

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

The remainder of this Policy consists of the provisions that appear in the Certificate, including any Amendments, Endorsements, or Riders, that describe the insurance made available to the Eligible Employees or Members under this Policy.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
A Stock Company

About Your Insurance - This Certificate explains benefits provided under the Group Master Policy ("Policy") issued to the Policyholder named on the Schedule of Benefits. Please read it closely.

Terms important to understanding this Certificate are defined in the Definitions section or in separate Certificate provisions and are capitalized.

Important Notice - Benefits are payable only as described in this Certificate for a covered loss that occurs while the Covered Person is insured under the Policy.

The Policy may be amended or canceled as stated in its provisions. Such an action may be taken without the consent of or notice to any Covered Person. Premiums are subject to change.

The benefits for Dependents described in this Certificate, if available under the Policy, are applicable only if you are insured, apply for Dependent insurance, receive our approval of such Dependents, and pay the premium required for each Dependent.

10 Day Free Look: If after your review you are not satisfied for any reason, you may return this Certificate within ten days from the date you received it for a full refund, either by returning it to the agent or to us.

This Certificate is signed for us at our Home Office to take effect on the same date insurance becomes effective.



Blake Bostwick
President



Karyn S.W. Polak
Secretary

Group Certificate for Critical Illness Indemnity Insurance

**LIMITED BENEFIT - READ YOUR CERTIFICATE CAREFULLY
LUMP SUM BENEFIT FOR SPECIFIED CRITICAL ILLNESSES ONLY**

Administrative Office:
PO Box 219
Cedar Rapids, IA 52406-0219
Customer Service: 1-888-763-7474
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SCHEDULE OF BENEFITS

POLICYHOLDER: UNITED PENTECOSTAL CHURCH
 GROUP POLICY NUMBER: BR00085551
 GROUP MASTER POLICY EFFECTIVE DATE: JULY 01, 2024
 GOVERNING JURISDICTION: MISSOURI

INSURED BENEFIT AMOUNT: THE AMOUNT ELECTED BY YOU ON YOUR APPLICATION OR ENROLLMENT FORM.

DEPENDENT BENEFIT AMOUNT PER COVERED DEPENDENT: IF YOUR DEPENDENTS ARE INSURED, 50% OF THE INSURED BENEFIT AMOUNT.

CRITICAL ILLNESS	PERCENTAGE OF BENEFIT AMOUNT
ALZHEIMER'S DISEASE	30%
CORONARY ARTERY DISEASE REQUIRING ANGIOPLASTY/STENT	5%
CORONARY ARTERY DISEASE REQUIRING BYPASS GRAFTS	25%
END STAGE RENAL FAILURE	100%
HEART ATTACK	100%
MAJOR ORGAN FAILURE REQUIRING TRANSPLANT	100%
MISCELLANEOUS DISEASES (FOR EACH DISEASE)	100%
OTHER SPECIFIED ORGAN FAILURE (LOSS OF SIGHT, SPEECH, OR HEARING)	100%
STROKE	100%

OPTIONAL BENEFIT RIDERS	BENEFIT AMOUNT OR PERCENTAGE OF BENEFIT AMOUNT
CANCER BENEFIT RIDER	
INVASIVE CANCER	100%
BONE MARROW FAILURE	100%
CARCINOMA IN SITU	25%
PROSTATE CANCER WITH TNM CLASSIFICATION OF T1	25%
SKIN CANCER	5%
WELLNESS INDEMNITY BENEFIT RIDER	\$75 PER CALENDAR YEAR
RECURRENT CRITICAL ILLNESS BENEFIT RIDER	100%

DEFINITIONS

Terms important to understanding this Certificate are defined in this Section and are capitalized in this Certificate.

Active Service - Performing in the usual manner all the regular duties of your occupation on a scheduled work day at the normal place of business or other location as directed by your employer.

If you are not working on a day your insurance would otherwise take effect, you will be considered to be in Active Service on that day only if: (a) you are capable of performing in the usual manner all the regular duties of your occupation, and (b) you were in Active Service on the last preceding regular work day.

Active Service does not apply if employment is not an eligibility requirement.

Amendment, Endorsement, or Rider - Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provision or benefit.

Application or Enrollment Form - The form completed and signed to apply for this insurance coverage.

Calendar Year - The period from January 1 through December 31 of the same year.

Certificate - This document that describes your insurance coverage.

Child - A Child of yours who is under the age of 26 and is:

1. A natural Child;
2. A legally adopted Child or a Child who has been placed for adoption with you;
3. A stepchild or foster Child;
4. A grandchild who lives with you;
5. A Child for whom you have been appointed legal guardian; or
6. A Child for whom you are legally required to provide support.

If applicable, Child will also include children of your Other Adult Dependent in the same manner as a stepchild.

If a Child covered under this Certificate has reached age 26, but is incapable of self-support because of mental or physical impairment, we will continue the Child's insurance under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of incapacity within 31 days after insurance would otherwise terminate;
3. At reasonable intervals during the two years following the Child's attainment of age 26, we may require proof of continued incapacity and dependency, but not more often than once a year after the two-year period following the date the Child attains age 26; and
4. Your insurance must remain in force.

Covered Person - You and your Dependents who have been accepted for insurance.

Critical Illness - One of the illnesses or conditions listed below for which positive diagnosis is made by a Physician. It must be based on diagnostic criteria generally accepted by the medical profession, as defined below.

Alzheimer's Disease - A clinically established diagnosis of Alzheimer's Disease by a psychiatrist or neurologist that is based upon a severe cognitive impairment of such progressive nature that it has resulted in the inability to independently perform (without hands-on assistance) 2 or more of the following activities of daily living: bathing, dressing, eating, toileting, transferring, or continence.

Coronary Artery Disease Requiring Bypass Grafts - Coronary artery disease requiring a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts, as confirmed in writing by a board-certified cardiologist. Angiographic evidence to support the necessity for this surgery will be required. For purposes of this benefit, a surgical operation to correct narrowing or blockage does not include the following procedures: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or any non-surgical procedures. Also, this benefit is confined to the heart; therefore, a narrowing or blockage of renal arteries, carotid arteries, or other peripheral arteries is not coronary artery disease and does not qualify for this benefit.

