The certificate is changed as follows:

Effective August 29, 1994:

The following pages are hereby deleted:
LGC 8270 9/84; Dependent Life Insurance.
LGC 8274 9/84; Claim Provisions.

The following pages are hereby added:
LGC 8270 6/94; Dependent Life Insurance.
LGC 8274 6/94; Claim Provisions.

Effective January 5, 1995:

The following page is hereby deleted:
LGC 8272 6/85; Spouse Accidental Death & Dismemberment Insurance.

The following page is hereby added:
LGC 8272 12/94; Spouse Accidental Death & Dismemberment Insurance.

Effective March 15, 1995:

The following pages are hereby deleted:
LGC 8266 9/84; Employee Life Insurance.
LGC 8273 9/84; Definitions.

The following pages are hereby added:
LGC 8266 8/94; Employee Life Insurance.
LGC 8273 8/94; Definitions.

Effective October 5, 2006:

The following page is hereby replaced:
LGC 8261; Schedule of Insurance.

The "Date a Change in Employee Insurance Becomes Effective" and "Date a Change in Dependent Insurance Becomes Effective" provisions apply to this change.
Symetra Life Insurance Company is known as Symetra in this certificate

"You" and "your" refer to the insured employee in this certificate.

This certificate summarizes the major parts of the policy under which you are insured. Your insurance is subject to all the terms of the policy. This certificate replaces all others previously issued.

Signed for Symetra at its Home Office as of the policy effective date.

Michael Fry,  
Executive Vice President

Thomas M. Marra,  
President

READ THIS CERTIFICATE CAREFULLY
CERTIFICATE SPECIFICATIONS

Employer: The County of Albemarle
Policy Number: 01 011594 00
Employer Effective Date: April 1, 1992

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Effective 04-01-1995

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| General Provisions                             | LGC 8277 |
Eligible Classes of Employees

All regular full-time employees of the employer working a minimum of 18.15 hours per week. The employees are classified as follows:

<table>
<thead>
<tr>
<th>Class</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All Eligible Employees</td>
</tr>
</tbody>
</table>

Service Waiting Period

For all eligible employees: None.

Employee Life Insurance Contributory

<table>
<thead>
<tr>
<th>Class</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,000 to $100,000 in increments of $10,000 as selected by the employee on the enrollment card</td>
</tr>
</tbody>
</table>

If at any time participation of all eligible employees is less than 20%, proof of good health is required of all new enrollees.

Proof of good health is also required for increases in the benefit amount in excess of $10,000 within a 12 month period.

The benefit is reduced to the following:

<table>
<thead>
<tr>
<th>At age:</th>
<th>Percentage of benefit amount shown:</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>50%</td>
</tr>
<tr>
<td>75</td>
<td>30%</td>
</tr>
<tr>
<td>80</td>
<td>20%</td>
</tr>
</tbody>
</table>

Waiver of Premium Continued Protection applies to this coverage.

Employee Accelerated Benefit Insurance applies to this coverage.

Portability Continuation Privilege applies to this coverage.
Employee Accidental Death & Dismemberment Insurance  Contributory

<table>
<thead>
<tr>
<th>Class</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,000 to $100,000 in increments of $10,000 as selected by the employee on the enrollment card</td>
</tr>
</tbody>
</table>

Seat Belt Benefit: 100% of the Employee Supplemental Accidental Death and Dismemberment amount for loss of life, to a maximum of $50,000

The benefit is reduced to the following:

At age: Percentage of benefit amount shown:

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>50%</td>
</tr>
<tr>
<td>75</td>
<td>30%</td>
</tr>
<tr>
<td>80</td>
<td>20%</td>
</tr>
</tbody>
</table>

Dependent Life Insurance  Contributory

<table>
<thead>
<tr>
<th>Class</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>* Spouse: 50% of the Employee Life Benefit Amount***</td>
</tr>
<tr>
<td></td>
<td>** Child: $5,000</td>
</tr>
</tbody>
</table>

* If at any time participation of all eligible employees is less than 20%, proof of good health is required of all new enrollees.

* The spouse benefit terminates at the employee’s retirement.

** "Child", as used in the Definitions section, refers to one:
who is at least 14 days old, but:

(1) who is less than age 19; or
(2) who is less than age 23 and:
   (a) who has the same home address as you do;
   (b) who is not employed on a full-time basis; and
   (c) who is attending college as a full-time student.
### Spouse Accidental Death & Dismemberment Insurance

<table>
<thead>
<tr>
<th>Class</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50% of the Employee Life Benefit Amount***</td>
</tr>
</tbody>
</table>

Seat Belt Benefit: 100% of the Spouse Accidental Death and Dismemberment amount for loss of life, to a maximum of $50,000

The spouse benefit terminates at the employee's retirement.

