



The Lincoln National Life Insurance Company  
A Stock Company Home Office Location: Fort Wayne, Indiana  
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066  
(800) 423-2765 Online: www.LincolnFinancial.com

CERTIFIES THAT Group Policy No. ACC-0001727857 has been issued to:  
American Senior Communities, LLC  
(The Group Policyholder)

Certificate of Insurance for Class 1 Plan 1

This Certificate, and any amendments which may be attached to it, contains the main provisions of the Policy. You are entitled to the benefits described in this Certificate only if You are eligible, become and remain insured under the provisions of the Policy. If You have enrolled for Dependents Insurance, Your Dependents are covered under this Certificate only if such Dependents are eligible for insurance under the Policy and the required Premium has been paid to keep the insurance in effect. This Certificate replaces any other certificates for the benefits described inside. If a change affecting this insurance is made, an amendment or a new certificate will be issued to describe the change.

A handwritten signature in cursive script that reads "Ellen Cooper".

PRESIDENT

**READ YOUR CERTIFICATE CAREFULLY**

**Insurance benefits may be subject to certain requirements, reductions, limitations, and exclusions.**

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

**CERTIFICATE OF GROUP ACCIDENT INSURANCE**

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

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**American Senior Communities, LLC  
ACC-0001727857**

**SCHEDULE OF BENEFITS**

**Plan 1 - Accident  
Class 1 - All Full-Time Employees**

**Occupational Insurance:** Occupational Injuries are covered by this Certificate.

**Group Policy Effective Date:** January 1, 2026

**Group Policy Number:** ACC-0001727857

**Participating Organizations:**

American Senior Communities, LLC (Effective Date January 1, 2026)  
Anew Home Health, LLC (Effective Date January 1, 2026)  
Anew Hospice Ft. Wayne, LLC (Effective Date January 1, 2026)  
Anew Hospice, LLC (Effective Date January 1, 2026)  
Basic American Financial (Effective Date January 1, 2026)  
EagleCare, LLC (Effective Date January 1, 2026)  
Turtle Creek Management (Effective Date January 1, 2026)

**Eligible Class:** Class 1 - All Full-Time Employees

**Contributions:** You are required to contribute to the cost for Your Accident Insurance and to the cost for Dependents Accident Insurance.

**Insurance Month Period:** A period beginning on the first Day of any calendar month and ending on the last Day of the same calendar month.

**Eligibility Waiting Period:** (For Date insurance begins, refer to "Effective Dates" section.)  
60 Days

**Open Enrollment Period:** 31 Days (See Your Employer for the Dates of the Enrollment Period)

**Minimum Full-Time Hours:** 30 hours per week

**Dependent Child Age:** to 26 years

Refer to the Eligibility and Effective Dates for Dependents Accident Insurance provision for more information.

**Continuation Rights Included:**

Family or Medical Leave  
Military Leave  
Disability: 12 Insurance Months  
Other Leave of Absence: three Insurance Months  
Lay Off: three Insurance Months  
Temporary Reduction in Hours: six Insurance Months

Refer to the Continuation Rights provision for more information.

**Portability:**

Request Period: 31 Days  
Maximum Duration: Later of Age 70 or 12 months

Refer to the Portability provision for more information.

**American Senior Communities, LLC  
ACC-0001727857**

**SCHEDULE OF BENEFITS  
For  
Plan 1 - Accident  
Class 1 - All Full-Time Employees**

**ACCIDENTAL INJURY BENEFITS**

**FRACTURE AND DISLOCATION BENEFITS**

<u>Type of Injury</u>	<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>
<b>Fractures</b>		
Ankle	\$1,750	\$3,500
Arm (shoulder to elbow)	\$1,575	\$3,150
Arm (elbow to wrist)	\$2,150	\$4,300
Bones of Face (except those listed below)	\$1,650	\$3,300
Coccyx	\$625	\$1,250
Collarbone	\$1,600	\$3,200
Elbow	\$600	\$1,200
Finger	\$300	\$600
Foot (except toes)	\$1,500	\$3,000
Hand (except fingers)	\$1,500	\$3,000
Hip	\$4,000	\$8,000
Kneecap	\$1,750	\$3,500
Leg (hip to knee)	\$3,000	\$6,000
Leg (knee to ankle)	\$2,125	\$4,250
Lower Jaw	\$1,500	\$3,000
Nose	\$1,500	\$3,000
Pelvis	\$2,575	\$5,150
Rib	\$800	\$1,600
Shoulder Blade	\$2,000	\$4,000
Skull (depressed)	\$4,000	\$8,000
Skull (non-depressed)	\$1,750	\$3,500
Sternum	\$750	\$1,500
Toe	\$350	\$700
Upper Jaw	\$1,500	\$3,000
Vertebral Process	\$1,800	\$3,600
Vertebral Body	\$1,950	\$3,900
Wrist	\$1,600	\$3,200
<b>Chip Fracture</b>	25% of the amount payable for full Fracture	
<b>Multiple Fractures</b>	2 times the highest Fracture benefit amount of all the Fractures sustained	

American Senior Communities, LLC  
ACC-0001727857

SCHEDULE OF BENEFITS  
For  
Plan 1 - Accident  
Class 1 - All Full-Time Employees

ACCIDENTAL INJURY BENEFITS  
(Continued)

FRACTURE AND DISLOCATION BENEFITS

<u>Type of Injury</u>	<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>
<b>Dislocations</b>		
Ankle	\$1,625	\$3,250
Collarbone (sternoclavicular)	\$1,600	\$3,200
Collarbone (acromio and separation)	\$1,200	\$2,400
Elbow	\$1,375	\$2,750
Finger	\$375	\$750
Foot (except toes)	\$1,250	\$2,500
Hand (except fingers)	\$850	\$1,700
Hip	\$3,500	\$7,000
Knee (not kneecap)	\$2,150	\$4,300
Lower Jaw	\$850	\$1,700
Shoulder	\$3,000	\$6,000
Toe	\$300	\$600
Wrist	\$1,475	\$2,950
<b>Partial Dislocation</b>	25% of benefit payable for Dislocation	
<b>Multiple Dislocations</b>	2 times the highest Dislocation benefit amount of all the Dislocations sustained	