Coronary Artery Disease Requiring Angioplasty/Stent - Coronary artery disease requiring a balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more coronary arteries, as confirmed in writing by a board-certified cardiologist. This benefit is confined to the heart; therefore, a narrowing or blockage of renal arteries, carotid arteries, or other peripheral arteries is not coronary artery disease and does not qualify for this benefit.

End Stage Renal Failure - The end stage failure which presents a chronic, irreversible failure of both kidneys, and requires treatment by renal dialysis.

Heart Attack - The ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. The presence of three or more of the following indicators:
 - a. pain, pressure, fullness, discomfort, or squeezing in the center of the chest;
 - b. radiating pain to shoulder, neck, back, arm or jaw;
 - c. new EKG changes indicative of myocardial infarction;
 - d. diagnostic increase of specific cardiac markers typical for Heart Attack; and
 - e. confirmatory imaging studies.
2. In the event of death, an autopsy confirmation identifying Heart Attack as the cause of death will be accepted.

Major Organ Failure Requiring Transplant - The irreversible failure of a Covered Person's heart, lung, pancreas, kidney (entire renal function), or any combination, for which a Physician has determined that there is medical evidence to support the complete replacement of such organ with an entire organ from a human donor. It can also be the irreversible failure of a Covered Person's liver for which a Physician has determined that there is medical evidence to support the complete or partial replacement of the liver or liver tissue from a human donor. The need for a transplant must be due to severe organ disease. To be eligible for payment, the Covered Person must either: (1) be placed on the Transplant List, or (2) have the transplant procedure performed.

Miscellaneous Diseases - The following diseases will be considered Critical Illnesses when diagnosed by a Physician:

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
Encephalitis/meningitis
Rocky Mountain Spotted Fever
Typhoid Fever
Anthrax
Cholera
Primary Sclerosing Cholangitis (Walter Payton's Disease)
Tuberculosis

Other Specified Organ Failure - One of the following occurring independently of any other covered Critical Illness:

1. Loss of Sight - the total and irreversible loss of all sight in both eyes. Loss of Sight that can be corrected by the use of any visual aid or device will not be considered an irreversible loss.
2. Loss of Speech - the total and permanent loss of the ability to speak.
3. Loss of Hearing - the total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by the use of any hearing aid or device will not be considered an irreversible loss.

Stroke - A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage, or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

1. Documented irreversible neurological deficits; and
2. Confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

1. Transient Ischemic Attack (TIA);
2. Reversible neurological deficit;
3. Migraine;
4. Cerebral injury resulting from trauma or hypoxia; or
5. Vascular disease affecting the eye, optic nerve or vestibular functions.

Dependent - Your Spouse, Other Adult Dependent, or Child.

Effective Date - The date the Covered Person's insurance starts under this Certificate.

Enrollment Qualifying Event - The occurrence of a specified event that would allow an Eligible Employee or Member and his or her Eligible Dependent(s) to enroll under the Policy after being first eligible without Evidence of Insurability being required. A specified event means any of the following:

1. An individual becomes an Eligible Dependent of the Eligible Employee or Member through marriage, birth, adoption, or placement for adoption; or
2. The Eligible Employee, Member or Dependent loses coverage under another critical illness policy.

Evidence of Insurability - The correct and complete answers to the questions in the Application and medical history, if necessary, which will be used by us to base our acceptance of a Late Enrollee.

First Occurrence - The first time each covered Critical Illness is diagnosed on or after the Covered Person's Effective Date. (Diagnosis can occur after death if death is due to a Critical Illness.)

Grace Period - The period of 31 days allowed for each premium payment after the first premium.

Group Master Policy or Policy - The insuring contract that is issued to the Policyholder.

Immediate Family Member - Anyone related to a Covered Person in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the spouse of any of these. The term "spouse" includes a common law marriage partner, domestic partner, or civil union partner, if the status of the relationship is legally recognized in the governing jurisdiction.

Insured, you, or your - The Eligible Employee or Member covered for this insurance.

Late Enrollee - An Eligible Employee, Member, or Dependent who applies for insurance more than 31 days after becoming eligible for coverage or a Covered Person who applies for an increase in coverage. Late Enrollee also includes a former Insured who applies for reinstatement after his or her insurance has terminated. A proposed insured will not be considered a Late Enrollee if he or she applies for insurance within 31 days of an Enrollment Qualifying Event.

Other Adult Dependent - Your common law marriage partner, domestic partner, or civil union partner, if the status of such relationship is legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and us.

Physician - A doctor of medicine or osteopathy as set forth in Section 1861(r)(1) of the Social Security Act, as amended, who is legally authorized to practice medicine and surgery within the United States by the jurisdiction in which he or she performs such function or action.

The term Physician does not include the Covered Person or an Immediate Family Member of any Covered Person.

Policyholder - The entity named on the Schedule of Benefits to whom the Policy is issued.

Policyholder Application - The form completed and signed by the Policyholder to apply for this insurance coverage.

Spouse - Your legally married Spouse.

Transamerica Life Insurance Company, the Company, we, us, or our - The insurer that underwrites this insurance.

Transplant List - The Organ Procurement and Transportation Network (OPTN) list.

Treatment Free - The Covered Person is no longer receiving care from a Physician, nor regular office visits, or being prescribed medication for a Critical Illness, other than routine checkups or maintenance medication for that Critical Illness.

ELIGIBILITY AND EFFECTIVE DATE

Insurance will start at 12:01 a.m. on the Effective Date at the main place of business of the Policyholder.

Eligible Employee or Member - To be eligible for insurance under the Policy, you must:

1. Meet the eligibility requirements listed on the Policyholder Application;
2. Be in Active Service; and
3. Provide satisfactory Evidence of Insurability to us, if required.