---

***Spouse Life and Accidental Death & Dismemberment Benefit Amounts will not be affected by the Acceleration of any portion of the Employee Life Benefit Amount.
EMPLOYEE PROVISIONS

Applies to Contributory Coverages
As Shown in the Schedule

Eligible Classes of Employees

You are eligible only if you are a member of a class shown in the Schedule.

Date Employee Becomes Eligible for Employee Insurance

You become eligible for employee insurance upon completion of the service waiting period. The service waiting period is shown in the Schedule.

Application for Employee Insurance

You must apply in writing for coverage. Application must be made on a Symetra approved form. Proof of good health must be submitted to Symetra at your expense if:

(a) you apply for insurance more than 31 days after the date you became eligible;
(b) you were previously insured and you re-apply for insurance which:
   (1) ended at your request;
   (2) ended due to your failure to make a required premium contribution; or
   (3) ended and was converted; or
(c) it is specified in the Schedule.

If you:

(a) must submit proof of good health to become insured; and
(b) terminate employment;

you must still submit proof if re-employed.

Date Employee Insurance Becomes Effective

Your insurance will become effective on the latest of the following dates if you are actively at work on that date:

(a) the date you become eligible;
(b) the date you apply for insurance; or
(c) the date Symetra approves your proof of good health, if required.

If you are not actively at work on the latest date specified above, your insurance will become effective on the date you return to active work.
Date a Change in Employee Insurance Becomes Effective

Increases in the amount of your insurance are effective on the latest of the following dates if you are actively at work on that date:

(a) the date of change; or
(b) the date Symetra approves the proof of good health, if required.

If you are not actively at work on the latest date specified above, the increase will become effective on the date you return to active work.

Decreases in the amount of your insurance are effective on the date of change.

Date Employee Insurance Ends

Your insurance will automatically end on the earliest of the following dates:

(a) the date the coverage or policy ends;
(b) the date you become ineligible;
(c) the date employment ends;
(d) the date you begin active duty in the armed forces; or
(e) the date you fail to make a required premium contribution.

Termination of Employment

Employment is deemed to end on the date you cease active work.

Continuance During Absence from Full-Time Work

In the following circumstances, employment will be deemed to continue as shown, or until your employer, acting under rules that preclude individual selection, terminates your employment:

<table>
<thead>
<tr>
<th>Cause of Absence</th>
<th>Period in which Employment is Deemed to Continue</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness or Injury</td>
<td>Indefinite</td>
<td>All Coverages</td>
</tr>
<tr>
<td>Labor Dispute,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Lay-Off,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Leave</td>
<td>2 Months</td>
<td>All Coverages</td>
</tr>
</tbody>
</table>

Upon written request from your employer, Symetra may agree in writing to continue your insurance for an additional number of months during lay-off or leave of absence.
DEPENDENT PROVISIONS
Applies to Contributory Coverages
As Shown in the Schedule

Eligible Classes of Employees
You are eligible if you are a member of a class shown in the Schedule.

Date You Become Eligible for Dependent Insurance
You become eligible for dependent insurance on the later of:

(a) the date you become insured for life insurance; or
(b) the date you first acquire a dependent.

Application for Dependent Insurance
You must apply in writing for dependent insurance. Application must be made on a Symetra approved form. Proof of good health must be submitted to Symetra at your expense for each dependent if:

(a) you apply for dependent insurance more than 31 days after the date you became eligible for dependent insurance;
(b) you re-apply for insurance for a previously insured dependent whose insurance:
   (1) ended at your request;
   (2) ended due to your failure to make a required premium contribution; or
   (3) ended and was converted; or
(c) it is specified in the Schedule.

If you:

(a) must submit proof of good health for each dependent to become insured; and
(b) terminate employment;

you must still submit proof for each dependent if re-employed.

Date Dependent Insurance Becomes Effective
Dependent insurance will become effective on the latest of the following dates if your dependent is not confined on that date:

(a) the date you become eligible for dependent insurance;
(b) the date you apply for dependent insurance;
(c) the date your life insurance becomes effective;
(d) the date Symetra approves the proof of good health, if required, for all of your dependents; or
(e) the date the person becomes your dependent.
If your dependent is confined on the latest date specified above, insurance will become effective on the date your dependent is no longer confined.

**Date a Change in Dependent Insurance Becomes Effective**

Increases in the amount of dependent insurance are effective on the date of change if your dependent is not confined on that date. If your dependent is confined on that date, the increase will become effective on the date your dependent is no longer confined.

Decreases in the amount of dependent insurance are effective on the date of change.

