

GROUP HOSPITAL INDEMNITY INSURANCE POLICY

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



AMENDMENT TO GROUP POLICY VHI-681382 PROCESSED ON JANUARY 9, 2019. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE JANUARY 1, 2019. ALL OTHER TERMS, CONDITIONS AND DATES REMAIN UNCHANGED.

Policyholder: NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS

Policy Number: VHI-681382

Policy Issue State: Maryland

Policy Effective Date: January 1, 2019

Policy Anniversary Date: January 1

Premium Due Date: 15th of each month

READ YOUR POLICY CAREFULLY

This is a legal contract between the Policyholder and Us. We agree to provide the rights and benefits of this Policy according to its conditions and provisions.

This Policy is issued to the Policyholder in consideration of the Policyholder's application, a copy of which is attached and made part of this Policy, and payment of premiums.

Right to Return This Policy. If, for any reason, the Policyholder or any Covered Person is not satisfied with this Policy, it may be returned to Us at Our Home Office within 30 days after receipt. At that time, it should be requested in writing by the Policyholder to cancel it. In that event, We will consider it void from its effective date and any premiums paid will be refunded.

This Policy is delivered in and governed by the laws of this Policy Issue State. This Policy may be inspected at the office of the Policyholder.

Signed for Hartford Life and Accident Insurance Company at Hartford, Connecticut.

A handwritten signature in black ink, appearing to read "Lisa Levin".

Lisa Levin, *Secretary*

A handwritten signature in black ink, appearing to read "Michael Concannon".

Michael Concannon, *President*

Notice to Buyer: This is a hospital confinement indemnity policy. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. The Policy does not constitute comprehensive health insurance coverage and does not satisfy the requirement of Minimum Essential Coverage under the Affordable Care Act.

The Policy may provide payment of several benefits as a result of claims from a single hospitalization or covered incident. Payment of one benefit under the Policy does not constitute acceptance of liability for all claims made under the Policy nor does it prohibit Us from further investigation of subsequent claims.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. IT IS NOT DESIGNED TO FILL THE 'GAPS' OF MEDICARE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE MEDICARE SUPPLEMENT BUYER'S GUIDE AVAILABLE FROM THE COMPANY.

A note on capitalization in this Policy:

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

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PREMIUM PROVISIONS

Payment of Premiums

The Policyholder must pay premiums to Us at the location chosen by Us. The first premium is due on the Policy Effective Date. Subsequent premiums are due on the Premium Due Date.

The premium for additional, increased or reduced insurance will begin being charged on:

- 1) the day the coverage is effective, if it is also the first day of a Policy month; or
- 2) the first day of the next Policy month.

For insurance which is terminated, premium charges will stop as of the first day of the next Policy month.

Monthly Premium Rates

The monthly premium rates to be charged for Employee coverage and/or Dependent coverage, if applicable, are as follows:

Employee Only.....	\$15.79
Employee and Spouse	\$32.75
Employee and Child(ren)	\$30.53
Employee and Family.....	\$46.96

Rate Guarantee Date

January 1, 2022 or any date thereafter agreed to in writing by Our authorized representative in Our Home Office.

Our Right to Change Premium Rates

The premium is based on the Premium Rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the Policyholder with an explanation of how to apply them.

After the initial monthly premium rates have been in effect for 12 months from the Policy Effective Date, We have the right to recalculate any premium rate.

However, We also have the right to recalculate the initial or any subsequent monthly premium rate when any of the following occurs:

- 1) the terms of this Policy change;
- 2) the number of Employees changes by more than 10% in a 12-month period; or
- 3) one or more classes are added or deleted from this Policy.

Unless Our liability changes:

- 1) We will not change the rates more than once in any period of 12 consecutive months; and
- 2) We will give the Policyholder 45 days advance written notice of an increase in rates.

Grace Period

A Grace Period of 60 days will be granted for the payment of each premium falling due after the first premium, unless We do not intend to renew the Policy beyond the period for which premium has been accepted and notice of the intention not to renew is delivered to the Policyholder at least 45 days before the premium is due. During the Grace Period of this Policy shall continue in force. If the entire premium is not paid by the end of the Grace Period, this Policy will terminate.

If the Policyholder gives Us written advance notice of an earlier cancellation date, this Policy will terminate on the earlier date; but no such termination will take effect during any period for which the required premium has been paid to Us. The Policyholder shall be liable to Us for the payment of a pro rata premium for the time this Policy was in force during the grace period.