**American Senior Communities, LLC  
ACC-0001727857**

**SCHEDULE OF BENEFITS  
For  
Plan 1 - Accident  
Class 1 - All Full-Time Employees**

**ACCIDENTAL INJURY BENEFITS  
(Continued)**

**SPECIFIC INJURY BENEFITS**

<u>Type of Injury</u>	<u>Benefit Amount</u>
<b>Blood, Plasma, Platelets</b>	\$200
<b>Burns</b>	
2 <sup>nd</sup> Degree	
9% or less	\$250
10-18%	\$350
19-36%	\$950
37% or more	\$1,500
3 <sup>rd</sup> Degree	
9% or less	\$1,400
10-18%	\$3,600
19-36%	\$7,500
37% or more	\$15,000
<b>Skin Grafts</b> (due to burns)	50% of benefit payable for Burns
<b>Concussion</b>	\$300
<b>Dental Injury</b> - Emergency Dental Work for the following:	
Crown	\$200
Extraction	\$100
<b>Eye Injury</b>	
Surgical repair	\$375
Removal of foreign body	\$250
<b>Lacerations</b>	
No Sutures Required	\$125
Sutures Required (Total Length of all Sutured Lacerations)	
5cm or less	\$450
5.1-15.5cm	\$750
15.6cm or more	\$1,500

**American Senior Communities, LLC  
ACC-0001727857**

**SCHEDULE OF BENEFITS  
For  
Plan 1 - Accident  
Class 1 - All Full-Time Employees**

**ACCIDENTAL INJURY BENEFITS  
(Continued)**

**SPECIFIC INJURY BENEFITS (continued)**

<b><u>Type of Injury</u></b>	<b><u>Benefit Amount</u></b>
<b>Surgery</b>	
Arthroscopic	\$575
Cranial	\$1,750
Hernia	\$200
Thoracic or Open Abdominal	\$1,875
Non-Specified	
Under General Anesthesia	\$450
Under Conscious Sedation	\$250
<b>Surgical Repair</b>	
Knee Cartilage	\$1,200 per repair
Ligaments/Tendons/Rotator Cuff	\$1,200 per repair
Ruptured Disc	\$1,200
<b>Multiple Surgeries</b>	2 times the highest amount of all the Surgeries (not including surgical repair of fractures, dislocations, or eyes)
<b>Severe Traumatic Brain Injury</b>	\$10,000

**CHILD SPORTS INJURY BENEFITS**

<b><u>Type of Benefit</u></b>	<b><u>Benefit Amount</u></b>
<b>Child Sports Injury</b>	25% of the benefits payable for the Covered Accident

**American Senior Communities, LLC  
ACC-0001727857**

**SCHEDULE OF BENEFITS  
For  
Plan 1 - Accident  
Class 1 - All Full-Time Employees**

**EMERGENCY TREATMENT BENEFITS**

**EMERGENCY CARE BENEFITS**

<b><u>Type of Benefit</u></b>	<b><u>Benefit Amount</u></b>
<b>Ambulance Transportation</b>	\$450
<b>Air Ambulance Transportation</b>	\$1,875
<b>Emergency Care</b>	\$200
<b>Initial Care Visit</b>	\$200
<b>Major Diagnostic Exam</b>	\$200
<b>X-Ray</b>	\$200

American Senior Communities, LLC  
ACC-0001727857

**SCHEDULE OF BENEFITS**  
**For**  
**Plan 1 - Accident**  
**Class 1 - All Full-Time Employees**

**TREATMENT AND RECOVERY BENEFITS**

**HOSPITAL AND ONGOING CARE BENEFITS**

<b><u>Type of Benefit</u></b>	<b><u>Benefit Amount</u></b>
<b>Accident Hospital Admission</b>	\$1,000
<b>Accident Hospital Confinement</b>	\$200 per Day, up to 365 Days
<b>Accident Intensive Care Unit (ICU) Admission</b>	\$2,000
<b>Accident Intensive Care Unit (ICU) Confinement</b>	\$400 per Day, up to 15 Days
<b>Alternate Care and Rehabilitative Facility Confinement</b>	\$200 per Day, up to 180 Days
<b>Follow-up Care</b>	\$75 per visit, up to 6 visits
<b>Therapy (Physical, Occupational, and Chiropractic)</b>	\$50 per visit, up to 10 visits
<b>Pain Management (Epidural and Cortisone)</b>	\$125 per administration, up to 1 administration
<b>Medical Mobility Devices</b>	Per device, up to 3 devices total
Cane	\$200
Crutches	\$200
Knee Walker	\$200
Walker	\$200
Walking Boot	\$200
Other Medical Mobility Device	\$200
<b>Wheelchair</b>	
Wheelchair - expected use less than 1 year	\$225
Wheelchair - expected use 1 year or longer	\$600
<b>Prosthesis</b>	\$750 per device, up to 1 per limb

**RECOVERY ASSISTANCE BENEFITS**

<b><u>Type of Benefit</u></b>	<b><u>Benefit Amount</u></b>
<b>Family Care</b>	
Adult Care	\$250
Child Care	\$250
<b>Lodging</b>	\$200 per Day, up to 30 Days
<b>Transportation</b>	\$400 per trip, up to 3 trips

**ELIGIBILITY AND EFFECTIVE DATES**  
**For**  
**Your Accident Insurance**

**ELIGIBLE CLASSES.** The classes eligible for insurance are shown in the Schedule of Benefits. We have the right to review and terminate eligible classes that cease to be insured by the Policy.

**ELIGIBILITY.** You become eligible for insurance provided by the Policy on the latest of:

- (1) the Group Policy's Effective Date;
- (2) the Date Your organization becomes a Participating Organization; or
- (3) the Date the Eligibility Waiting Period shown in the Schedule of Benefits is completed.

**Prior Service Credit Towards Eligibility Waiting Period.** Prior service in an Eligible Class will apply toward the Eligibility Waiting Period upon return:

- (1) from an approved Family or Medical Leave within:
  - (a) the period required by federal law; or
  - (b) any longer period required by a similar state law;
- (2) from a Military Leave within the period required by federal USERRA law;
- (3) from any other approved leave of absence within 12 months after the leave begins;
- (4) within 12 months following a lay off;
- (5) within 12 months following termination of employment for any other reason; or
- (6) to an eligible class following a reduction in hours.

**ENROLLMENT.** You may enroll for Accident Insurance:

- (1) within 31 Days of the Date You are first eligible; or
- (2) within 31 Days following a qualifying Change In Family Status.

**Open Enrollment Period.** You may also enroll, re-enroll, or change benefit options for Accident Insurance during the Group Policyholder's Open Enrollment Period.

**EFFECTIVE DATES.** Accident Insurance becomes effective on the latest of:

- (1) the first Day of the Insurance Month coinciding with or next following the Date You become eligible for insurance;
- (2) the Date You resume Active Work, if not Actively at Work on the Day You become eligible;  
or
- (3) the Date You enroll for Accident Insurance, and if You contribute to the cost of the Accident Insurance, You sign a payroll deduction order and pay the required Premium to Us.

**Effective Date of Increases.** Any increase in insurance or benefits becomes effective at 12:01 a.m. on the latest of:

- (1) the first Day of the Insurance Month coinciding with or next following the Date on which You become eligible for the increase, if Actively at Work on that Day;
- (2) the first Day of the Insurance Month coinciding with or next following the Date of a qualifying Change in Family Status, if Actively at Work on that Day; or
- (3) the Day You resume Active Work, if not Actively at Work on the Day the increase would otherwise take effect.