**Date Dependent Insurance Ends**

Dependent insurance will end on the earliest of the following dates:

(a) the date the coverage or policy ends;
(b) the date you become ineligible;
(c) the date your employment ends;
(d) the date you fail to make a required premium contribution;
(e) the date your life insurance ends;
(f) the date your dependent commences active duty in the armed forces; or
(g) the date the person ceases to be your dependent.
EMPLOYEE LIFE INSURANCE

Benefit

Symetra will pay the amount shown in the Schedule if it receives proof that you died while insured.

Conversion Privilege

Availability

1. If all or part of your insurance ends solely because:
   (a) your employment ends while your employer’s coverage under this policy remains in force; or
   (b) your status changes;

   then you may convert. The largest amount that you can convert is the amount which ended.

2. If your insurance ends because:
   (a) this policy ends;
   (b) your employer’s coverage under this policy ends;
   (c) all Employee Life Insurance for your employer’s associated company ends;
   (d) all Employee Life Insurance under this policy ends; or
   (e) the Employee Life Insurance for an entire class ends;

   and if you have been continuously insured under this policy for at least 5 years on the date insurance ends, you may convert. The largest amount that can be converted is the smaller of:

   (a) the amount which ended less any amount of employee group life insurance for which the employee becomes eligible within 31 days after this insurance ends; or
   (b) $2,000.

Conditions

1. No proof of good health is required.

2. Written application must be made to Symetra. It must be delivered or mailed to Symetra with the first premium within 31 days after insurance ended.

3. Symetra will issue any of its current conversion policies. A conversion policy is any individual life insurance policy except term insurance.

4. The effective date will be 31 days after this insurance ends.

01 011594 00, Amendment #2, Effective March 15, 1995
5. Symetra will base the premium on:

   (a) its current rates;
   (b) your attained age;
   (c) your class of risk; and
   (d) the type and amount of insurance.

6. You may back-date the conversion policy. The youngest age that may be chosen is the age on your first effective date under this policy. The conversion policy effective date will be the month and day 31 days after this insurance ends and the year for the age chosen.

   The initial premium for the back-dated policy will be:

   (a) the first premium for the conversion policy based on:
       1) Symetra's current rates;
       2) your chosen age;
       3) your class of risk; and
       4) the type and amount of insurance; and
   (b) the terminal reserve for the chosen age.

Benefit for Death During the Conversion Period

If you die while eligible for conversion, Symetra will pay a death benefit. This benefit is the largest amount that could have been converted. This benefit is payable whether or not you applied for the conversion policy.

Payment of Benefits

The Beneficiary and Settlement Provisions apply to this coverage.
WAIVER OF PREMIUM PROVISION
CONTINUED PROTECTION
Applies as Shown in the Schedule

Waiver of Premium Benefit

Benefit

Symetra will waive life insurance premiums for you if you become disabled. Symetra must receive proof that you:

(a) became disabled:
   (1) prior to your sixtieth birthday; and
   (2) while insured for life insurance under this policy;
(b) have been continuously disabled for 9 months; and
(c) were continuously insured:
   (1) for at least 12 months under this policy prior to becoming disabled; or
   (2) under this policy from the employer's effective date.

Notice of Disability

If you become disabled, written notice must be given to Symetra. Notice must be received by Symetra within 3 months after you have been continuously disabled for 9 months.

Proof that Disability Continues

Symetra must receive annual written medical proof that you remain disabled. Symetra may, at its own cost, require physical examinations of you as often as reasonably required while a claim is pending.

Cancellation of Individual Conversion Policy

If you have converted, there is no waiver of premium benefit unless:

(a) the conversion policy is surrendered; and
(b) no claim is made under the conversion policy.

Conversion policy premiums will be refunded at surrender.

Termination of Waiver of Premium

Waiver of premium will end on the date you:

(a) are no longer disabled;
(b) fail to submit proof that disability continues;
(c) refuse to be examined when required by Symetra; or
(d) attain age 65.
Death Benefit

Death Prior to Submission of Proof of Disability

Symetra will pay the death benefit if it receives proof that you:

(a) became disabled:
   (1) prior to your sixtieth birthday; and
   (2) while insured for life insurance under this policy;
(b) were continuously disabled until death;
(c) died within 12 months after you became disabled; and
(d) were continuously insured:
   (1) for at least 12 months under this policy prior to becoming disabled; or
   (2) under this policy from the employer’s effective date.

Death While Premiums Are Being Waived

If you die while premiums are being waived, Symetra will pay the death benefit.

Amount of Death Benefit

The amount of the death benefit is the smaller of the amount you were insured for under the Schedule in effect on:

(a) the date you became disabled; or
(b) the date of death, taking into account any reductions due to: age; retirement; or plan change.