Reinstatement

If any premium after the first is not paid to Us by the end of the Grace Period, subsequent acceptance of premium by Us or any agent of Ours authorized by Us to accept such premium, without requiring an application for reinstatement, shall reinstate this Policy. However, if We or Our agent require an application for reinstatement and issue a conditional receipt for the premium paid, this Policy will be reinstated upon Our approval or, lacking such approval, upon the 45th day following the date of the conditional receipt unless We provide written notification to the Policyholder prior to that date that the application is disapproved.

The reinstated Policy shall cover only a Covered Illness or Covered Injury that occurs after the date of reinstatement. In all other respects We and the Policyholder shall have the same rights under this Policy as We had immediately before the due date of the defaulted premium, subject to the provisions of any rider which may be attached in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

TERMINATION

Termination of Policy: We may terminate this Policy if We do not receive any premium when due in accordance with the Grace Period provision of this Policy.

Either party may terminate this Policy upon 45 days advance written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that 45-day notice period.

Either party may terminate this Policy, with or without prior notice, effective as of midnight prior to the date that the other party:

- 1) ceases doing business as a going concern;
- 2) makes an assignment for the benefit of creditors;
- 3) admits in writing that it is unable to pay debts as they come due; or
- 4) consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.

We may terminate this Policy, upon not less than 45 days written notice if the Policyholder fails to comply with a material plan provision relating to the Policyholder's premium contribution or group participation rules or if We determine there has been a material change affecting the risk assumed under this Policy.

Upon written notice, We may terminate or rescind this Policy or the coverage on a Covered Person for fraud or misrepresentation by the Policyholder or a Covered Person of material fact concerning the Policyholder or Covered Person.

After this Policy has been in force for 12 months, either party may terminate this Policy upon 45 days advance written notice.

POLICY PROVISIONS

Entire Contract

The contract between the parties consists of:

- 1) this Policy and any amendments; and
- 2) the application of the Policyholder, a copy of which is attached to and made a part of this Policy when issued; and
- 3) the Certificates, and the endorsements or riders which are attached to and made a part of this Policy; and
- 4) the individual applications, if any, of each Covered Person.

Statements

All statements made by the Policyholder and persons insured under this Policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing, signed by the person making it and a copy of it is given to the person who made it, or, in the event of the death or incapacity of the Covered Person, to the Covered Person's beneficiary or personal representative.

Contestability of Coverage

The validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date. We may not terminate or rescind the Policy or the coverage on a Covered Person due to fraud or misrepresentation unless such termination is provided in a written statement signed by the Policyholder or the Covered Person and a copy of such is sent to the Policyholder, Covered Person or their beneficiary.

Certificate

We will give individual Certificates of Insurance to the Policyholder, in electronic or paper form, for delivery to persons covered under this Policy, which will explain the important features of this Policy, who is covered under this Policy, and to whom benefits are payable.

Changes to this Policy

The Policyholder owns this Policy. We may change any or all of the provisions of this Policy by notifying the Policyholder. We must give the Policyholder at least 31 days advance written notice of any change, unless the Policyholder accepts an amendment during that period. This Policy may also be changed in whole or in part when there is any change in laws or regulations which affect Our obligations under this Policy. A change must be approved by one of Our executive officers. No agent can change this Policy or waive any of its provisions. Payment of the applicable premium following any change of this Policy in accordance with this section shall constitute acceptance of that change.

Data to Be Furnished

The Policyholder will give Us all information We need regarding matters pertaining to the insurance. At any reasonable time while this Policy is in force and for one year after that, We may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this Policy.

If the Policyholder gives Us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he/she is otherwise entitled or have insurance to which he/she is not entitled, because of any misstatement of fact by the Policyholder or Covered Person. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

Right to Audit

We reserve the right to audit, once every 2 years, the Policyholder's billing records and premium accounting practices. If We discover:

- 1) an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
- 2) an overpayment of premium, We will return any overpayment amount in a timely manner; for the previous 2 year period.

Conformity with State and Federal Laws

Any provision of the Policy that is contrary to the law of the jurisdiction in which it is delivered or with any other applicable law is amended to meet the minimum requirements of the law.

Time Periods

Unless otherwise specifically stated, all time periods begin and end at 12:01 A.M., Standard Time at the place where the Policy is delivered.

Workers' Compensation

This Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



Will pay benefits according to the conditions of this Policy.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

READ YOUR POLICY CAREFULLY.