**Effective Date of Decreases.** Any decrease in insurance or benefits will take effect on the Date of the change, whether or not You are Actively at Work.

**Effective Date for Change in Eligible Class.** You may become a member of a different Eligible Class. Except as stated in the Effective Date provision for increases or decreases, insurance under the different Eligible Class will be effective on the first Day of the Insurance Month coinciding with or next following the Date of the change.

**REINSTATEMENT RIGHTS.** If Your insurance terminates due to one of the following breaks in service, You will be entitled to Reinstatement the insurance upon resuming Active Work with the Group Policyholder within the required timeframe. Reinstatement is available upon Your return:

**ELIGIBILITY AND EFFECTIVE DATES**  
**For**  
**Your Accident Insurance**  
**(Continued)**

- (1) from an approved Family or Medical Leave within:
  - (a) the period required by federal law; or
  - (b) any longer period required by a similar state law;
- (2) from a Military Leave within the period required by federal USERRA law;
- (3) from any other approved leave of absence within six months after the leave begins;
- (4) within 12 months following a lay off; or
- (5) within 12 months following termination of employment for any other reason.

To Reinstate insurance, You must enroll for insurance or be re-enrolled within 31 Days after resuming Active Work in an eligible class. The Group Policyholder must resume the required Premium payments for insurance to be Reinstated. Reinstatement will take effect on the Date You return to Active Work.

## ELIGIBILITY AND EFFECTIVE DATES

### For Dependents Accident Insurance

**ELIGIBILITY.** You must be insured for Accident Insurance to insure Your Dependents. You become eligible for Dependents Accident Insurance on the latest of:

- (1) the Date You become eligible for Accident Insurance;
- (2) the Group Policy Effective Date; or
- (3) the Date You first acquire a Dependent.

**ENROLLMENT.** Dependents to be insured by the Policy must be enrolled in the same plan of benefits as You. You may enroll for Dependents Accident Insurance:

- (1) when You are first eligible for Dependents Accident Insurance; or
- (2) within 31 Days following a qualifying Change in Family Status.

**Open Enrollment Period.** You may also enroll, re-enroll, or change benefit options for Dependents Accident Insurance during the Group Policyholder's Open Enrollment Period.

**EFFECTIVE DATES.** Your Dependents Accident Insurance will become effective on the later of:

- (1) the first Day of the Insurance Month coinciding with or next following the Date You become eligible for Dependents Accident Insurance; or
- (2) the Date You enroll for Dependents Accident Insurance, and if You contribute to the cost of the Dependents Accident Insurance, You sign a payroll deduction order and pay the additional Premium to Us.

**New Dependents.** If additional Premium is required to add a new Dependent, insurance for the new Dependent will become effective on the Date the Dependent is acquired, provided:

- (1) You complete a written application; and
  - (2) a payroll deduction order election is made, and the additional Premium is paid to Us;
- within 31 Days of the Date the Dependent is acquired.

If additional Premium is not required, coverage for a new Dependent will become effective on the Date the Dependent is acquired.

### EXCEPTIONS.

**Court Ordered Insurance.** If Dependents Accident Insurance is provided to a Child based on a court order which requires You to provide Accident benefits for the Child, the Dependents Accident Insurance will become effective on the Date stated in the court order, subject to payment of any additional Premium.

**Disabled Children.** Your Child may be insured after the maximum Dependent Child Age shown in the Schedule of Benefits if he or she is continuously unable to earn a living because of a physical or mental disability, and is chiefly dependent upon You for support and maintenance. The Child must be insured by the Policy on the Day before insurance would otherwise end due to his or her age. Proof of the total disability must be sent to Us:

- (1) within 120 Days of the Day insurance would otherwise end due to age; and
- (2) thereafter, when We request (but not more than once every two years).

**Newborn Children.** If You acquire a newborn Dependent child, the child will be insured automatically for the first 31 Days following birth. If You have no other Children enrolled for Dependents Insurance under this Certificate, and You do not elect to enroll the newborn child and pay any additional Premium within 31 Days following birth, the newborn child's insurance will terminate.

**ELIGIBILITY AND EFFECTIVE DATES**  
**For**  
**Dependents Accident Insurance**  
**(Continued)**

**Newly Adopted Children.** If You adopt a child, the child will be insured automatically for the first 31 Days following the earliest of:

- (1) the Date of birth, if the adoption petition is filed within 31 Days of the child's birth;
- (2) the Date of placement, if the adoption petition is filed more than 31 Days from the child's birth;
- (3) the Date of entry of an order granting You custody of the child; or
- (4) the effective Date of adoption.

If You have no other Children enrolled for Dependents Insurance under this Certificate, and You do not elect to enroll the adopted child and pay any additional Premium within 31 Days after his or her insurance begins, the adopted child's insurance will terminate.

**REINSTATEMENT OF DEPENDENTS INSURANCE.** If You Reinstate Your Accident Insurance under the Reinstatement Rights of the Eligibility and Effective Dates for Your Accident Insurance, You may also Reinstate Dependents Accident Insurance at the same time.

**ACCIDENTAL INJURY BENEFITS**  
**For**  
**Fractures and Dislocations**

**FRACTURE AND DISLOCATION BENEFITS.** We will pay the following Fracture and Dislocation Benefits if You or Your Insured Dependent meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Fractures.** We will pay a Fracture benefit when You or Your Insured Dependent sustains a Fracture or Chip Fracture as a result of a Covered Accident. The Fracture or Chip Fracture must be diagnosed by a Physician.

**Dislocations.** We will pay a Dislocation benefit when You or Your Insured Dependent sustains a Dislocation or Partial Dislocation as a result of a Covered Accident. The Dislocation or Partial Dislocation must be diagnosed by a Physician.

**ACCIDENTAL INJURY BENEFITS**  
**For**  
**Specific Injuries**

**SPECIFIC INJURY BENEFITS.** We will pay the following Specific Injury Benefits if You or Your Insured Dependent meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Blood, Plasma, Platelets.** We will pay a Blood, Plasma, or Platelet benefit for Your or Your Insured Dependent's:

- (1) transfusion;
- (2) administration;
- (3) cross-matching; or
- (4) typing and processing;

of blood, plasma, or platelets administered as a result of Injuries sustained in a Covered Accident. This benefit is payable once per person per Covered Accident.

**Burns.** We will pay a Burn benefit when You or Your Insured Dependent sustains a 2<sup>nd</sup> or 3<sup>rd</sup> degree burn as a result of a Covered Accident. The 2<sup>nd</sup> or 3<sup>rd</sup> degree burn must be treated by a Physician. If the burns meet more than one of the Burn benefit classifications shown in the Schedule of Benefits, We will pay the single highest benefit amount. This benefit is payable once per person per Covered Accident.