Payment of Death Benefit

The Beneficiary and Settlement Provisions apply to this coverage.

Coverage If You Are No Longer Disabled

Coverage Continued Under This Policy

Once you are no longer disabled, life insurance will only be continued in force if:

(a) you return to active work in an eligible class; and
(b) premium payments are resumed on the date you cease to be disabled.

The amount that will be continued is the amount shown in the current Schedule.

Conversion

You may convert under the life coverage Conversion Privilege if:

(a) waiver of premium ends; and
(b) insurance does not continue in force.
Effect of Policy or Coverage Termination

Insurance continued under this provision because you are disabled will not end solely because:

(a) your employer’s coverage under this policy ends; or
(b) the coverage to which this provision applies ends.

Definition

"Disabled" and "disability" refer to any disability which:

(a) results from sickness or injury;
(b) occurs while you are insured;
(c) totally and continuously prevents you from working in any occupation for wage or profit; and
(d) is expected to last for the rest of your life.
EMPLOYEE ACCELERATED BENEFIT INSURANCE
Applies as Shown in the Schedule

Accelerated Benefit

Symetra will pay either 25% or 50% of the benefit amount shown in the Schedule to you if it receives proof that you are terminally ill. You may choose either amount subject to a minimum benefit of $5,000. Any benefit amount paid under this provision will be paid as a lump sum. The amount of insurance will be reduced by the amount of this lump sum payment.

Conditions

1. Symetra will pay the accelerated benefit only if:
   (a) you have been continuously insured:
       (1) for at least 12 months under this Policy; or
       (2) under this policy from the employer’s effective date; and
   (b) you are insured for a minimum benefit of $10,000.

2. Your benefit must not be subject to any existing assignments for amounts in excess of the remaining death benefit amount.

3. Premium contributions must continue for the full benefit amount shown in the Schedule until the earlier of:
   (a) the date you are no longer eligible for coverage; or
   (b) the date the employer’s coverage under this policy ends.

4. Any irrevocable beneficiary must approve of payment of the accelerated benefit in writing.

Limitations

You can only receive the accelerated benefit once.

Proof of Terminal Illness

Symetra must receive written proof that you are terminally ill and have 6 months or less to live due to such illness. The proof must include certification by a licensed physician that you are terminally ill. Symetra may, at its own cost, require examination of you by a second physician while the claim is pending.

Death During the Accelerated Benefit Period

Symetra will pay the benefit amount shown in the Schedule, less the accelerated benefit payment, if it receives proof that you:
   (a) died;
       (1) during the accelerated benefit period;
       (2) while this policy remained in force; and
   (b) were continuously insured under this policy.
Termination of Accelerated Benefit Period

The accelerated benefit period will terminate the earlier of:

(a) the date you die;
(b) the date you become eligible under another group policy as an employee; or
(c) 24 months.

Effects of Termination of Accelerated Benefit Period

If your coverage eligibility continues after the termination of the accelerated benefit period, you will be subject to all applicable provisions of this policy with the exception that:

(a) premium contributions continue for the full benefit amount shown in the Schedule unless you are on Waiver of Premium under the separate benefit provision;
(b) the death benefit payable will be reduced by the amount of the accelerated benefit payment; and
(c) the amount of insurance eligible for conversion will be reduced by the accelerated benefit payment.

Effects of Policy or Coverage Termination

If your insurance ends during the accelerated benefit period solely because:

(a) your employment ends while your employer’s coverage under this policy remains in force;
(b) your status changes;
(c) your employer’s coverage under this policy ends;
(d) all Employee Life insurance for the employer’s associated company ends;
(e) all Employee Life insurance for the employer under this policy ends; or
(f) the Employee Life insurance for an entire class ends;

then Symetra will extend the death benefit for you until the earlier of:

(a) the date you die;
(b) the date you become eligible for Waiver of Premium under the separate benefit provision; or
(c) 24 months from the beginning of the accelerated benefit period.

If you die during the extension of death benefit period Symetra will pay the benefit amount shown in the Schedule, less the accelerated benefit payment.

Conversion

You may convert under the life coverage Conversion Privilege if the accelerated benefit period ends and insurance does not continue in force.

The largest amount that can be converted is the amount which ended less any accelerated benefit payment.
Payment of Benefits

The Beneficiary and Settlement Provisions apply to this coverage.

Tax Consequences

Receipt of the accelerated benefit may be taxable and assistance should be sought from a personal tax advisor.

Definitions

"Accelerated Benefit Period" means the period of time following Symetra's approval of your accelerated benefit payment; not to exceed 24 months.

"Irrevocable Beneficiary" means an individual who has received all of your rights to change the designation of beneficiary.