This is a legal contract between the Policyholder and Us. We agree to provide the rights and benefits of this Policy according to its conditions and provisions.

This Policy is issued to the Policyholder shown in the Policy Schedule in consideration of the Policyholder's application, a copy of which is attached and made part of the Policy, and payment of premiums.

Right to Return This Policy: If, for any reason, you are not satisfied with this Policy, you can return it to us at Our Home Office within 30 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider this Policy as if it never existed. Any premium paid will be refunded.

This Policy is delivered in and governed by the laws of the Policy Issue State shown in the Policy Schedule.

The Policy may be inspected at the office of the Policyholder.

Signed for Hartford Life and Accident Insurance Company at Hartford, Connecticut.

A handwritten signature in black ink, appearing to read "Lisa Levin".

Lisa Levin, *Secretary*

A handwritten signature in black ink, appearing to read "Michael Concannon".

Michael Concannon, *President*

Notice to Buyer: This is an accident-only Policy and it does not pay benefits for loss from sickness. Review Your Policy carefully.

This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

**GROUP ACCIDENT INSURANCE POLICY
Non-Participating**

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POLICY SCHEDULE

Policyholder: NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS
Employer: NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS
Policy Number: VAC-681382
Policy Effective Date: January 1, 2019
Policy Issue State: Maryland
Annual Enrollment Period: a date determined by the Policyholder on a yearly basis
Premium Due Date: 15th of each month
Amendment Effective Date: January 1, 2019

The Benefit Schedules for Covered Persons are shown in the Certificate(s) of Insurance.

INCORPORATION PROVISION

Incorporation Provision: The following forms are incorporated in and made part of this Policy:

Certificate(s) of Insurance

Rider(s)

Form GBD-2300 (MD) (681382) VAC 2.03

If there is any conflict between the terms and conditions of this Policy and an attachment, this Policy shall be controlling.

The following provisions in the Certificate(s) and/or any Certificate amendments, endorsements or riders apply to the employees of the Policyholder:

- (a) the benefit plan provisions;
- (b) benefit amounts and limits;
- (c) the eligibility and effective date of insurance rules;
- (d) the termination of insurance rules;
- (e) general provisions;
- (f) exclusions; and
- (g) other Certificate provisions pertaining to state insurance requirements.

PREMIUM PROVISIONS

Payment of Premiums: The Policyholder must pay premiums to Hartford Life and Accident Insurance Company at the location chosen by Us. The first premium is due on the effective date. Subsequent premiums are due on the Premium Due Date.

The premium for additional, increased, reduced or terminated insurance will cause a pro-rata adjustment on the next Premium Due Date.

Initial Monthly Premium Rates: The initial monthly premium rates to be charged for employee coverage and/or Dependent coverage, if applicable are shown on the following pages.

Monthly Premium Rate Guarantee: Initial Monthly Premium rates are guaranteed as follows:

Benefit	Rate Guarantee Period
Voluntary Accident Insurance	3 years

The Rate Guarantee supersedes only those provisions appearing elsewhere in this Policy which give Us the right to change premium rates, and then, only for the period of time for which the rates are guarantees. However, we may change premium rates during the Rate Guarantee Period for the reasons disclosed in Our Right to Change Premium Rates section of the Policy.

Our Right to Change Premium Rates: The premium is based on the premium rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the Policyholder with an explanation of how to apply them.

After the initial monthly premium rates have been in effect for 12 months from the Policy Effective Date, We have the right to recalculate any premium rate.

However, We also have the right to recalculate the initial or any subsequent monthly premium rate when any of the following occurs:

- (a) the terms of the Policy change;
- (b) the number of employees changes by more than 10% in a 12 month period;
- (c) one or more classes are added or deleted from this Policy;

Unless Our liability changes:

- (a) We will not change the rates more than once in any period of 12 consecutive months; and
- (b) We will give the Policyholder 45 days advance written notice of an increase in rates.

Grace Period: A grace period of 60 days will be granted for the payment of each premium falling due after the first premium, during which grace period the Policy shall continue in force. If the entire premium is not paid by the end of the grace period, this Policy will terminate.

If the Policyholder gives Us written advance notice of an earlier cancellation date, the Policy will terminate on the earlier date; but no such termination will take effect during any period for which the required premium has been paid to us.