**Skin Graft.** We will pay a Skin Graft benefit when grafting of the skin is necessary for a burn that was payable under the Burn benefit. This benefit is payable once per person per Covered Accident.

**Concussion.** We will pay a Concussion benefit if You or Your Insured Dependent sustains a concussion as a result of a Covered Accident. The concussion must be diagnosed by a Physician. This benefit is payable once per person per Covered Accident.

**Dental Injury.** We will pay a Dental Injury benefit if Your or Your Insured Dependent's natural teeth are damaged and:

- (1) extracted; or
- (2) repaired by placement of a crown;

by a Dentist as a result of a Covered Accident. This benefit is payable for up to one crown and one extraction per person per Covered Accident, regardless of the number of teeth involved.

**Eye Injury.** We will pay an Eye Injury benefit if You or Your Insured Dependent injures an eye (or eyes) in a Covered Accident and:

- (1) Surgical repair is performed by a Physician; or
- (2) a Physician removes an embedded foreign body from Your or Your Insured Dependent's eye, with or without anesthesia.

This benefit is payable once for each eye per person per Covered Accident.

**Severe Traumatic Brain Injury.** We will pay the Severe Traumatic Brain Injury benefit if You or Your Insured Dependent sustains a Severe Traumatic Brain Injury in a Covered Accident. The Severe Traumatic Brain Injury must be diagnosed by a Physician. This benefit is payable once per person per Covered Accident.

**Laceration.** We will pay a Laceration benefit when You or Your Insured Dependent sustains a laceration as a result of a Covered Accident. The laceration must be treated by a Physician or Medical Health Professional. This benefit is payable:

- (1) once for lacerations not requiring sutures, regardless of the number; and
- (2) once for the total length of all lacerations requiring sutures;

per person as a result of any one Covered Accident.

**Surgery (Arthroscopic).** We will pay a Surgery (Arthroscopic) benefit when You or Your Insured Dependent undergoes arthroscopic Surgery, with no repair, as a result of Injuries sustained in a Covered Accident. This benefit is payable once per person per Covered Accident.

**ACCIDENTAL INJURY BENEFITS**  
**For**  
**Specific Injuries**  
**(Continued)**

**Surgery (Cranial).** We will pay the Surgery (Cranial) benefit when You or Your Insured Dependent undergoes cranial Surgery as a result of Injuries sustained in a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgery (Hernia).** We will pay the Surgery (Hernia) benefit when You or Your Insured Dependent undergoes hernia Surgery as a result of Injuries sustained in a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgery (Thoracic or Open Abdominal).** We will pay the Surgery (Thoracic or Open Abdominal) benefit when You or Your Insured Dependent undergoes thoracic or open abdominal Surgery as a result of Injuries sustained in a Covered Accident. This benefit is payable once per person per Covered Accident. This benefit is not payable for endoscopic or laparoscopic abdominal Surgery, or for hernia Surgery.

**Surgery (Non-Specified).** We will pay the non-specified Surgery benefit when You or Your Insured Dependent undergoes Surgery that is not otherwise included as a Surgery or Surgical Repair benefit, as a result of Injuries sustained in a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgical Repair (Knee Cartilage).** We will pay a Knee Cartilage benefit when You or Your Insured Dependent sustains an Injury requiring the Surgical repair or removal of torn knee cartilage as a result of a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgical Repair (Tendon, Ligament, Rotator Cuff).** We will pay the Tendon, Ligament, or Rotator Cuff benefit when You or Your Insured Dependent requires Surgical repair of:

- (1) ligaments;
- (2) tendons; or
- (3) the muscles or tendons that make up the rotator cuff;

as a result of a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgical Repair (Ruptured Disc).** We will pay the Ruptured Disc benefit when You or Your Insured Dependent sustains an Injury requiring Surgical repair of a ruptured intervertebral disc as a result of a Covered Accident. The ruptured disc must be Surgically repaired. This benefit is payable once per disc per person per Covered Accident.

**ACCIDENTAL INJURY BENEFITS**  
**For**  
**Child Sports Injuries**

**CHILD SPORTS INJURY BENEFIT.** We will pay the following Child Sports Injury Benefit if Your Insured Dependent Child meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Child Sports Injury.** We will pay a Child Sports Injury benefit when Your Insured Dependent Child who is age 26 or younger sustains an Injury as a result of a Covered Accident while participating in an Organized Sporting Activity. The Child Sports Injury benefit increases the benefits payable for any Covered Accident by the percentage shown in the Schedule of Benefits. This benefit is not payable for Injuries that are caused by or resulting from Your Dependent Child's racing any type vehicle in an organized event.

**EMERGENCY TREATMENT BENEFITS**  
**For**  
**Emergency Care**

**EMERGENCY CARE BENEFITS.** We will pay the following Emergency Care Benefits if You or Your Insured Dependent meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Ambulance Transportation.** We will pay an Ambulance Transportation benefit if a licensed ambulance company transports You or Your Insured Dependent by ground transportation to or from a Hospital or between medical facilities, for treatment of Injuries sustained as a result of a Covered Accident. This benefit will be paid once per person per Covered Accident.

**Air Ambulance Transportation.** We will pay an Air Ambulance Transportation benefit if a licensed ambulance company transports You or Your Insured Dependent by air ambulance to or from a Hospital or between medical facilities for treatment of Injuries sustained as a result of a Covered Accident. This benefit will be paid once per person per Covered Accident. This benefit may be paid in addition to the Ambulance Transportation benefit.

**Emergency Care.** We will pay an Emergency Care benefit if You or Your Insured Dependent are examined or treated in an Emergency Care Facility as a result of Injuries sustained in a Covered Accident. This benefit will be paid once per person per Covered Accident.

**Initial Care Visit.** We will pay an Initial Care Visit benefit if You or Your Insured Dependent are examined or treated by a Physician or Medical Health Professional in an office of practice or in an Urgent Care Facility as a result of Injuries sustained in a Covered Accident. This benefit will be paid once per person per Covered Accident. This benefit will not be payable if You or Your Insured Dependent receives payment for the Emergency Care benefit for the same Covered Accident.

**Major Diagnostic Exam.** We will pay a Major Diagnostic Exam benefit if You or Your Insured Dependent undergoes one of the following major diagnostic exams as a result of Injuries sustained in a Covered Accident:

- (1) a computed tomography (CT or CAT) scan;
- (2) a magnetic resonance imaging (MRI);
- (3) a positron emission tomography (PET) scan;
- (4) an electroencephalography (EEG);
- (5) a spectroscopy (SPECT);
- (6) a joint imaging scan;
- (7) a diffusion tensor imaging (DTI) scan; or
- (8) a magnetic resonance angiogram (MRA) scan.