"Terminally Ill" means you have 6 months or less to live due to terminal illness.
PORTABILITY CONTINUATION PRIVILEGE

Applies as Shown in the Schedule

Portability Benefit

If all of your insurance ends solely because your employment ends while the employer’s coverage under this policy remains in force, you may apply for portability continuation insurance. If you meet all the conditions stated below you can choose to continue the amount which ended.

The amount of the death benefit will be the amount in effect at the time of continuation less any scheduled reduction due to age.

Conditions

1. No proof of good health is required.

2. Written application must be made to Symetra. It must be delivered or mailed to Symetra with the first premium within 31 days after insurance ends. Initial premium for portability continuation insurance is the current rate for you under the policy immediately prior to the effective date of continuation.

3. The effective date will be 31 days after your insurance ends.

4. You must not have converted under the life coverage Conversion Privilege.

5. Symetra will issue a portability continuation certificate to you.

Dependent Portability Continuation Privilege

If all of a dependent’s coverage ends solely because your employment ends, dependent coverage may be continued if all the following conditions stated below are met:

(a) you continue coverage under the portability continuation provision;
(b) your dependent is less than age 70; and
(c) your dependent has not converted under the life coverage Conversion Privilege.

Portability after Acceleration of Benefit

You may continue insurance under the Portability Continuation provision if the accelerated benefit period ends and insurance does not continue in force. The largest amount that can be continued is the benefit amount less any accelerated benefit payment.
EMPLOYEE
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Benefit

Symetra will pay if you suffer any of the following losses due to injury and meet all of the stated Conditions.

The benefit amount is expressed as a percentage of the amount shown in the Schedule.

<table>
<thead>
<tr>
<th>Loss</th>
<th>Benefit Amount</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of life</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>One hand or one foot by dismemberment</td>
<td>50%</td>
<td>&quot;Loss of hand or foot&quot; means total and irrecoverable loss by actual severance of the hand or foot at or above the wrist joint or ankle joint.</td>
</tr>
<tr>
<td>Sight in one eye</td>
<td>50%</td>
<td>&quot;Loss of sight&quot; means a total and irrecoverable loss which cannot be medically or surgically treated by artificial means.</td>
</tr>
<tr>
<td>Thumb and index finger of same hand</td>
<td>25%</td>
<td>&quot;Loss of thumb and index finger&quot; means actual severance of each joint at or above the metacarpophalangeal joints.</td>
</tr>
</tbody>
</table>

If you suffer more than one of the above scheduled losses, the benefit amount percentages are accumulated to a maximum of 100% for any one accident.

Conditions

1. Symetra will pay only if:
   
   (a) the injury occurred while you were insured under this coverage;
   (b) the loss occurred within 180 days after the injury; and
   (c) the loss was directly and solely due to external, violent and accidental means.

2. Symetra will only pay the loss of thumb and index finger benefit if the loss of hand benefit is not also payable for an injury to the same hand which is the result of the same accident.
Additional Benefits

Seat Belt Benefit

Symetra will pay an additional benefit if it receives proof that you died as a result of an automobile accident and meet all of the Conditions stated below. The additional benefit amount is the amount listed in the Schedule under the Accidental Death and Dismemberment benefit.

Conditions:

1. Such accidental death must occur while:
   (a) a passenger in, or the licensed operator of a registered automobile;
   (b) wearing a seat belt, as verified in the police accident report; and
   (c) driving on a public road, private driveway or parking lot.

2. The Accidental Death and Dismemberment death benefit must be payable.

Exclusions:

This benefit does not cover accidental loss if you were operating the automobile while legally intoxicated as defined by the laws of the state in which the accident occurred, or under the influence of any excitant, hallucinogen, narcotic, other drug or similar substance, unless administered under the advice of a physician.

Definitions:

"Automobile" means a motor vehicle licensed for use on public highways.

"Seat Belt" means a lap restraint or lap and shoulder restraint installed by the manufacturer of the automobile.

Limitations

The total benefit amount Symetra will pay for all losses due to any one accident will not exceed the sum of:

(a) the maximum amount you are eligible for as shown in the Schedule; and
(b) the maximum amount of any Additional Benefits.
Exclusions

Symetra will not pay for any loss caused wholly or partly, directly or indirectly, by:

(a) sickness, bodily or mental infirmity, or diagnosis or treatment thereof;
(b) ptomaines or any infection, other than a pyogenic infection occurring through, and at the time of, an accidental cut or wound;
(c) suicide or attempted suicide, while sane or insane;
(d) intentionally self-inflicted injury, while sane or insane;
(e) declared or undeclared war or act of war;
(f) inciting or taking part in any form of public violence; or
(g) committing or attempting to commit an assault or felony.