Within 31 days of the date enrollment is first offered, you must complete an Enrollment Form and any required premium must be paid. If such enrollment is not made within that 31-day period, you will be considered a Late Enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

Eligible Employee or Member Effective Date - If you meet the Eligible Employee or Member requirements, your insurance will take effect on the latest of the following dates:

1. The Group Master Policy Effective Date; or
2. As selected on the Policyholder Application, either (a) the first day of the calendar month which coincides with or next follows the date you are eligible for insurance; or (b) your date of hire; provided you are not a Late Enrollee and we have received your first premium payment; or
3. If you are a Late Enrollee, the first day of the calendar month which coincides with or next follows the date you are accepted for insurance; provided you are: (a) an Eligible Employee or Member on such date; and (b) we have received your first premium payment.

If you do not meet the eligibility requirements on the date your insurance is to take effect, your insurance will take effect on the first day of the calendar month which coincides with or next follows the date you satisfy the requirements.

Eligible Dependent, if available under the Policy - To be eligible under the Policy, a Dependent must:

1. Meet the definition of Dependent;
2. Be able to engage in the usual and customary activities of a person of like age and gender who is free of any physical disease or disorder;
3. Not be an Eligible Employee or Member under the Policy; and
4. Provide satisfactory Evidence of Insurability to us, if required.

A Dependent will be eligible for such coverage on the later of the following dates:

1. The day you become eligible for coverage; or
2. The day a Dependent first meets the definition of Dependent.

You may elect Dependent coverage by:

1. Enrolling for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction.

If such enrollment for Dependent coverage is not made within that 31-day period, the Spouse or Child will be considered a Late Enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

If you and your Spouse or Other Adult Dependent are an Eligible Employee or Member, any Children may be insured as a Dependent of either you or your Spouse or Other Adult Dependent, but not both.

Dependent Effective Date - Insurance on each Dependent will take effect on the latest of the following dates:

1. The date your insurance becomes effective; or
2. The first day of the calendar month which coincides with or next follows the date the Dependent is eligible for insurance, provided that: (a) the Dependent is not a Late Enrollee; and (b) we have received any additional premium;
3. If a Late Enrollee, the first day of the calendar month which coincides with or next follows the date the Dependent is accepted for insurance, provided that: (a) the Dependent is an eligible Dependent on such date; and (b) we have received any additional premium.

If a Dependent does not meet the eligibility requirements on the date his or her insurance is to take effect, insurance on that Dependent will take effect on the first day of the calendar month which coincides with or next follows the date the Dependent satisfies the requirements.

Insurance for Newborn Child - Insurance for a newborn will become effective automatically on the day he or she is born. Coverage for applicable benefits under the Policy will include necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. The Child will be automatically insured for 31 days. In order to continue the Child's insurance, you must notify us by the end of the 31-day period either orally or in writing and pay any additional premium, if applicable. Upon receiving notification, We will provide You will all the forms and instructions required for the Child's enrollment. You will be given an additional 10 Days from the Date the forms and instructions are provided to enroll Your Child.

Insurance for Newly Adopted Child - Insurance for a newly adopted Child, or a Child for whom you are appointed the legal guardian, will become effective automatically on the day he or she is placed for adoption with you, or the day a court enters an order appointing you the legal guardian of the Child. Coverage for applicable benefits under the Policy will include necessary care and treatment for medical conditions existing prior to the date of placement. The Child will be automatically insured for 31 days. In order to continue the Child's insurance, you must notify us by the end of the 31-day period either orally or in writing and pay any additional premium, if applicable. Upon receiving notification, We will provide You will all the forms and instructions required for the Child's enrollment. You will be given an additional 10 Days from the Date the forms and instructions are provided to enroll Your Child.

BENEFITS

Critical Illness Benefit - If a Covered Person is diagnosed with the First Occurrence of a Critical Illness, we will pay a lump sum benefit equal to the applicable Benefit Amount shown in the Schedule of Benefits multiplied by the applicable Percentage of Benefit Amount shown in the Schedule. The positive diagnosis must be made after the Effective Date of this Certificate and while this Certificate is in force.

If a Covered Person is later diagnosed with the First Occurrence of one of the remaining Critical Illnesses and that illness is medically unrelated (as determined by a Physician) to any other Critical Illness for which we have paid a benefit, we will pay the applicable Percentage of the Benefit Amount for the newly diagnosed Critical Illness as long as the diagnosis is made 90 days or more after the last Critical Illness for which we paid a benefit.

If a Critical Illness benefit payment under this Certificate was less than 100% of the applicable Benefit Amount, we will waive the requirements of being medically unrelated and separated by 90 days for the newly diagnosed Critical Illness.

Benefit Payments - Benefit payments will be made directly to you. Proof of any Critical Illness diagnosis must be submitted to us. Dependents are insured at a percentage of the Benefit Amount as stated in the Schedule of Benefits.

EXCLUSIONS AND LIMITATIONS

We do not cover losses caused by, or as a result of, the following:

1. The Covered Person voluntarily participating or attempting to participate in an illegal occupation.
2. The Covered Person intentionally causing a self-inflicted injury.
3. The Covered Person committing or attempting to commit suicide while sane.
4. The Covered Person's voluntary involvement in any period of armed conflict.

Under no condition will we pay any benefits for losses incurred prior to the Effective Date.

PREMIUMS

All premiums are payable on or before the date they are due.

Premium Changes - We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, we will give at least a 60-day advance written notice to the Policyholder.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that our liability is increased, without regard to any premium rate guarantee. If such premium increase takes place on a date other than a premium due date, a pro rata premium for the increase will be due on the next premium due date. The pro rata premium will be for the period from the date of the increase to the next premium due date. If such premium is not paid when due, the insurance will automatically be terminated as of the date the pro rata premium was due. Any partial payment of premium will be refunded.

A change to your premium may also occur if you choose to convert your insurance to a conversion policy after becoming ineligible under this Certificate. See the Conversion Option section for further details.

Premium Refunds - If your Spouse or Other Adult Dependent is insured and you divorce or legally terminate the Other Adult Dependent relationship or such Dependent dies and we are notified in writing at our Administrative Office, we will refund premiums for the period of time beginning with the first month following the date of divorce/dissolution or death of such Dependent. Premiums will not be refunded for any period prior to 30 days before such notification is received in our Administrative Office.