A major diagnostic exam must be prescribed by a Physician. This benefit will be paid once per person per Covered Accident regardless of the number of major diagnostic exams performed.

**X-Ray.** We will pay an X-ray benefit if You or Your Insured Dependent undergoes an X-ray as a result of Injuries sustained in a Covered Accident. The X-ray must be prescribed by a Physician. This benefit will be paid once per person per Covered Accident.

## TREATMENT AND RECOVERY BENEFITS

### For Hospital and Ongoing Care

**HOSPITAL AND ONGOING CARE BENEFITS.** We will pay the following Hospital and Ongoing Care Benefits if You or Your Insured Dependent meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Accident Hospital Admission.** We will pay an Accident Hospital Admission benefit if You or Your Insured Dependent is admitted to a Hospital as a result of Injuries sustained in a Covered Accident. We will not pay this benefit for Emergency Treatment, Outpatient Treatment, or a stay of less than 20 hours in an Observation Unit. This benefit is payable once per person per Covered Accident. In the event the Accident Hospital Admission benefit and the Accident Intensive Care Unit Admission benefit are payable for the same Covered Accident, only the higher benefit will be paid.

**Accident Hospital Confinement.** We will pay an Accident Hospital Confinement benefit for each Day You or Your Insured Dependent is confined in a Hospital as a result of Injuries sustained in a Covered Accident. This benefit is payable for up to the number of Days shown on the Schedule of Benefits, per person per Covered Accident. The Days may be used over a two-year period from the Date of the Covered Accident. We will pay for only one Accident Hospital Confinement at a time, even if it is caused by more than one Covered Accident. In the event this Accident Hospital Confinement benefit and an Accident Intensive Care Unit Confinement Benefit are payable on the same Day, only the Accident Intensive Care Unit Confinement benefit will be paid.

**Accident Intensive Care Unit (ICU) Admission.** We will pay an Accident ICU Admission benefit if You or Your Insured Dependent is admitted to an ICU as a result of Injuries sustained in a Covered Accident. We will not pay this benefit for Emergency Treatment, Outpatient Treatment, or a stay of less than 20 hours in an Observation Unit. This benefit is payable once per person per Covered Accident. In the event the Accident Hospital Admission benefit and the Accident Intensive Care Unit Admission benefit are payable for the same Covered Accident, only the higher benefit will be paid.

**Accident Intensive Care Unit (ICU) Confinement.** We will pay an Accident ICU Confinement benefit for each Day or partial Day You or Your Insured Dependent is confined in an ICU as a result of Injuries sustained in a Covered Accident. The ICU confinement period begins on the Day of admission to the ICU and ends on the Day of discharge from the ICU. This benefit will be paid for up to the number of Days shown on the Schedule of Benefits, per person per Covered Accident. The Days may be used over a two-year period from the Date of the Covered Accident. We will pay for only one Accident ICU Confinement at a time, even if it is caused by more than one Covered Accident. In the event this Accident ICU Confinement benefit and the Accident Hospital Confinement benefit are payable on the same Day, only the ICU benefit will be paid. If You or Your Insured Dependent exhausts the ICU benefit but are still confined, You or Your Insured Dependent may be eligible for the Accident Hospital Confinement benefit.

**Alternative Care and Rehabilitative Facility Confinement.** We will pay an Alternate Care and Rehabilitative Facility Confinement benefit for each Day You or Your Insured Dependent is confined on an Inpatient basis in an Alternate Care or Rehabilitative Facility as a result of Injuries sustained in a Covered Accident. This benefit is payable for up to the number of Days shown on the Schedule of Benefits, per person per Covered Accident. The Days may be used over a two-year period from the Date of the Covered Accident. We will pay for only one Alternate Care or Rehabilitative Facility Confinement at a time, even if it is caused by more than one Covered Accident. The Alternate Care and Rehabilitative Facility Confinement benefit will not be paid on any Day when the Hospital or ICU Confinement benefit is paid.

**TREATMENT AND RECOVERY BENEFITS**  
**For**  
**Hospital and Ongoing Care**  
**(Continued)**

**Follow-Up Care.** We will pay a Follow-Up Care benefit for follow-up care resulting from an Injury You or Your Insured Dependent sustains in a Covered Accident. The follow-up care must be provided by a Physician, Medical Health Professional, or a Home Health Care Agency. This benefit is payable for up to the number of visits shown on the Schedule of Benefits, per person per Covered Accident. This benefit is not payable:

- (1) while You or Your Insured Dependent is confined in a Hospital, ICU, or an Alternate Care or Rehabilitative Facility; or
- (2) for any physical therapy, occupational therapy, or chiropractic therapy visit.

**Therapy (Physical, Occupational, and Chiropractic).** We will pay the Therapy benefit for physical therapy, occupational therapy, and chiropractic therapy resulting from an Injury You or Your Insured Dependent sustains in a Covered Accident. The therapy must be provided by a Physical Therapist, Occupational Therapist or a Chiropractor. This benefit is payable for up to the number of visits shown on the Schedule of Benefits, per person per Covered Accident. This benefit is not payable while You or Your Insured Dependent is confined in a Hospital, ICU, or an Alternate Care or Rehabilitative Facility.

**Pain Management (Epidural and Cortisone).** We will pay the Epidural and Cortisone Pain Management benefit when You or Your Insured Dependent receives an epidural or cortisone treatment administered for pain management for an Injury sustained in a Covered Accident. The epidural or cortisone must be prescribed by a Physician. This benefit is payable up to the number of times shown on the Schedule of Benefits, per person per Covered Accident. This benefit is not payable for an epidural administered during a surgical procedure.

**Medical Mobility Devices.** We will pay a benefit for Medical Mobility Devices that You or Your Insured Dependent requires as a result of Injuries sustained in a Covered Accident. The Medical Mobility Device must be recommended by a Physician or Medical Health Professional. In the event of a Severe Loss as described in the Schedule of Benefits of the Accidental Death and Dismemberment Amendment, the Medical Mobility Device must be ordered by a Physician or Medical Health Professional and received within two years of the Covered Accident. This benefit is payable for up to the number of Medical Mobility Devices shown on the Schedule of Benefits per person per Covered Accident.

**Wheelchair.** We will pay a benefit for a wheelchair that You or Your Insured Dependent requires as a result of Injuries sustained in a Covered Accident. The wheelchair must be recommended by a Physician or Medical Health Professional. In the event of a Severe Loss as described in the Schedule of Benefits for the Policy's Accidental Death and Dismemberment Amendment, the wheelchair must be ordered by a Physician or Medical Health Professional and received within two years of the Covered Accident. This benefit is payable once per person per Covered Accident. If We pay a Wheelchair benefit for an expected use of less than 1 year, and the Physician's recommendation is subsequently revised to a use of 1 year or longer, We will pay You the difference in the benefit amounts. The revised recommendation must be made within the periods stated above.