Payment of Benefits

Symetra will pay to you, if living, otherwise to your beneficiary. The Beneficiary and Settlement Provisions apply to this coverage. The Claim Provisions apply to this coverage.
DEPENDENT LIFE INSURANCE

Benefit

Symetra will pay the amount shown in the Schedule if it receives proof that your dependent died while insured.

Waiver of Premium

Symetra will waive premium for your dependent while you are disabled if:

(a) your dependent's insurance was in force before you became disabled; and
(b) your life insurance premiums are being waived.

Conversion Privilege

Availability

1. If all or part of a dependent’s insurance ends solely because:
   (a) your insurance ends while the employer’s coverage under the policy remains in force;
   (b) your status changes;
   (c) you die; or
   (d) your dependent’s status changes;

   then your dependent may convert. The largest amount that can be converted is the amount which ended.

2. If a dependent’s insurance ends because:

   (a) the policy ends;
   (b) your employer’s coverage under the policy ends;
   (c) all Dependent Life Insurance under the policy ends; or
   (d) Dependent Life Insurance for an entire class ends;

   and if you have been continuously insured for Dependent Life Insurance under the policy for at least 5 years on the date insurance ends, your dependent may convert. The largest amount that can be converted is the smaller of:

   (a) the amount which ended less any amount of dependent group life insurance for which you become eligible within 31 days after this insurance ends; or
   (b) $2,000.
Conditions

1. No proof of good health is required.

2. Written application must be made to Symetra. It must be delivered or mailed to Symetra with the first premium within 31 days after insurance ended.

3. Symetra will issue any of its current conversion policies. A conversion policy is any individual life insurance policy except term.

4. The effective date will be 31 days after this insurance ends.

5. Symetra will base the premium on:
   (a) its current rates;
   (b) your dependent’s attained age;
   (c) your dependent’s class of risk; and
   (d) the type and amount of insurance.

Benefit for Death During the Conversion Period

If your dependent dies while eligible for conversion, Symetra will pay a death benefit. This benefit is the largest amount that could have been converted. The benefit is payable whether or not application was made for the conversion policy.

Payment of Benefit

Symetra will make payment to the beneficiary if one is named, or else to you if living. Otherwise Symetra may, at its option, pay to:

   (a) your dependent’s estate; or
   (b) the following surviving relatives of your dependent: spouse, children, parents, or siblings.

Symetra’s liability is discharged to the extent of payment.
Benefit

Symetra will pay if your spouse suffers any of the following losses due to injury and meets all of the stated Conditions.

The benefit amount is expressed as a percentage of the amount shown in the Schedule.

<table>
<thead>
<tr>
<th>Loss</th>
<th>Benefit Amount</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of life</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>One hand or one foot by dismemberment</td>
<td>50%</td>
<td>&quot;Loss of hand or foot&quot; means total and irrecoverable loss by actual severance of the hand or foot at or above the wrist joint or ankle joint.</td>
</tr>
<tr>
<td>Sight in one eye</td>
<td>50%</td>
<td>&quot;Loss of sight&quot; means a total and irrecoverable loss which cannot be medically or surgically treated by artificial means.</td>
</tr>
<tr>
<td>Thumb and index finger of same hand</td>
<td>25%</td>
<td>&quot;Loss of thumb and index finger&quot; means actual severance of each joint at or above the metacarpophalangeal joints.</td>
</tr>
</tbody>
</table>

If your spouse suffers more than one of the above scheduled losses, the benefit amount percentages are accumulated to a maximum of 100% for any one accident.

Conditions

1. Symetra will pay only if:
   (a) the injury occurred while your spouse was insured under this coverage;
   (b) the loss occurred within 180 days after the injury; and
   (c) the loss was directly and solely due to external, violent and accidental means.

2. Symetra will only pay the loss of thumb and index finger benefit if the loss of hand benefit is not also payable for an injury to the same hand which is the result of the same accident.
Additional Benefits

Seat Belt Benefit

Symetra will pay an additional benefit if it receives proof that your spouse died as a result of an automobile accident and meets all of the Conditions stated below. The additional benefit amount is the amount listed in the Schedule under the Accidental Death and Dismemberment benefit.

Conditions:

1. Such accidental death must occur while:
   (a) a passenger in, or the licensed operator of a registered automobile;
   (b) wearing a seat belt, as verified in the police accident report; and
   (c) driving on a public road, private driveway or parking lot.

2. The Accidental Death and Dismemberment death benefit must be payable.

Exclusions:

This benefit does not cover accidental loss if your spouse was operating the automobile while legally intoxicated as defined by the laws of the state in which the accident occurred, or under the influence of any excitant, hallucinogen, narcotic, other drug or similar substance, unless administered under the advice of a physician.