PREMIUM PROVISIONS

Reinstatement: If any premium after the first is not paid to Us by the end of the grace period, subsequent acceptance of premium by Us or any agent of Ours authorized by Us to accept such premium, without requiring an application for reinstatement, shall reinstate the Policy. However, if We or Our agent require an application for reinstatement and issue a conditional receipt for the premium paid, the Policy will be reinstated upon Our approval or, lacking such approval, upon the 45th day following the date of the conditional receipt unless We provide written notification to the Policyholder prior to that date that the application is disapproved. The reinstated Policy shall cover only loss resulting from accidental Injury as may be sustained after the date of reinstatement. In all other respects We and the Policyholder shall have the same rights under the Policy as We had immediately before the due date of the defaulted premium, subject to the provisions of any rider which may be attached in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

TERMINATION

Termination of Policy: We may terminate this Policy if We do not receive any premium when due in accordance with the Grace Period provision of the Policy.

Either party may terminate this Policy upon 45 days advance written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that 45 day notice period.

Either party may terminate this Policy, with or without prior notice, effective as of midnight prior to the date that the other party:

- (a) ceases doing business as a going concern;
- (b) makes an assignment for the benefit of creditors;
- (c) admits in writing that it is unable to pay debts as they come due; or
- (d) consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.

We may terminate this Policy, upon not less than 45 days written notice if the Employer fails to comply with a material plan provision relating to the Employer's premium contribution or group participation rules or if We determine there has been a material change affecting the risk assumed under this Policy.

Upon written notice, We may terminate or rescind the Policy or the coverage on a Covered Person for fraud or misrepresentation by the Employer or a Covered Person of material fact concerning the Employer or Covered Person. We may not terminate or rescind the Policy or the coverage on a Covered Person due to fraud or misrepresentation unless the statement is contained in a written statement signed by the Policyholder or the Covered Person and provided to the Policyholder, Covered Person or their beneficiary.

After the Policy has been in force for 12 months, either party may terminate the Policy upon 45 days advance written notice.

Termination of Policy Because of Inability to Perform Obligations: The Policy may be immediately suspended or terminated by written notice to the other party if either party is unable to perform its obligations for reasons beyond its control, including:

- (a) complete or partial destruction of facilities or equipment;
- (b) lockout, strike, riot, war, act of God, or any ordinance, law, order or decree of any governmental authority.

Neither party will be required to perform its duties nor be liable for any damages arising from the suspension or termination of this Policy pursuant to this provision.

Once this Policy terminates, the insurance it provides will end automatically.

POLICY PROVISIONS

Entire Contract: The contract between the parties consists of:

- (a) the Policy and any amendments; and
- (b) the application of the Policyholder, a copy of which is attached to and made a part of the Policy when issued, as may be amended during the term of this Policy; and
- (c) the Certificates, and the endorsements or riders which are attached to and made a part of the Policy when issued; as may be amended during the term of this Policy; and
- (d) the enrollment forms, if any, of each Covered Person.

All statements made by the Policyholder and persons insured under the Policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing, signed by the person making it and a copy of it is given to the person who made it, or, in the event of the death or incapacity of the Covered Person, to the Covered Person's beneficiary or personal representative and attached to this Policy.

Incontestability: The validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date. We may not terminate or rescind the Policy or the coverage on a Covered Person due to fraud or misrepresentation unless the statement is contained in a written statement signed by the Policyholder or the Covered Person and provided to the Policyholder, Covered Person or their beneficiary.

Certificate: We will give individual Certificates of Insurance to the Policyholder, in electronic or paper form, for delivery to persons covered under the Policy, which will explain the important features of the Policy, who is covered under the Policy, and to whom benefits are payable.

Changes to the Policy: The Policyholder owns the Policy. We may change any or all of the provisions of this Policy by notifying the Policyholder. We must give the Policyholder at least 31 days advance written notice of any change, unless the Policyholder accepts an amendment during that period. The Policy may also be changed in whole or in part when there is any change in laws or regulations which affect Our obligations under the Policy. A change must be approved by one of Our executive officers. No agent can change the Policy or waive any of its provisions. Payment of the applicable premium following any change of this Policy in accordance with this section shall constitute acceptance of that change.

Agency: For all purposes of this Policy, the Policyholder or third party administrator acts on its own behalf or as an agent of the employee. Under no circumstances will the Policyholder or third party administrator be deemed an agent of The Hartford Life and Accident Insurance Company.