**Prosthesis.** We will pay a benefit for functional prosthetic limbs that You or Your Insured Dependent requires as a result of Injuries sustained in a Covered Accident. The functional prosthetic limb must be prescribed by a Physician. In the event of a Severe Loss as described in the Schedule of Benefits of the Accidental Death and Dismemberment Amendment, the prosthetic limb must be prescribed by a Physician and received within two years of the Covered Accident. This benefit is payable for up to the number Shown on the Schedule of Benefits, per limb per person per Covered Accident.

**TREATMENT AND RECOVERY BENEFITS**  
**For**  
**Recovery Assistance**

**RECOVERY ASSISTANCE BENEFITS.** We will pay the following Recovery Assistance Benefits if You or Your Insured Dependent meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Family Care.** We will pay the Adult Family Care benefit if:

- (1) You have a Dependent Adult;
- (2) You or Your Insured Dependent sustains an Injury in a Covered Accident; and
- (3) Your Dependent Adult is placed in an Adult Care Facility or receives services from a Home Health Care Agency as a result of Your or Your Insured Dependent's Injury.

This benefit is payable for each Dependent Adult who are placed in a facility or receives services as a result of Your or Your Insured Dependent's Injury. We will pay only one Adult Family Care benefit per Dependent Adult per Covered Accident.

We will pay the Child Family Care benefit if:

- (1) Your Child is attending a Child Care Center; and
- (2) You or Your Insured Dependent sustains an Injury in a Covered Accident.

The Child does not need to be insured for Accident Insurance for this benefit to be payable. This benefit is payable for each Child attending a Child Care Center when You or Your Insured Dependent is Injured. We will pay only one Child Family Care benefit per Child per Covered Accident.

**Lodging.** We will pay a Lodging benefit if You or Your Insured Dependent are:

- (1) Hospital Confined more than 100 miles from Your or Your Insured Dependent's principal place of residence due to Injuries sustained in a Covered Accident; and
- (2) accompanied by a Companion while Hospital Confined.

This benefit is payable for each Day a Companion must stay in a hotel, motel, or Hospital-sponsored hospitality suite while accompanying You or Your Insured Dependent, up to the maximum number of Days shown in the Schedule of Benefits.

**Transportation.** We will pay a Transportation benefit when You or Your Insured Dependent must travel more than 100 miles one way for treatment at a Hospital or other specialized freestanding treatment facility due to Injuries sustained in a Covered Accident. The treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to the number of times shown in the Schedule of Benefits, per person per Covered Accident. This benefit is not payable when transportation is provided by ambulance or air ambulance.

## LIMITATIONS AND EXCLUSIONS

The Policy covers only Injuries that occur while insurance is in force. Benefits are not payable for any loss caused or contributed to by:

- (1) disease, physical or mental infirmity, Sickness, or medical or surgical treatment of these;
- (2) suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- (3) voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
  - (a) prescribed or administered by a Physician; and
  - (b) taken in accordance with the Physician's instructions;
- (4) committing or attempting to commit a felony;
- (5) war or any act of war, declared or undeclared;
- (6) participation in a riot, insurrection, or rebellion of any kind;
- (7) military duty, including the Reserves or National Guard;
- (8) travel or flight in or on any Aircraft, except:
  - (a) as a fare-paying passenger on a regularly scheduled commercial flight; or
  - (b) as a passenger, pilot, or crew member in the Group Policyholder's Aircraft while flying for Group Policyholder business provided:
    - (i) the Aircraft has a valid U.S. airworthiness certificate (or foreign equivalent); and
    - (ii) the pilot has a valid pilot's certificate with a non-student rating authorizing him to fly the Aircraft;
- (9) driving a vehicle while intoxicated, as defined by the jurisdiction where the Accident occurred;
- (10) cosmetic or elective Surgery;
- (11) being incarcerated in any type of penal or detention facility;
- (12) participating in, practicing for, or officiating any semi-professional or professional sport;
- (13) riding in or driving in any motor driven vehicle for race, stunt show, or speed test;
- (14) an Injury sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months;
- (15) bungee cord jumping, mountaineering, or base jumping; or
- (16) skydiving, parachuting, or jumping from any Aircraft for recreational purposes.

**CLAIM PROCEDURES**  
**For**  
**Accident Insurance**

**FILING A CLAIM.**

**Notice of Claim.** A claimant must provide Us notice of a claim at Our Group Insurance Service Office within 20 Days after a claim is incurred. The notice should include:

- (1) the Group Policyholder's name and Group Policy Number (shown on the Schedule of Benefits);
- (2) Your name, address, and Certificate number, if available; and
- (3) the claimant's name and relationship to You.

**Claim Forms.** When We receive notice of a claim, We will send forms for filing the required proof. We will include instructions for completing and submitting the forms. If We do not send the forms within 15 Days, the claimant may send Us written proof of a claim in a letter. The letter should state the nature, Date and cause of the claim.

**Proof of Claim.** Proof of a claim must be provided within 90 Days after the Date of the loss. We will review proof of a claim when it is complete. It must include:

- (1) the nature, Date, and cause of the claim;
- (2) a description of the services provided; and
- (3) a signed authorization for Us to obtain more information.

Within 15 Days after receiving the first proof of claim, We may send a written acknowledgment requesting any missing information or additional items needed to support the claim. This may include:

- (1) any study models, treatment records or charts;
- (2) copies of any x-rays or other diagnostic materials; and
- (3) any other items We may reasonably require.

**Additional Proof by Exam or Autopsy.** While a claim is pending, We may have the claimant examined:

- (1) by a Physician of Our choice;
- (2) as often as is reasonably required.

In case of death, We may also have an autopsy done, where it is not forbidden by law.

Any such exam or autopsy will be at Our expense.

**Exceptions.** Failure to give notice or provide proof of a claim within the required time period will not invalidate or reduce the claim, if it is shown that it was done:

- (1) as soon as reasonably possible; and
- (2) in no event more than one year after it was required.

These time limits will not apply while the claimant lacks legal capacity.

**PAYMENT OF CLAIMS.**

**Time of Payment.** Benefits payable under this Certificate will be paid:

- (1) immediately after We confirm liability; and
- (2) in no event more than 30 Days after We receive acceptable proof of claim.

**Interest on Late Claims.** If payment is delayed, interest will accrue on the unresolved portion of the claim at the rate required by Indiana law. Interest will accrue until the claim is settled. Interest will accrue as explained in the Clean Claim and Defective Claim sections.

**Clean Claim.** Under a clean claim, interest will accrue from:

- (1) the 46th Day after We receive the first proof of claim in writing; or
- (2) the 31st Day after We receive the first proof of claim by electronic means.