Definitions:

"Automobile" means a motor vehicle licensed for use on public highways.

"Seat Belt" means a lap restraint or lap and shoulder restraint installed by the manufacturer of the automobile. This includes infant and child restraint systems when properly used with a seat belt.

Limitations

The total benefit amount Symetra will pay for all losses due to any one accident will not exceed the sum of:

(a) the maximum amount your spouse is eligible for as shown in the Schedule; and
(b) the maximum amount of any Additional Benefits.

01 011594 00, Amendment #2, Effective January 5, 1995
Exclusions

Symetra will not pay for any loss caused wholly or partly, directly or indirectly, by:

(a) sickness, bodily or mental infirmity, or diagnosis or treatment thereof;
(b) ptomaines or any infection, other than a pyogenic infection occurring through, and at the time of, an accidental cut or wound;
(c) suicide or attempted suicide, while sane or insane;
(d) intentionally self-inflicted injury, while sane or insane;
(e) declared or undeclared war or act of war;
(f) inciting or taking part in any form of public violence; or
(g) committing or attempting to commit an assault or felony.

Payment of Benefits

Symetra will pay to your spouse if living, otherwise to you. The Beneficiary and Settlement Provisions apply to this coverage. The Claim Provisions apply to this coverage.
DEFINITIONS

1. "Actively at work" means you:
   (a) normally do not work at home;
   (b) report for work on the date in question at your usual place of work; and
   (c) upon reporting, can perform all usual and customary duties on a regular basis.

If you:
   (a) do not report; or
   (b) normally work at home;

you are actively at work if, on the date in question, you are neither:
   (a) hospital confined; nor
   (b) disabled and unable to:
       (1) report to a place of work outside of your home; and
       (2) perform all usual and customary duties on a regular basis.

2. "Confined" means that a dependent is:
   (a) confined because of injury or sickness in a hospital, at home, or elsewhere; and
   (b) unable to carry on any substantial part of the dependent's normal activities.

3. "Contributory" means that you share in the cost of the insurance.

4. "Coverage" means each type of insurance available under this policy.

5. "Dependent" includes only your:
   (a) spouse, if not legally separated; and
   (b) unmarried child, including a legally adopted child, a step-child, or a foster child, who is:
       (1) within the age limit shown on the schedule; or
       (2) who is over the age limit but incapacitated and for whom Symetra has received proof of incapacity:
           (i) within 31 days after reaching the age limit; and
           (ii) annually thereafter.
An incapacitated child is one:

(a) who is dependent on you for support and maintenance; and
(b) who is, and continues to be, incapable of self-support due to:
   (1) mental retardation; or
   (2) physical handicap.

A dependent does not include any person:

(a) who is eligible for insurance as an employee;
(b) who was insured under this policy as an employee and is eligible for continued benefits;
(c) who is residing outside the United States; or
(d) who is on active duty in the armed forces.

6. "Earnings" are based on your earnings from your employer. They do not include bonus or overtime pay. They are based on a normal work week of no more than forty hours.

7. "Employee" means a person who is employed and paid by the employer.

8. "Employer" means a participating employer insured under this policy.

9. "Injury" means accidental bodily injury which is a sudden and unforeseen event, definite as to time and place. A condition is a sickness if:
   (a) you are totally disabled; and
   (b) the disability begins more than 60 days after an accident.

10. "Non-Contributory" means that the policyholder pays the entire cost of the insurance.

11. "Proof of good health" means evidence satisfactory to Symetra that the person meets Symetra's requirements for good health.

12. "Schedule" means the Schedule of Insurance of your employer.

13. "Service waiting period" means a period of continuous, active employment.

14. "Sickness" means sickness, disease, or pregnancy; or any condition which results in total disability beginning more than 60 days after an accident.

15. "Written notice" means notice in writing on a Symetra approved form.
CLAIM PROVISIONS

Applies to all coverages which refer to these provisions

Notice of Claim

If you or your eligible spouse suffer a covered loss, notice of claim must be given to Symetra. Notice must be received by Symetra within 20 days after loss begins or occurs, or as soon as reasonably possible. The notice must identify you. The notice must be given either to Symetra at its Home Office or to its authorized agent.

Claim Forms

When Symetra receives notice of claim, it will send the appropriate claim forms to you or your eligible spouse. If Symetra fails to furnish the claim forms, you or your eligible spouse may still provide proof of loss. To do so, you or your eligible spouse must provide written proof covering the occurrence, character, and extent of loss.

Proof of Loss

Symetra must receive written medical proof of loss within these time limits:

(a) for all disability income coverages, 90 days after the end of Symetra’s period of liability; and
(b) for all other coverages, 90 days after the date of loss.