If your Children are insured and insurance for all Children ends, we will refund premiums for the period of time following the last day of insurance. We must be notified in writing at our Administrative Office. Premiums will not be refunded for any time period prior to 30 days before such notification is received in our Administrative Office.

TERMINATION OF INSURANCE

Your insurance will cease on the earliest of the following dates:

1. The date the Policy terminates;
2. The date you cease to be an Eligible Employee or Member;
3. The date of your death;

4. The premium due date on which we fail to receive your premium from the Policyholder, subject to the Grace Period provision; or
5. The date a written notice that you want to cancel your insurance is received.

The insurance on a Dependent will cease on the earliest of the following dates:

1. The date your insurance terminates;
2. The premium due date on which we fail to receive your premium from the Policyholder, subject to the Grace Period provision;
3. The date the Dependent Child no longer meets the definition of Child;
4. The date a Covered Spouse or Other Adult Dependent no longer meets the definition of same;
5. The date of the Dependent's death;
6. The date the Policy is modified so as to exclude Dependent insurance; or
7. The date a written notice that you want to cancel insurance on your Dependent is received.

The Policy may be amended or canceled as stated in its provisions. Such an action may be taken without the consent of or notice to any Covered Person. Premiums are subject to change. However, except for non-payment of premiums or failure to meet continued underwriting standards, we may not terminate the Policy prior to the first anniversary date of the Policy. We will notify the Policyholder 60 days prior to the effective date of any such termination. If we should terminate the Policy, it will be without prejudice to any loss originating prior to the effective date of termination.

We may terminate the insurance of any Covered Person who submits a fraudulent claim under the Policy.

Termination of your insurance will not affect any claim which begins before the date of termination.

CONVERSION OPTION

If you lose eligibility for this insurance for any reason other than fraud or nonpayment of premiums or termination of the Group Master Policy, you will have the option to convert this group coverage to a policy we are issuing for the purpose of conversions. You will receive notification of this Option from the Group Policyholder at the time your insurance terminates.

You must complete a written request to convert and pay the first premium to us no later than 31 days after the date of your termination under the Policy. If you are interested, please request an application from the Policyholder and submit to us within 31 days of your termination date. The converted policy will be issued, without Evidence of Insurability, on a policy form then available for conversions, which is most comparable to this Certificate.

The initial premium for the converted policy for the first 12 months and subsequent renewal premiums will be determined in accordance with our table of premium rates as of the converted policy's effective date applicable to the age and class of risk of each person to be insured under the converted policy and to the type and amount of insurance provided.

The effective date of the converted policy will be the day following the termination of insurance under this Certificate.

This Conversion Option is only available for the Insured and the Insured's covered Dependents. It is not available for the Insured's Dependents without the Insured.

CLAIMS PROVISIONS

Notice of Claim - Written notice of claim must be given to us at our Administrative Office. Such notice should be made within 30 days after any loss covered by the contract. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay, so long as notice is given as soon as reasonably possible.

Claim Forms - Claim forms should be used for filing Proof of Loss. We will send such form to the claimant, or to the Policyholder for delivery to the claimant, within 15 days of receipt of Notice of Claim. If we fail to supply the proper claim forms within 15 days, you will be deemed to have complied with the requirements as to Proof of Loss upon submitting, within the time fixed in the contract for filing Proof of Loss, written proof covering the occurrence, character, and the extent of the loss for which claim is made. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the cover page.

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Proof of Loss - In the case of a claim for loss of time for disability, Proof of Loss must be given to us at our Administrative Office. In case of a claim for loss for which a periodic payment is provided contingent upon continuing loss, such satisfactory written Proof of Loss must be sent within 90 days after the termination of the period for which we are liable. For any other loss, proof must be sent within 90 days after the date of such loss.

If it was not reasonably possible to give proof within the times stated, late proof may be accepted if given within one year from the time proof is otherwise required. This one year limit will not apply in the absence of legal capacity.

Failure to furnish such proof within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof and it was furnished as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time proof of loss is otherwise required, unless the claimant was legally incapacitated.

Payment of Claim Benefits - All benefits payable under your Certificate will be paid to you. Any benefits due that have not been paid at the time of your death will be paid either: (1) to your Spouse or Other Adult Dependent; or (2) if there is no Spouse or Other Adult Dependent, to your estate. We may pay up to \$1,000 of such benefit to one of your relatives at our discretion. Such payment fully discharges us to the extent of the payment.

Physical Examinations and Autopsy - We have the right to have a Covered Person examined by a Physician of our choice, at our expense, as often as reasonably necessary while a claim is pending. In case of death, we may request an autopsy at our expense where it is not forbidden by law.

Time of Payment of Claims - Benefits for a covered loss will be paid within 30 days after we receive satisfactory written Proof of Loss.

GENERAL PROVISIONS

Clerical Error - A clerical error by us will not invalidate insurance otherwise in force, nor continue insurance otherwise not validly in force.

Conformity with State Laws - A provision of the Policy or Certificate that conflicts with a law of the state in which the Covered Person resides on the date coverage is effective is hereby changed to meet the minimum standards of that law.

Entire Contract; Changes - The Entire Contract consists of the Policy as issued to the Policyholder, the Policyholder Application, the Certificate Provisions, and any attached Amendments, Endorsements, and Riders. Changes to the Policy or this Certificate may only be made in writing signed by an executive officer of the Company. All statements made by the policyholder or by the persons insured shall be deemed representations and not warranties. No statement made by any person insured shall be used in any contest unless a copy of the instrument containing the statement is or has been furnished to such person or, in the event of the death or incapacity of the insured person, to the individual's beneficiary or personal representative. No agent or Policyholder has authority to change the Policy or this Certificate or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

Grace Period - A Grace Period of 31 days will be allowed for each premium payment after the first premium. Insurance will stay in force during this time. The insurance under the Policy and/or Certificate will terminate on the day after the Grace Period ends if the premium has not been paid. You must still pay all unpaid premium. This includes the premium due for the Grace Period.