**CLAIM PROCEDURES**  
**For**  
**Accident Insurance**  
**(Continued)**

A claim is considered "clean" when the first proof of claim is complete, no part of the claim is contested, and no other defect prevents prompt payment. A claim will also be considered "clean" when We fail to promptly request more information or to resolve it, within 45 Days after receiving a written claim or 30 Days after receiving an electronic claim.

**Defective Claim.** Under a defective claim, interest will accrue from:

- (1) the 46th Day after We receive enough proof to confirm liability, if the claim is filed in writing and We request more information within 45 Days; or
- (2) the 31st Day after We receive enough proof to confirm liability, if the claim is filed by electronic means and We request more information within 30 Days.

A claim is considered "defective" when the first proof of claim is incomplete, any part of the claim is contested, or some other defect prevents prompt payment.

**To Whom Payable.** Accident and Accidental Dismemberment benefits under this Certificate will be paid to You, unless:

- (1) an overpayment has been made and We are entitled to reduce future benefits; or
- (2) state or federal law requires that benefits be paid to an Insured Dependent Child's custodial parent or custodian.

Benefits payable for Your death will be paid according with the Beneficiary provision, and the Facility of Payment and Payment Options provided below. Benefits payable for an Insured Dependent's death will be paid to:

- (1) You, if You survive that Dependent; or
- (2) Your Beneficiary or according with the Facility of Payment section, if You do not survive that Dependent.

**Facility of Payment.** If any benefit under this Certificate becomes payable to Your estate, a minor, or any person who We consider not competent to give a valid release, We may make payment to any one or more of the following:

- (1) a person who has assumed the care and support of You or Your Beneficiary;
- (2) a person who has incurred expense as a result of Your last illness or death;
- (3) the personal representative of Your estate; or
- (4) any person related by blood or marriage to You.

No payment made under this section may exceed \$1,000. Any payment made in good faith under this section will fully discharge Us to the extent of the payment. Any remaining amount will be paid as shown in the Beneficiary section.

**Payment Options.** Benefits will be paid in a lump sum by check. However, You or Your Beneficiary may instruct Us to pay the benefit by direct deposit electronic funds transfer. Any election must comply with Our practices at the time it is made.

**NOTICE OF OUR CLAIM DECISION.** We will send the claimant a written notice of Our claim decision. If We deny any part of the claim, the written notice will explain:

- (1) the reason for the denial;
- (2) how the claimant may request a review of Our decision; and
- (3) whether more information is needed to support the claim.

**Time Limits for Our Decision.** Notice of Our decision will be sent within 15 Days after resolving the claim. If We need more than 15 Days to process a claim, an extension will be permitted.

We will send the claimant a written delay notice explaining the special circumstances which require the delay, and when a decision can be expected:

**CLAIM PROCEDURES**  
**For**  
**Accident Insurance**  
**(Continued)**

- (1) by the 15<sup>th</sup> Day after We receive the first proof of a claim; and
- (2) every 30 Days after that, until the claim is resolved.

If reasonably possible, We will send notice within 45 Days after receiving the first proof of a claim.

In any event, We must send written notice of Our decision within 180 Days after receiving the first proof of a claim. If We fail to do so, there is a right to an immediate review, as if the claim was denied.

**Exception.** If We need more information from the claimant to process a claim, it must be supplied within 45 Days after We request it. The resulting delay will not count towards the above time limits for claim processing.

**REVIEW OF OUR CLAIM DECISION.** If a claim is denied, the claimant may request a review of Our decision.

**Second Review Request (Appeal).** To begin a review, the claimant must send Us:

- (1) a written request; and
- (2) any written comments or other items to support the claim.

The claimant may review certain non-privileged information relating to the request for review.

**Time Limits for Claimant to Request a Second Review (Appeal).** The claimant must request a review within 60 Days after receiving a claim denial notice.

**Notice of Our Review Decision.** We will review the claim and send the claimant a written notice of Our decision. The notice will explain the reasons for Our decision. If We uphold the denial of all or part of the claim, We will also describe:

- (1) any further appeal procedures available under the Policy;
- (2) the right to access relevant claim information; and
- (3) the right to request a state insurance department review, or to bring legal action.

**Time Limits for Our Review Decision.** Notice of Our decision will be sent within:

- (1) 60 Days after We receive the request for review; or
- (2) 120 Days, if a special case requires more time.

If We need more time to process an appeal in a special case, We will send the claimant a written delay notice by the 30<sup>th</sup> Day after receiving the request for review. The notice will explain:

- (1) the special circumstances which require the delay;
- (2) whether more information is needed to review the claim; and
- (3) when a decision can be expected.

**Exception.** If We need more information from the claimant to process an appeal, it must be supplied within 45 Days after We request it. The resulting delay will not count towards the above time limits for appeal processing.

**Claims Subject to ERISA (Employee Retirement Income Security Act of 1974).** Before bringing a civil legal action under the federal labor law known as ERISA, an employee benefit plan participant or beneficiary must exhaust available administrative remedies. Under the Policy, the claimant must first seek two administrative reviews of the adverse claim decision, in accord with this section. If an ERISA claimant brings legal action under Section 502(a) of ERISA after the required reviews, We will waive any right to assert that he or she failed to exhaust administrative remedies.

**RIGHT OF RECOVERY.** If benefits have been overpaid on any claim, We must be repaid within 60 Days. If You do not repay an overpayment, We have the right to:

**CLAIM PROCEDURES**  
**For**  
**Accident Insurance**  
**(Continued)**

- (1) reduce future benefits payable to You, Your Beneficiary, or Your estate under this Certificate or any other group insurance policy We issue until full reimbursement is made; and
- (2) recover overpayments from You, Your Beneficiary, or Your estate.

Repayment is required whether the overpayment is due to fraud, Our error in processing a claim, or any other reason.

**LEGAL ACTIONS.** No legal action to recover any benefits may be brought until 60 Days after the required written proof of claim has been given. No such legal action may be brought more than three years after the Date written proof of claim is required.

**OUR DISCRETIONARY AUTHORITY.** (This provision applies only where the interpretation of the Policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq). Except for the functions that the Policy clearly reserves to the Group Policyholder, We have the authority to:

- (1) manage the Policy and administer claims under it; and
- (2) interpret the provisions and to resolve questions arising under the Policy and this Certificate.

Our authority includes (but is not limited to) the right to:

- (1) establish and enforce procedures for administering the Policy and claims under it;
- (2) determine eligibility for insurance and entitlement to benefits;
- (3) determine what information We reasonably require to make such decisions; and
- (4) resolve all matters when a claim review is requested.

Any decision We make, in the exercise of Our authority, shall be conclusive and binding; subject to the claimant's right to:

- (1) request a state insurance department review; or
- (2) bring legal action.

## BENEFICIARY

**PAYMENTS TO BENEFICIARY.** Any amount payable as a result of Your death will be paid to the named Beneficiary who survives You.