Symetra will accept proof of loss after the time periods specified above only if you or your eligible spouse show that:

(a) it was not reasonably possible to furnish proof within the required time; and
(b) proof was furnished as soon as reasonably possible.

Except in the absence of legal capacity, Symetra will not accept proof of loss more than one year from the time proof is otherwise required.

Physical Examination and Autopsy

Symetra may, at its own cost, require physical examinations of you or your eligible spouse as often as reasonably necessary while a claim is pending. In case of death Symetra may, at its own cost, require an autopsy where legal.

Time of Payment of Claims

Symetra will pay benefits upon receipt of due proof. For all disability income benefits, Symetra will make regular payments at least as often as monthly. Symetra will pay any remaining balance at the end of its period of liability.

01 011594 00, Amendment #2, Effective August 29, 1994

LGC 8274 6/94
BENEFICIARY AND SETTLEMENT PROVISIONS

Applies to all coverages which refer to these provisions

Beneficiary Provisions

Beneficiary

Symetra will make payment to the most recently named beneficiary. The beneficiary is the person you named in writing on a Symetra approved form. If there is more than one beneficiary named, they will share equally unless otherwise specified in writing.

Change in Beneficiary

You may change the beneficiary by filing written notice with Symetra. Written notice to the policyholder is notice to Symetra. Naming a new beneficiary in a conversion application will change the beneficiary under this policy. Once filed, the change is effective on the date signed, unless Symetra has already acted on the prior designation.

Preferential Beneficiary

If, on the date you die, there is:

(a) no named beneficiary; or
(b) no living named beneficiary;

for any part of the insurance, Symetra may, at its option, pay that part to:

(a) your estate; or
(b) your following surviving relatives: spouse, children, parents, or siblings.

Symetra's liability is discharged to the extent of payment.

Minor as Beneficiary

If the beneficiary is:

(a) a minor; or
(b) otherwise incapable of giving a valid release;

Symetra may, at its option, and until claim is made by the duly appointed guardian, pay the benefit to any person or institution appearing to have assumed the custody and support of the beneficiary. The benefit will be paid monthly at a rate not to exceed $50 per month. Symetra’s liability is discharged to the extent of payment.
Settlement Provision

Death benefits may be paid under a settlement option. Any option offered by Symetra may be chosen. You may choose the option and change it at any time. If no option is in force at the time of death, the beneficiary may choose one. Benefits will not be paid under an option to: an executor, an administrator, a trustee, a corporation, a partnership, or an association. The interest rate will be Symetra’s current option rate for the year of death. The minimum rate is 3% per year.
GENERAL PROVISIONS

Statements Not Warranties

All statements made by the policyholder, employer or you are, in the absence of fraud, deemed representations and not warranties. These statements will not be used to reduce or deny benefits unless:

(a) the statements are in a written application signed by the policyholder, employer or you; and
(b) a copy of the application has been given to the policyholder, employer, you, or the beneficiary.

Legal Action

Legal action for recovery on a claim cannot be brought until at least 60 days after written proof of loss has been received by Symetra. Legal action cannot be brought following three years after the time written proof of loss must be furnished.

Incontestability

Symetra will not contest the policy, except for nonpayment of premium, after this policy has been in force for two years.

Symetra can only contest your coverage under this policy if:

(a) the contest is based on your statement of insurability;
(b) the statement is in writing and signed by you; and
(c) your coverage has been in force for less than two years during your lifetime.

Conformity with Law

Any policy provision which, on the policy effective date, is in conflict with the law of the place of issue is amended to comply.

Misstatement of Age

If your age or the age of your dependent has been misstated, premiums will be adjusted. If the amount of insurance depends on age, it will be adjusted.

Clerical Error

If clerical error occurs in maintaining the insurance records, premiums will be adjusted. Clerical error will not:

(a) continue insurance that should be terminated; nor
(b) terminate insurance that should be continued.
Assignment

Your insurance may be absolutely assigned by giving Symetra written notice. An assignment will not be binding on Symetra until a copy of the assignment is filed at its Home Office. Symetra assumes no responsibility for the validity or effect of any assignment.

Once the insurance has been assigned, benefits are payable to the beneficiary named by the assignee. If there is no living named beneficiary, Symetra will pay the assignee, if living, otherwise the assignee's estate. The Beneficiary Provisions will not apply.

Workers' Compensation

This policy does not provide the benefits required by Workers' Compensation or any similar law.

Dual Coverage Precluded

No person can be insured under this policy as:

(a) an employee of more than one employer;
(b) both an employee and a dependent; or
(c) a dependent of more than one employee.