If insurance on a premium due date and the premium has been paid through that date, the Grace Period will not apply. If cancellation is during the Grace Period, you will be liable for any unpaid premium including the pro rata premium for that part of the Grace Period during which insurance was in force. Benefits may be reduced by the amount of any due but unpaid premiums.

Legal Action - No legal action may be brought to recover under the Policy or Certificate within 60 days after written Proof of Loss has been provided to us as required nor more than three years from the time written Proof of Loss is required to be furnished.

Misstatement of Age - If the Insured's age has been misstated, all benefits payable under the Policy for any Covered Person will be such amount as the premium paid would have purchased at the Insured's correct age.

Other Insurance With Us - If you have more than one critical illness policy, certificate, or similar coverage with us, only one, chosen by you or your estate, will be effective. We will refund all premiums paid for all other such coverage from the date of duplication, less any Benefit Payments from such date.

Time Limit on Certain Defenses

The validity of this Certificate shall not be contested, except for nonpayment of premiums, after it has been in force for two years from its Effective Date. Statements made by any person covered under this Certificate are considered representations and not warranties. No statement made by any person covered under this Certificate relating to insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of two years during such person's lifetime nor unless it is contained in a written instrument signed by the person making such statement; except that this provision shall not preclude the assertion at any time of defenses based upon the person's ineligibility for coverage under the policy or upon other provisions in the policy.

Notice - Any notice to you will be sent to your last known address.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

CANCER BENEFIT RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider apply to this Rider.

DEFINITIONS

The definition of **Critical Illness** in the contract to which this Rider is attached is amended to add the cancer conditions set forth below. A diagnosis of cancer must be made by a Pathological Diagnosis or a Clinical Diagnosis.

Invasive Cancer - A cancer which is evidenced by the presence of a malignant tumor characterized by uncontrolled and abnormal growth and spread of malignant cells, and the invasion of tissue. Leukemia, Hodgkin's Disease (except Stage 1 Hodgkin's Disease), and malignant melanoma will be considered Invasive Cancer.

Invasive Cancer does not include:

1. Pre-malignant conditions or conditions with malignant potential;
2. Prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification); and
3. Any malignancy associated with the diagnosis of HIV.

Skin Cancer - Basal cell epithelioma or squamous cell carcinoma. Skin Cancer does not include malignant melanoma or mycosis fungoides, which are not considered Skin Cancer under this Rider for the purpose of paying benefits.

Carcinoma In Situ - Cancer that is confined to the site of origin without having invaded neighboring tissue.

Prostate Cancer with TNM Classification of T1- Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography.

Bone Marrow Failure - The irreversible failure of a Covered Person's bone marrow for which a Physician has determined that medical evidence supports the replacement of bone marrow with bone marrow from the Covered Person or another human donor.

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Clinical Diagnosis - A diagnosis based on the study of symptoms. We will accept a Clinical Diagnosis in lieu of a Pathological Diagnosis only when:

1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
2. There is medical evidence to support the diagnosis; and
3. A Physician is treating a Covered Person for cancer.

Pathological Diagnosis - A Pathological Diagnosis is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system and on medical criteria accepted by the American Board of Pathology or the Osteopathic Board of Pathology for the type of cancer being investigated. This type of diagnosis must be done by a certified pathologist.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract unless we inform the Insured in writing of a different date.

EXCLUSIONS

We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or is a result of cancer or its treatment.

Under no condition will we pay any benefits for losses incurred prior to the Rider Effective Date.

TERMINATION

This Rider will terminate on the earliest of the following dates or events:

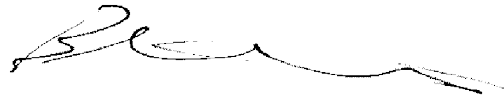
1. The date the Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination; or
3. The date the contract terminates.

Termination will not affect any claim or loss which commenced while the contract and Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.



Karyn S.W. Polak
Secretary



Blake Bostwick
President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

WELLNESS INDEMNITY BENEFIT RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider apply to this Rider.

DEFINITIONS

In addition to the definitions contained in the contract, the following definition applies to this Rider.

Health Screening Test means one of the following tests performed under the supervision of or recommendation by a Physician while this Rider is in force:

Biopsy	Flexible sigmoidoscopy
Blood test for triglycerides	Hemocult stool analysis
Bone marrow testing	Mammography
Breast ultrasound	Pap test
CA 125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
CA 15-3 (blood test for breast cancer)	Serum cholesterol test to determine HDL/LDL level
CEA (blood test for colon cancer)	Serum Protein Electrophoresis (blood test for myeloma)
Chest X-ray	Stress test on a bicycle or treadmill
Colonoscopy	Thermography
Fasting blood glucose test	

BENEFIT

We will pay the amount shown on the Schedule of Benefits once per Covered Person per Calendar Year in which such Covered Person undergoes a Health Screening Test, regardless of the number of tests the Covered Person undergoes.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract unless we inform the Insured in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination; or
3. The date the contract terminates.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.



Karyn S.W. Polak
Secretary



Blake Bostwick
President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

RECURRENT CRITICAL ILLNESS BENEFIT RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider apply to this Rider.

DEFINITIONS

In addition to the definitions contained in the contract, the following definition applies to this Rider.

Recurrent Critical Illness - A Critical Illness that is not eligible for payment under the Critical Illness Benefit in the contract as a First Occurrence.

BENEFITS

This Rider provides a Recurrent Critical Illness Benefit per Covered Person as follows:

A recurrence of the same Critical Illness is not eligible for the Recurrent Critical Illness Benefit, unless:

1. The diagnosis for the prior occurrence was at least 12 months before the new diagnosis; and
2. If it is a Cancer condition and the Cancer Benefit Rider is part of this contract, the Covered Person has been Treatment Free for at least 12 months.

If a Covered Person is diagnosed with a Recurrent Critical Illness, we will pay a lump sum benefit equal to the percentage shown for this Rider multiplied by the applicable Benefit Amount multiplied by the applicable Percentage of Benefit Amount, as shown in the Schedule of Benefits. The positive diagnosis must be made after the Rider Effective Date and while this Rider is in force.