Data to Be Furnished: The Policyholder will give us all information We need regarding matters pertaining to the insurance. At any reasonable time while the Policy is in force and for one year after that, We may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this Policy.

If the Policyholder gives us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder or covered individual. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

Right to Audit: The Company reserves the right to audit, once every 2 years, the Policyholder's billing records and premium accounting practices. If The Company discovers:

- (a) an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
- (b) an overpayment of premium, The Company will return any overpayment amount in a timely manner; for the previous 2 year period.

POLICY PROVISIONS

No Replacement for Workers' Compensation: The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

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

Disclosure of Services: In addition to the insurance coverage, The Company may offer noninsurance benefits and services to Active Employees.



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza, Hartford, Connecticut 06155
(A stock insurance company, herein called The Company)

Policy Modifications: The Policy is amended as follows:

Monthly Premium Rate(s)

Employee Only.....	\$10.44
Employee and Spouse	\$16.32
Employee and Child(ren)	\$17.37
Employee and Family.....	\$27.25

In all other respects, The Policy remains the same.

RIDER: This rider, issued January 9, 2019, forms a part of Policy Number VAC-681382 issued to NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS. It is effective January 1, 2019. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Signed for **The Company**

Lisa Levin, *Secretary*

Michael Concannon, *President*

This is agreed to by the Policyholder on _____
Date

Signature

Date

Printed Name

GROUP CRITICAL ILLNESS INSURANCE POLICY

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



**THE
HARTFORD**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

Will pay benefits according to the conditions of this Policy.

AMENDMENT TO GROUP POLICY VCI-681382 PROCESSED ON JANUARY 9, 2019. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE JANUARY 1, 2019. ALL OTHER TERMS CONDITIONS AND DATES REMAIN UNCHANGED.

Policyholder: NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS
Policy Number: VCI-681382
Policy Effective Date: January 1, 2019
Policy Issue State: Maryland
Policy Anniversary Date: January 1
Premium Due Date: 15th of each month

READ YOUR POLICY CAREFULLY.

This is a legal contract between the Policyholder and Us. We agree to provide the rights and benefits of this Policy according to its conditions and provisions.

This Policy is issued to the Policyholder in consideration of the Policyholder's application, a copy of which is attached and made part of the Policy, and payment of premiums.

Right to Return This Policy. If, for any reason, you are not satisfied with this Policy, you can return it to us at Our home office within 30 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider this Policy as if it never existed. Any premium paid will be refunded.

This Policy is delivered in and governed by the laws of the Policy Issue State.

The Policy may be inspected at the office of the Policyholder.

Signed for Hartford Life and Accident Insurance Company at Hartford, Connecticut.

Lisa Levin, *Secretary*

Michael Concannon, *President*

Notice to buyer: The Policy is a specified disease policy. The Policy provides limited benefits. Benefits provided are supplemental and are not intended to substitute for medical coverage or disability insurance.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. IT IS NOT DESIGNED TO FILL THE 'GAPS' OF MEDICARE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE MEDICARE SUPPLEMENT BUYER'S GUIDE AVAILABLE FROM THE COMPANY.

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INCORPORATION PROVISION

Incorporation Provision: The following forms are incorporated in and made part of this Policy:

Certificate(s) of Insurance

Form GBD-2700 (MD) (681382) VCI 1.01

Rider(s)

Form PA-9394 (CI) (MD) (681382) 1.0

If there is any conflict between the terms and conditions of this Policy and an attachment, this Policy shall be controlling.

The following provisions in the Certificate(s) and/or any Certificate amendments, endorsements or riders apply to the employees of the Policyholder:

- 1) the benefit plan provisions;
- 2) benefit amounts and limits;
- 3) the eligibility and effective date of insurance rules;
- 4) the termination of insurance rules;
- 5) general provisions;
- 6) exclusions; and
- 7) other Certificate provisions pertaining to state insurance requirements.

PREMIUM PROVISIONS

Payment of Premiums: The Policyholder must pay premiums to The Company at the location chosen by Us. The first premium is due on the Policy Effective Date. Subsequent premiums are due on the Premium Due Date.

The premium for additional, increased or reduced insurance will begin being charged on:

- 1) the day the coverage is effective, if it is also the first day of a Policy month; or
- 2) the first day of the next policy month.

For insurance which is terminated, premium charges will stop as of the first day of the next Policy month.

Initial Monthly Premium Rates: The initial monthly premium rates to be charged for employee coverage and/or Dependent coverage, if applicable, are shown on the following pages.

