20 days from the date of receipt of Proof of Claim.

Time of Claim Payment is amended to be paid not more than 60 days after receipt of proof of death. If We fail to do so, without just cause, the amount due will bear interest of 8% per annum from the date We receive due proof of death.

Legal Actions is amended to extend the timeframe in which no suit may be brought from three years after the date of loss to five years.

CERTIFICATE MODIFICATIONS RIDER

MISSOURI

Residents of the state of Missouri, the following provision is included to bring your Certificate into conformity with Missouri state law:

Waiver of Premium

If Waiver of Premium coverage is included, the definition of Total Disability or Totally Disabled is amended to include: "After You have been disabled for a period of 12 months, You will be considered Totally Disabled if You are unable to perform the material and substantial duties of any job suited to Your education, training or experience."

Claim Information

Time of Claim Payment is amended be paid not more than 30 days after receipt of due Proof of Claim.

MONTANA

Residents of the state of Montana, the following provision is included to bring your Certificate into conformity with Montana state law:

Life Insurance Benefit and Conversion Right

Conversion Right is amended to reduce the eligibility requirement for You or Your Dependent to have been insured under the policy, from 5 years to 3.

Claim Information

Time of Claim Payment is amended be paid not more than 30 days after receipt of due Proof of Claim.

Overpayment of Claim is amended to limit the time frame for Us to request reimbursement for overpayment to 30 days.

CERTIFICATE MODIFICATIONS RIDER

NORTH CAROLINA

Residents of the state of North Carolina, the following provision is included to bring your Certificate into conformity with North Carolina state law:

Cancellation notice disclosure:

Important Cancellation Information. Please read the provision entitled Covered Person Termination of Insurance in the Eligibility, Effective Date and Terminations Provisions Section.

The Policy provides all of the benefits mandated by North Carolina Insurance Code, however, is issued under a group master policy located in another state and may be governed by that state's regulations.

Definitions

If Dependent coverage is included, the definition of **Hospital** is amended to include: "In North Carolina, Hospital also means a duly licensed State tax-supported institution which may be a specialty facility for one particular type of illness or one that may not have an operating room and related equipment for surgery. State tax-supported institutions includes community mental health centers and other health clinics which are certified as Medicaid providers."

Eligibility, Effective Date and Termination Provisions

If Dependent coverage is included, **Continuation of an Incapacitated Child** is amended to require proof of continued incapacity not more than once per year.

Portability

If **Portability** coverage is amended to remove: "You may not Port Your insurance if Your Termination of employment is due to Sickness or Injury." Also, providing Evidence of Insurability for all Ported amounts that exceed Your insurance or \$250,000, or your Spouse of \$100,000", is removed.

Exclusions and Limitations

If Accidental Death and Dismemberment coverage is included, and

- the Act of Accident of War exclusion is included, it is amended to include "The term "war" does not mean an act of terrorism. This exclusion does not apply if an insured is a known service member and such was known at the time of enrollment."
- the exclusion for Injury is included, it is replaced with: "Injury arising out of or in the course of any occupation or employment for pay or profit, services or supplies for the treatment of an occupational Injury or Sickness for which Your or Dependent are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act. This exclusion does not apply if this insurance is issued on a 24 hour basis as shown in the Schedule of Benefits."

Claim Information

Proof of Claim is amended to extend the timeframe in which written proof of claim must be filed, to 180 days. Also, if Accidental Death and Dismemberment or Waiver of Premium coverage is included, for continued Disability, if under the Regular Care of a Physician, the proof will be provided at Our expense.

CERTIFICATE MODIFICATIONS RIDER

NORTH DAKOTA

Residents of the state of North Dakota, the following provision is included to bring your Certificate into conformity with North Dakota state law:

Right to return disclosure:

You have 20 days to review this Certificate. If You are not satisfied for any reason, You may send the Certificate back to Us within 20 days of its delivery. In that event, We will consider it void and refund all premium paid by You.

Claim Information

Time of Claim Payment is amended be paid not more than 2 months after receipt of due Proof of Claim.

Legal Actions is amended to extend the timeframe in which no suit may be brought from three years after the date of loss to five years.

OKLAHOMA

Residents of the state of Oklahoma, the following provision is included to bring your Certificate into conformity with Oklahoma state law:

Disclosure notice:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Exclusions and Limitations

If the **Life Insurance Exclusion** is included, it is amended as follows: "No benefit will be paid for Your or Your Dependent's loss of life contributed to or caused by an act or accident of war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer."

If Accidental Death and Dismemberment coverage is included, and the Act of Accident of War exclusion is included, it is amended as follows: "an act or Accident of war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer."

CERTIFICATE MODIFICATIONS RIDER

TEXAS

Residents of the state of Texas, the following provision is included to bring your Certificate into conformity with Texas state law:

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

UnitedHealthcare Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: UnitedHealthcare Insurance Company

Toll-free: 1-866-615-8727

Mail: United HealthCare Insurance Company Home Office:

185 Asylum Street, Hartford, Connecticut 06103-3408

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance,
P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

UnitedHealthcare Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: UnitedHealthcare Insurance Company

Teléfono gratuito: 1-866-615-8727

Dirección postal: United HealthCare Insurance Company Home Office:

185 Asylum Street, Hartford, Connecticut 06103-3408

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: Consumer Protection, MC: CO-CP,
Texas Department of Insurance,
P.O. Box 12030, Austin, TX 78711-2030

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CERTIFICATE MODIFICATIONS RIDER

If **Accelerated Death Benefit** coverage is included, the below disclosure applies:

If The Accelerated Death Benefit offered under this contract may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the Accelerated Death Benefit qualifies for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to the Accelerated Death Benefit are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive the Accelerated Death Benefit excludable from income under federal law.

Receipt of the Accelerated Death Benefit may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

Definitions

If Dependent coverage is included, the definition of **Child** is amended as follows:

Child means Your Dependent Child who is under the Dependent Child Maximum Age shown in the Schedule of Benefits and who is:

1. a natural Child;
2. a stepchild;
3. a legally adopted Child or adopted grandchild or prior to an adoption if:
 - a. the Covered Person or the Covered Person's Spouse is a party in a suit in which the adoption of the Child is sought; or
 - b. the Child is placed with the Covered Person or Covered Person's Spouse for the purpose of adoption, from the moment of placement as certified by the agency making the placement, whichever is earlier;
4. a foster Child;
5. a grandchild who is a dependent of the Covered Person or the Covered Person's Spouse for federal income tax purposes at the time the application for coverage of the grandchild is made. Coverage for a grandchild of the Covered Person or the Covered Person's Spouse may not be terminated solely because the covered grandchild is no longer a dependent of the insured for federal income tax purposes; or
6. a Child for whom legal guardianship has been awarded to the Covered Person or the Covered Person's Spouse.

Accelerated Death Benefit

If **Accelerated Death Benefit** coverage is included, the life expectancy of less than 12 months, is extended to 24 months.

Portability

If **Portability** coverage is amended to remove the requirement of providing Evidence of Insurability for all Ported amounts that exceed Your insurance or \$250,000, or your Spouse of \$100,000.

Claim Information

Time of Claim Payment is amended be paid not more than 2 months after receipt of due Proof of Claim.