For each Critical Illness, only one Recurrent Critical Illness Benefit may be paid per Covered Person.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract unless we inform the Insured in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination; or
3. The date the contract terminates.

Termination will not affect any claim or loss which commenced while the contract and Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.



Karyn S.W. Polak
Secretary



Blake Bostwick
President



Transamerica Life Insurance Company
 Home Office: Cedar Rapids, IA
 Administrative Office: P.O. Box 219
 Cedar Rapids, IA 52406-0219

**Life and Health
 Group Application
 and Agreement**

Name of Group: United Pentecostal Church	Tax ID Number: 43-0679185	SIC Code: 8661	Website Address: https://upci.org/
Street Address: 36 Research Park Court	City: Saint Charles	State: MO	Zip Code: 63304
Contact Name: Michael Loyd	Email Address: mloyd@upci.org	Phone #: 636-229-7980	Fax #:
Nature of Group: Religious Organizations	# of Employees: 10000	# Eligible for Coverage: 10,000	# of Years in Existence:

You hereby authorize Transamerica Life Insurance Company, our authorized agents or our enrollers (collectively referred to as we, us, or our) to offer each your eligible employees/members the opportunity to purchase insurance coverage as described in this form. This authorization is based upon the following agreements:

- We customarily conduct an annual enrollment program for your eligible employees/members. You will provide us with census data if needed for us to determine proper enrollment eligibility.
- The initial enrollment shall take place from 05/06/24 to 06/07/24. You will provide us direct access to your employees/members to obtain applications through group meetings and individual interviews in a suitable location on your property during normal business hours, or through other means mutually agreed upon between you and us. Participation in your group must meet our minimum participation requirements. We reserve the right to withdraw from the enrollment and cancel any applications already obtained if these conditions are not satisfied.
- Unless otherwise agreed upon by you and us, you will collect premiums from your participating employees/members. You will forward the premiums to us within 15 days after you receive the monthly bill. You will maintain records of all premiums collected from your employees/members while this agreement remains in force and for two years after it terminates. During this period, you will make these records available for inspection and audit by us during normal business hours. If premium contributions collected by you, your employees, or your vendors are misappropriated, you will reimburse us for our entire loss, including attorney fees and expenses incurred in collection, to the extent permitted by the laws of your state.

Do benefit selections vary by class? No Yes (define classes below)

Definition of Class 1:	
Definition of Class 2:	
Definition of Class 3:	
Definition of Class 4:	

5. Eligibility for insurance:

a. Employer Groups - eligible employees are defined as those who work at least

Class 1	Class 2	Class 3	Class 4
20			
0			

 hours per week for you, and have been so employed for at least

Class 1	Class 2	Class 3	Class 4

 days.

b. Member Groups - eligible members are defined as members of an eligible class of members, who are in good standing in accordance with your by-laws.

Is dependent coverage being offered? Yes No
 Is coverage being offered through a Section 125 plan? Yes No
 If "yes", which product(s):
 Universal Life 10 Critical Events Accident 11 Self-Admin
 Plan Start Date: 07/01/24 Plan Anniversary Date: 07/01/24

8. Is coverage being offered replacing existing coverage? Yes No
 If "yes", which product(s):
 Universal Life 10 Critical Events Accident 11 Self-Admin

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, which is a crime and subjects such person to criminal and civil penalties.

I understand and agree that this application will be made part of each group master policy issued as a result of this application. The Group listed above will be named as the Policyholder for each group master policy. I agree that no insurance will be effective until approved by us at our administrative office.

Signed in (City/State) St. Charles, MO This 24 Day of (Month/Year) March 2024

Signature of Officer: *Scott Graham* Email Address: sgraham@upci.org
 Scott Graham General Secretary

Print Name and Title of Officer: HCF Date: 5-7-2024 Email Address: chris.forester@foresterbenefits.com

Signature of Licensed Agent/Producer: *Herschel Christopher Forester* Email Address: 2802977 License Number: 448047
 Herschel Christopher Forester Agent/Producer Number: 2802977 License Number: 448047

Billing Information

Billing Name (if other than group name): _____			
Billing Address: _____	City: _____	State: _____	Zip Code: _____
Billing Contact Name: Paylogix _____	Email Address: _____	Phone #: _____	Fax #: _____
Billing Address is: <input type="checkbox"/> Group Policyholder <input type="checkbox"/> Third Party Administrator <input checked="" type="checkbox"/> Premium Collection Agency (Requires a Premium Collection Agreement)			

Pay periods per year: _____	Payments will be remitted: <input type="checkbox"/> After each deduction <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Payroll deductions per year: _____	Premium amount on bill should reflect: <input type="checkbox"/> Levelized amount over 12 months <input type="checkbox"/> Actual amount of deductions
First payroll deduction date: _____	Preferred billing sequence: <input type="checkbox"/> Alphabetical <input type="checkbox"/> Social Security Number <input type="checkbox"/> Employee ID
First bill due date: _____	Preferred Billing Method: <input type="checkbox"/> Paper <input type="checkbox"/> Website <input type="checkbox"/> Self-Bill Multiple Billing Locations: <input type="checkbox"/> No <input type="checkbox"/> Yes (attach listing)

Insurance Selections

(Product and Rider availability subject to state approval)

Participation Requirement: Each group master policy requires a minimum of 2 covered lives or the state minimum, whichever is greater in order to be issued and remain in force. Any group master that falls below this requirement may be terminated, subject to the notice requirements in the master policy. Special underwriting offers may require higher participation in order to continue receiving the special underwriting offer for new insureds.