Premiums are based on the employee's age on his or her effective date and thereafter on each Policy Anniversary date.

Monthly Premium Rate Guarantee: Initial Monthly Premium rates are guaranteed as follows:

Benefit	Rate Guarantee Period
Critical Illness	3 years

The Rate Guarantee supersedes only those provisions appearing elsewhere in this Policy which give Us the right to change premium rates, and then, only for the period of time for which the rates are guaranteed. However, we may change premium rates during the Rate Guarantee Period for the reasons disclosed in Our Right to Change Premium Rates section of the Policy.

Our Right to Change Premium Rates: The premium is based on the premium rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the Policyholder with an explanation of how to apply them.

After the initial monthly premium rates have been in effect for 12 months from the Policy Effective Date, We have the right to recalculate any premium rate.

However, We also have the right to recalculate the initial or any subsequent monthly premium rate when any of the following occurs:

- 1) the terms of the Policy change;
- 2) the number of employees changes by more than 10% in a 12 month period;
- 3) one or more classes are added or deleted from this Policy;

Unless Our liability changes:

- 1) We will not change the rates more than once in any period of 12 consecutive months; and
- 2) We will give the Policyholder 45 days advance written notice of an increase in rates.

Grace Period: A Grace Period of 60 days will be granted for the payment of each premium falling due after the first premium, during the Grace Period the Policy shall continue in force. If the entire premium is not paid by the end of the Grace Period, this Policy will terminate.

If the Policyholder gives Us written advance notice of an earlier cancellation date, the Policy will terminate on the earlier date; but no such termination will take effect during any period for which the required premium has been paid to us.

PREMIUM PROVISIONS

Reinstatement: If any premium after the first is not paid to Us by the end of the Grace Period, subsequent acceptance of premium by Us or any agent of Ours authorized by Us to accept such premium, without requiring an application for reinstatement, shall reinstate the Policy. However, if We or Our agent require an application for reinstatement and issue a conditional receipt for the premium paid, the Policy will be reinstated upon Our approval or, lacking such approval, upon the 45th day following the date of the conditional receipt unless We provide written notification to the Policyholder prior to that date that the application is disapproved. The reinstated Policy shall cover only a Critical Illness Diagnosed after the date of reinstatement. In all other respects We and the Policyholder shall have the same rights under the Policy as We had immediately before the due date of the defaulted premium, subject to the provisions of any rider which may be attached in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

TERMINATION

Termination of Policy: We may terminate this Policy if We do not receive any premium when due in accordance with the Grace Period provision of the Policy.

Either party may terminate this Policy upon 45 days advance written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that 45 day notice period.

Either party may terminate this Policy, with or without prior notice, effective as of midnight prior to the date that the other party:

- 1) ceases doing business as a going concern;
- 2) makes an assignment for the benefit of creditors;
- 3) admits in writing that it is unable to pay debts as they come due; or
- 4) consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.

We may terminate this Policy, upon not less than 45 days written notice if the Policyholder fails to comply with a material plan provision relating to the Policyholder's premium contribution or group participation rules or if there has been a material change affecting the risk assumed under this Policy.

Upon written notice, We may terminate or rescind the Policy or the coverage on a Covered Person for fraud or intentional misrepresentation by the Policyholder or a Covered Person of material fact concerning the Policyholder or Covered Person. We may not terminate or rescind the Policy or the coverage on a Covered Person due to fraud or misrepresentation unless the statement is contained in a written statement signed by the Policyholder or the Covered Person and provided to the Policyholder, Covered Person or their beneficiary.

After the Policy has been in force for 12 months, either party may terminate the Policy upon 45 days advance written notice.

Termination of Policy Because of Inability to Perform Obligations: The Policy may be immediately suspended or terminated by written notice to the other party if either party is unable to perform its obligations for reasons beyond its control, including:

- 1) complete or partial destruction of facilities or equipment;
- 2) lockout, strike, riot, war, act of God, or any ordinance, law, order or decree of any governmental authority.

Neither party will be required to perform its duties nor be liable for any damages arising from the suspension or termination of this Policy pursuant to this provision.

Once this Policy terminates, the insurance it provides will end automatically.

POLICY PROVISIONS

Entire Contract: The contract between the parties consists of:

- 1) the Policy and any amendments; and
- 2) the application of the Policyholder, a copy of which is attached to and made a part of the Policy when issued; and
- 3) the Certificates, and the endorsements or Riders which are attached to and made a part of the Policy when issued; as may be amended during the term of this Policy; and
- 4) the individual applications, if any, of each Covered Person.