Master Contract Delivery: <input checked="" type="checkbox"/> Electronic Delivery or <input type="checkbox"/> Paper (US Mail) Delivery		
Group CI Insurance - CriticalEvents®	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list amount or %:</i> _____ <i>If yes, offering Employee Buy-Up?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Effective Date: 07/01/24
Transamerica Administered Benefit		
	Plan 1	
Dependent Coverage	50%	
First Occurrence	First occurrence after effective date	
Rate Structure	Issue Age	
Cancer Benefit Rider	Included	
Recurrent Critical Illness Benefit Rider	100%	
Wellness Indemnity Benefit Rider	\$75	

Group Accident Insurance (Self-Administration Required)	Group Contribution? No	Requested Effective Date: 07/01/24
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Coverage: Off-the-Job Only Coverage
not approved in NH, NM, NY, WA

	Plan Option 1	Plan Option 2
Initial Treatment & Diagnosis Benefits	Benefit Amount	Benefit Amount
Office, Xray and Lab Percentage	50%	50%
Emergency Treatment - ER	\$350	\$500
Emergency Treatment - UC	\$350	\$500
Major Diagnostic Exam	\$520	\$1,200
Emergency Treatment - Office	\$350	\$500
Xray	\$160	\$400
Lab Tests	\$160	\$400
Bodily Injury Category 1	Benefit Amount	Benefit Amount
Hip - Open Fracture	\$6,120	\$13,500
Hip - Closed Fracture	\$4,080	\$9,000
Leg - Open Fracture	\$4,080	\$9,000
Leg - Closed Fracture	\$2,720	\$6,000
Pelvis - Open Fracture	\$4,080	\$9,000
Pelvis - Closed Fracture	\$2,720	\$6,000
Upper Arm - Open Fracture	\$4,080	\$9,000
Upper Arm - Closed Fracture	\$2,720	\$6,000
Skull - Depressed Fracture	\$4,080	\$9,000
Skull - Simple Fracture	\$2,720	\$6,000
Vertebrae/Vertebral Processes - Open Fracture	\$4,896	\$8,100
Vertebrae/Vertebral Processes - Closed Fracture	\$3,264	\$5,400
Shoulder/Shoulder Blade - Open Fracture	\$2,856	\$6,300
Shoulder/Shoulder Blade - Closed Fracture	\$1,904	\$4,200
Hip - Open Dislocation	\$4,080	\$6,000
Hip - Closed Dislocation	\$2,720	\$4,000
Knee - Open Dislocation	\$3,060	\$6,750
Knee - Closed Dislocation	\$2,040	\$4,500
Shoulder/Shoulder Blade - Open Dislocation	\$3,060	\$6,750
Shoulder/Shoulder Blade - Closed Dislocation	\$2,040	\$4,500
Bodily Injury Category 2	Benefit Amount	Benefit Amount
Ankle or Foot Open Fracture	\$3,060	\$6,750
Ankle or Foot Closed Fracture	\$2,040	\$4,500
Elbow - Open Fracture	\$2,856	\$6,300
Elbow - Closed Fracture	\$1,904	\$4,200
Kneecap - Open Fracture	\$3,060	\$6,750
Kneecap - Closed Fracture	\$2,040	\$4,500
Lower Jaw - Open Fracture	\$2,856	\$6,300
Lower Jaw - Closed Fracture	\$1,904	\$4,200
Upper Jaw - Open Fracture	\$2,856	\$6,300
Upper Jaw - Closed Fracture	\$1,904	\$4,200
Hand - Open Fracture	\$2,448	\$5,400
Hand - Closed Fracture	\$1,632	\$3,600
Wrist - Open Fracture	\$3,468	\$7,650
Wrist - Closed Fracture	\$2,312	\$5,100
Forearm - Open Fracture	\$3,468	\$7,650
Forearm - Closed Fracture	\$2,312	\$5,100
Ankle or Foot Open Dislocation	\$2,856	\$6,300
Ankle or Foot Closed Dislocation	\$1,904	\$4,200
Hand - Open Dislocation	\$3,060	\$6,750
Hand - Closed Dislocation	\$2,040	\$4,500
Elbow - Open Dislocation	\$1,632	\$3,600
Elbow - Closed Dislocation	\$1,088	\$2,400
Wrist - Open Dislocation	\$1,632	\$3,600
Wrist - Closed Dislocation	\$1,088	\$2,400

Lower Jaw - Open Dislocation	\$2,040	\$4,500
Lower Jaw - Closed Dislocation	\$1,360	\$3,000
Collar Bone - Open Dislocation	\$2,040	\$4,500
Collar Bone - Closed Dislocation	\$1,360	\$3,000
Bodily Injury Category 3	Benefit Amount	Benefit Amount
Nose - Open Fracture	\$2,040	\$4,500
Nose - Closed Fracture	\$1,360	\$3,000
Face - Open Fracture	\$2,040	\$4,500
Face - Closed Fracture	\$1,360	\$3,000
Collar Bone - Open Fracture	\$2,856	\$4,800
Collar Bone - Closed Fracture	\$1,904	\$3,200
Sternum - Open Fracture	\$1,428	\$3,150
Sternum - Closed Fracture	\$952	\$2,100
Ribs - Open Fracture	\$510	\$1,125
Ribs - Closed Fracture	\$340	\$750
Toe - Open Fracture	\$816	\$1,800
Toe - Closed Fracture	\$544	\$1,200
Heel - Open Fracture	\$510	\$1,125
Heel - Closed Fracture	\$340	\$750
Coccyx - Open Fracture	\$510	\$1,125
Coccyx - Closed Fracture	\$340	\$750
Finger - Open Fracture	\$510	\$1,125
Finger - Closed Fracture	\$340	\$750
Toe - Open Dislocation	\$816	\$1,800
Toe - Closed Dislocation	\$544	\$1,200
Ribs - Open Dislocation	\$2,040	\$4,500
Ribs - Closed Dislocation	\$1,360	\$3,000
Finger - Open Dislocation	\$816	\$1,800
Finger - Closed Dislocation	\$544	\$1,200
Recovery Services Benefits	Benefit Amount	Benefit Amount
Percentage for all other Recovery Service Benefits	50%	50%
Follow Up Visit	\$160	\$400
Physical Therapy	\$80	\$200
Chiropractic	\$80	\$200
Acupuncture	\$80	\$200
Mental Health	\$120	\$300
Pain Management Epidural	\$120	\$300
Hospitalization Benefits	Benefit Amount	Benefit Amount
Ground Ambulance	\$800	\$2,000
Air Ambulance	\$1,600	\$4,000
Hospital Admission	\$1,440	\$3,000
ICU Admission	\$2,880	\$6,000
Accident Daily Hospital Benefit	\$320	\$550
Accident Daily ICU Benefit	\$320	\$550
Accident Daily ICU Step Down Benefit	\$320	\$550
Inpatient Rehabilitation Unit	\$320	\$550
Observation Room	\$320	\$550
Additional Benefits Category 1	Benefit Amount	Benefit Amount
Concussion - Mild	\$600	\$1,000
Concussion - Moderate/Severe	\$600	\$1,000
Appliance	\$800	\$1,000
Lacerations - No Sutures	\$160	\$400
Lacerations - < 7.5 cm	\$320	\$800
Lacerations - 7.5 - 20 cm	\$640	\$1,600
Lacerations - 20+ cm	\$1,280	\$3,200