All statements made by the Policyholder and persons insured under the Policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing, signed by the person making it and a copy of it is given to the person who made it, or, in the event of the death or incapacity of the Covered Person, to the Covered Person's beneficiary or personal representative. Such statement must also be attached to this Policy, signed by the Policyholder or the Covered Person, and provided to the Policyholder, Covered Person or their beneficiary.

Contestability of Coverage: The validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date. We may not terminate or rescind the Policy or the coverage on a Covered Person due to fraud or misrepresentation unless such termination is provided in a written statement signed by the Policyholder or the Covered Person and a copy of such is sent to the Policyholder, Covered Person or their beneficiary.

Certificate: We will give individual Certificates of Insurance to the Policyholder, in electronic or paper form, for delivery to persons covered under the Policy, which will explain the important features of the Policy, who is covered under the Policy, and to whom benefits are payable.

Changes to the Policy: The Policyholder owns the Policy. We may change any or all of the provisions of this Policy by notifying the Policyholder. We must give the Policyholder at least 31 days advance written notice of any change, unless the Policyholder accepts an amendment during that period. The Policy may also be changed in whole or in part when there is any change in laws or regulations which affect Our obligations under the Policy. A change must be approved by one of Our executive officers. A copy of any change will be provided to the Policyholder, Covered Person, or their beneficiary. The change shall be attached or endorsed to the Policy. No agent can change the Policy or waive any of its provisions. Payment of the applicable premium following any change of this Policy in accordance with this section shall constitute acceptance of that change.

Data to Be Furnished: The Policyholder will give us all information We need regarding matters pertaining to the insurance. At any reasonable time while the Policy is in force and for one year after that, We may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this Policy.

If the Policyholder gives us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder or covered individual. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

Right to Audit: The Company reserves the right to audit, once every 2 years, the Policyholder's billing records and premium accounting practices. If The Company discovers:

- 1) an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
- 2) an overpayment of premium, The Company will return any overpayment amount in a timely manner; for the previous 2 year period.

POLICY PROVISIONS

No Replacement for Workers' Compensation: The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

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



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza, Hartford, Connecticut 06155
 (A stock insurance company, herein called The Company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

Policy Modifications: The Policy is amended as follows:

Monthly Premium Rate(s)

Attained Age Non-Tobacco Monthly Premium Rates for \$10,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child	Employee & Family
18-24	\$5.28	\$9.43	\$10.38	\$15.37
25-29	\$5.95	\$10.50	\$10.83	\$16.19
30-34	\$6.33	\$11.14	\$10.82	\$16.38
35-39	\$7.20	\$12.45	\$11.47	\$17.43
40-44	\$8.95	\$15.25	\$13.03	\$19.99
45-49	\$11.98	\$20.05	\$16.00	\$24.75
50-54	\$15.09	\$24.90	\$19.07	\$29.53
55-59	\$19.26	\$31.39	\$23.22	\$36.01
60-64	\$25.88	\$41.65	\$29.82	\$46.24
65-69	\$34.78	\$55.20	\$38.72	\$59.79
70-74	\$46.62	\$73.34	\$50.56	\$77.93
75-79	\$60.87	\$94.95	\$64.81	\$99.55
80 and over	\$69.71	\$108.43	\$73.65	\$113.02

Attained Age Tobacco Monthly Premium Rates for \$10,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child	Employee & Family
18-24	\$5.48	\$9.73	\$10.58	\$15.67
25-29	\$6.34	\$11.10	\$11.22	\$16.79
30-34	\$6.99	\$12.17	\$11.49	\$17.41
35-39	\$8.43	\$14.37	\$12.70	\$19.35
40-44	\$11.39	\$19.08	\$15.47	\$23.82
45-49	\$17.16	\$28.20	\$21.19	\$32.89
50-54	\$23.92	\$38.65	\$27.89	\$43.28
55-59	\$33.11	\$52.89	\$37.08	\$57.51
60-64	\$48.02	\$75.90	\$51.96	\$80.49
65-69	\$69.42	\$108.65	\$73.36	\$113.24
70-74	\$92.67	\$144.72	\$96.61	\$149.31
75-79	\$110.41	\$171.97	\$114.35	\$176.56
80 and over	\$121.69	\$189.54	\$125.63	\$194.13