Tendons, Ligaments and Rotator Cuffs - Arthroscopic Surgery with No Repair	\$400	\$600
Tendons, Ligaments and Rotator Cuffs - Repair of one	\$800	\$1,200
Tendons, Ligaments and Rotator Cuffs - Repair of two or more	\$1,200	\$2,400
Ruptured Discs and Torn Knee Cartilage - Shaved Cartilage or Arthroscopic Surgery with No Repair	\$400	\$600
Ruptured Discs and Torn Knee Cartilage - Repair of one	\$800	\$1,200
Ruptured Discs and Torn Knee Cartilage - Repair of two or more	\$1,200	\$2,400
Eye Injury - With Surgery Repair	\$240	\$400
Eye Injury - Non-Surgical Removal of Foreign Body	\$80	\$200
Dental - Repaired with Crowns	\$240	\$400
Dental - Extractions	\$80	\$200
Additional Benefits Category 2	Benefit Amount	Benefit Amount
Burns - 2nd Degree, 25% - 35%	\$400	\$500
Burns - 2nd Degree, >35%	\$800	\$2,000
Burns 3rd Degree, 6 - 10 sq cm	\$1,600	\$4,000
Burns 3rd Degree, >10 - 25 sq cm	\$3,200	\$7,500
Burns 3rd Degree, >25 - 35 sq cm	\$6,400	\$15,000
Burns 3rd Degree, >35 sq cm	\$12,800	\$20,000
Burns - Skin Graft	50%	50%
Major Surgery	\$2,400	\$4,000
Exploratory Surgery	\$240	\$400
Prosthetic Device - one	\$800	\$1,500
Prosthetic Device - two or more	\$1,600	\$3,000
Prosthetic Device - Repairs	\$800	\$1,500
Blood, Plasma, Platelets	\$520	\$800
Transportation	\$480	\$600
Family Lodging	\$240	\$350
Residence Modification	\$800	\$1,250
Vehicle Modification	\$800	\$1,250
Coma - Non induced	\$20,000	\$40,000
Coma - Induced	\$20,000	\$40,000
Coma - Persistent Vegetative State	\$20,000	\$40,000
Paralysis - Quadriplegia	\$20,000	\$40,000
Paralysis - Paraplegia	\$16,000	\$35,000
Paralysis - Hemiplegia	\$16,000	\$35,000
Paralysis - Triplegia	\$16,000	\$35,000
Paralysis - Diplegia	\$16,000	\$35,000
Paralysis - Monoplegia	\$16,000	\$35,000
Accidental Death & Dismemberment	Benefit Amount	Benefit Amount
Common Carrier		
Insured	\$80,000	\$150,000
Spouse	\$40,000	\$100,000
Child	\$20,000	\$50,000
Auto - Seatbelt and Airbag Deployed		
Insured	\$40,000	\$75,000
Spouse	\$20,000	\$50,000
Child	\$10,000	\$25,000
Auto - Seatbelt and no Airbag		
Insured	\$40,000	\$75,000
Spouse	\$20,000	\$50,000
Child	\$10,000	\$25,000
Auto - No Seatbelt or Airbag		
Insured	\$40,000	\$75,000
Spouse	\$20,000	\$50,000
Child	\$10,000	\$25,000
Other Accident Death		

Insured	\$40,000	\$75,000
Spouse	\$20,000	\$50,000
Child	\$10,000	\$25,000
Transport of Remains	\$320	\$400
Surviving Child Education	\$640	\$800
Licensed Day Care Center	\$240	\$300
Career Enrichment	\$640	\$800
Dismemberment - one or more fingers/toes		
Insured	\$800	\$2,000
Spouse	\$400	\$1,000
Child	\$200	\$500
Dismemberment - one eye, hand, foot, arm or leg		
Insured	\$1,600	\$4,000
Spouse	\$800	\$2,000
Child	\$400	\$1,000
Dismemberment - two eyes, hands or feet		
Insured	\$8,000	\$20,000
Spouse	\$4,000	\$10,000
Child	\$2,000	\$5,000
Dismemberment - two arms or legs		
Insured	\$8,000	\$20,000
Spouse	\$4,000	\$10,000
Child	\$2,000	\$5,000
Dismemberment - speech and hearing in both ears		
Insured	\$8,000	\$20,000
Spouse	\$4,000	\$10,000
Child	\$2,000	\$5,000
Dismemberment - both arms and both legs		
Insured	\$8,000	\$20,000
Spouse	\$4,000	\$10,000
Child	\$2,000	\$5,000
Wellness Care Rider	Benefit Amount	Benefit Amount
Insured	\$65	\$100
Spouse	\$65	\$100
Child	\$65	\$100
Organized Sports Rider	Yes	Yes

Group Universal Life Insurance - UL10	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date: 08/01/24
Coverage: <i>Not available in NY, VA, GU, PR, VT, VI</i>		High Accumulation Value
Age Band Rates : No		
	Plan 1	
Accelerated Death Benefit for Terminal Illness/Condition	Included	
Waiver of Monthly Deductions for Layoff	Included	
Child Level Term Insurance Rider	Included	
Long Term Care Rider	Included	
Extension of Benefits Rider for LTC	Included	
Benefit Restoration Rider for LTC	Included	