Attained Age Non-Tobacco Monthly Premium Rates for \$20,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child	Employee & Family
18-24	\$7.30	\$12.43	\$12.40	\$18.38
25-29	\$8.39	\$14.13	\$13.27	\$19.82
30-34	\$9.03	\$15.15	\$13.52	\$20.39
35-39	\$10.71	\$17.67	\$14.99	\$22.65

Attained Age Non-Tobacco Monthly Premium Rates for \$20,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child	Employee & Family
40-44	\$13.98	\$22.74	\$18.05	\$27.48
45-49	\$19.81	\$31.85	\$23.84	\$36.55
50-54	\$26.02	\$41.48	\$29.99	\$46.12
55-59	\$34.31	\$54.40	\$38.27	\$59.01
60-64	\$47.55	\$74.91	\$51.49	\$79.51
65-69	\$65.34	\$102.01	\$69.28	\$106.60
70-74	\$89.03	\$138.28	\$92.97	\$142.87
75-79	\$117.53	\$181.51	\$121.47	\$186.10
80 and over	\$135.21	\$208.46	\$139.15	\$213.06

Attained Age Tobacco Monthly Premium Rates for \$20,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child	Employee & Family
18-24	\$7.68	\$13.03	\$12.78	\$18.97
25-29	\$9.16	\$15.32	\$14.04	\$21.01
30-34	\$10.36	\$17.22	\$14.85	\$22.45
35-39	\$13.17	\$21.50	\$17.44	\$26.48
40-44	\$18.86	\$30.40	\$22.93	\$35.14
45-49	\$30.19	\$48.14	\$34.22	\$52.84
50-54	\$43.67	\$68.98	\$47.65	\$73.61
55-59	\$62.03	\$97.40	\$65.99	\$102.02
60-64	\$91.83	\$143.41	\$95.77	\$148.01
65-69	\$134.62	\$208.90	\$138.56	\$213.49
70-74	\$181.14	\$281.03	\$185.08	\$285.62
75-79	\$216.62	\$335.55	\$220.56	\$340.14
80 and over	\$239.17	\$370.68	\$243.10	\$375.28

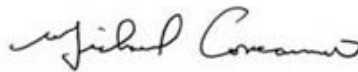
In all other respects, the Policy remains the same.

RIDER: This rider, issued January 9, 2019, forms a part of Policy Number VCI-681382 issued to NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS. It is effective January 1, 2019. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Signed for **The Company**



Lisa Levin, *Secretary*



Michael Concannon, *President*

This is agreed to by the Policyholder on _____
Date

Signature

Date

Printed Name

NOTICE OF PROTECTION PROVIDED BY MARYLAND LIFE AND HEALTH INSURANCE GUARANTY CORPORATION

This notice provides a brief summary of the Maryland Life and Health Insurance Guaranty Corporation (the Corporation) and the protection it provides for policyholders. This safety net was created under Maryland law, which determines who and what is covered and the amounts of coverage.

The Corporation is not a department or unit of the State of Maryland and the liabilities or debts of the Life and Health Insurance Guaranty Corporation are not liabilities or debts of the State of Maryland.

The Corporation was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Corporation will typically arrange to continue coverage and pay claims, in accordance with Maryland law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Corporation are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 for basic hospital, medical, and surgical insurance or major medical insurance provided by health benefit plans
 - \$300,000 for disability insurance
 - \$300,000 for long-term care insurance
 - \$100,000 for a type of health insurance not listed above, including any net cash surrender and net cash withdrawal values under the types of health insurance listed above
- Annuities
 - \$250,000 in the present value of annuity benefits, including net cash withdrawal values and net cash surrender values
 - With respect to each payee under a structured settlement annuity, or beneficiary of the payee, \$250,000 in present value annuity benefits, in the aggregate, including any net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of basic hospital, medical, and surgical insurance or major medical insurance
- \$500,000 in aggregate for basic hospital, medical, and surgical insurance or major medical insurance

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Maryland law.

To learn more about the above protections, please visit the Corporation's website at www.mdlifega.org, or contact:

Maryland Life and Health Insurance Guaranty
Corporation
8817 Belair Road
Suite 208
Perry Hall, Maryland 21236
410-248-0407

Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202
1-800-492-6116, ext. 2170

Insurance companies and agents are not allowed by Maryland law to use the existence of the Corporation or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Corporation coverage. If there is any inconsistency between this notice and Maryland law, then Maryland law will control.