**NAMING THE BENEFICIARY.** Your Beneficiary will be as shown on Your Beneficiary designation for this insurance. If the Policy replaces a group policy providing similar insurance, Your Beneficiary named under the prior policy will be the Beneficiary under Our Policy, until changed.

**Multiple Beneficiaries.** You may name one or more Beneficiaries, and control the order and share of payment made to each named Beneficiary. If more than one Beneficiary is named and You do not designate the order or share of payment, benefits will be paid equally to Your Beneficiaries. If a named Beneficiary dies and You do not otherwise designate how that Beneficiary's share will be paid, then:

- (1) that share will be divided and paid equally to Your surviving Beneficiaries; and
- (2) the entire death benefit will be paid to a single Beneficiary, if only one survives.

**No Beneficiary Named or Surviving.** If You have not named a Beneficiary, or if no named Beneficiaries survive You, payment will be made to Your:

- (1) Spouse; or, if none
- (2) surviving child or children in equal shares; or, if none
- (3) surviving parent or parents in equal shares; or, if none
- (4) surviving sibling or siblings in equal shares; or, if none
- (5) estate.

In determining who is to receive payment, We may rely upon an affidavit by a member of the class to receive payment. Unless We receive written notice at Our Group Insurance Service Office of a valid claim by some other person before paying the proceeds, We will make payment based upon the affidavit We have received. Such payment will release Us from any further obligation for the death benefit.

The amount payable to anyone shown above will be reduced by any amount paid in accord with the Facility of Payment section described in the Claims Procedures.

If the person who would otherwise receive payment dies:

- (1) within 15 Days of Your death; and
- (2) before We receive satisfactory proof of Your death;

payment will be made as if You had survived that person, unless other provisions have been made.

**CHANGING THE BENEFICIARY.** Only You may change the Beneficiary. You may name or change the Beneficiary at any time. A new Beneficiary may be named by submitting a Beneficiary designation change to the Group Policyholder prior to Your death. Subject to any action We take before receiving notice, any change to Your Beneficiary will be effective:

- (1) the Date it was completed; or
- (2) for written notice, the Date it was signed.

**TERMINATION  
For  
Your Accident Insurance**

**DATE OF TERMINATION.** Your insurance will terminate at 12:00 midnight on the earliest of:

- (1) the Date the Policy terminates or the Participating Organization's participation terminates (but without prejudice to any claim incurred prior to termination.);
- (2) the Date Your Class is no longer eligible for insurance;
- (3) the Date You cease to be a member of the Eligible Class;
- (4) the last Day of the Insurance Month in which You request termination;
- (5) the last Day of the last Insurance Month for which Premium payment is made on Your behalf;
- (6) the end of the period for which the last required Premium has been paid;
- (7) with respect to any particular insurance benefit, the Date that benefit terminates;
- (8) the last Day of the calendar month following the Date Your employment with the Group Policyholder terminates; or
- (9) the Date You enter armed services of any state or country on active duty, except for duty of 30 Days or less for training in the Reserves or National Guard (If You send proof of military service, We will refund any unearned Premium.);

unless insurance is continued as provided in the Continuation Rights or Portability provisions.

**INDIVIDUAL TERMINATION.** Termination will have no effect on benefits payable for a Covered Accident that occurred while You were insured under the Policy.

**REISSUE FOLLOWING POLICY TERMINATION.** If We terminate the Policy for reasons other than fraud or nonpayment of Premium and issue a new policy to the Group Policyholder within one year after the effective Date of termination of the Policy, We will accept for coverage under the new policy an individual who:

- (1) was covered under the old Policy; and
- (2) has continued to meet the requirements for membership in the group that applied to the old Policy.

**TERMINATION  
For  
Dependents Accident Insurance**

**DATE OF TERMINATION.** Accident Insurance on a Dependent will cease on:

- (1) the Date he or she ceases to be an eligible Spouse; or
- (2) the last Day of the Insurance Month following the Date he or she ceases to be an eligible Dependent Child.

Dependents Accident Insurance will cease for all Your Insured Dependents on the earliest of:

- (1) the Date Your Accident Insurance terminates;
- (2) the Date Dependents Accident Insurance is discontinued;
- (3) the Date You cease to be in a class eligible for Dependents Accident Insurance;
- (4) the Date You request that the Dependents Accident Insurance be terminated;
- (5) with respect to a benefit or a specific type of benefit, the Date the portion of the Policy providing that type of benefit terminates; or
- (6) the Date through which Premium has been paid on behalf of the Insured Dependents.

**DEPENDENT TERMINATION.** Termination will have no effect on benefits payable for a Covered Accident that occurred while the Insured Dependent was insured under the Policy.

**CONTINUATION RIGHTS**  
**For**  
**You and Your Dependents**

**CONTINUATION RIGHTS FOR YOU.** Ceasing Active Work or reduction of Minimum Hours results in termination of Your eligibility for insurance, but insurance may be continued as follows.

**Family or Medical Leave.** If You go on an approved Family or Medical Leave and are **not** entitled to any more favorable continuation available during disability, insurance may be continued until the earliest of:

- (1) the end of the leave period approved by the Group Policyholder;
- (2) the end of the leave period required by federal law, or any more favorable period required by a similar state law;
- (3) the Date You notify the Group Policyholder that You will not return; or
- (4) the Date You begin employment with another employer.

The required Premium payments must be received from the Group Policyholder throughout the period of continued insurance.

**Military Leave.** If You go on a Military Leave, insurance may be continued for the same period allowed for an approved Family or Medical Leave or any more favorable leave in which employees with similar seniority, status, and pay who are on furlough or leave of absence are granted by the Group Policyholder. The required Premium payments must be received from the Group Policyholder throughout the period of continued insurance.

**Disability.** If You are disabled as a result of illness or Injury, then insurance may be continued until the earlier of:

- (1) 12 Insurance Months after the disability begins; or
- (2) the Date You are no longer disabled.

The required Premium payments must be received from the Group Policyholder, throughout the period of continued insurance.

**Other Leave of Absence.** When You cease work due to an approved leave of absence (other than an approved Family or Medical Leave or Military Leave), insurance may be continued for three Insurance Months. The required Premiums must be received from the Group Policyholder throughout the period of continued insurance.

**Lay Off.** When You cease work due to a temporary layoff, insurance may be continued for three Insurance Months following the month in which the layoff begins. The required Premiums must be received from the Group Policyholder throughout the period of continued insurance.

**Temporary Reduction in Hours.** When Your hours are temporarily reduced resulting in Your loss of eligibility, insurance may be continued for six Insurance Months after the temporary reduction in hours begins, provided You work at least 30 hours in a two week period. The required Premium payments must be received from the Group Policyholder throughout the period of continued insurance.

**Conditions.** In administering the above continuations, the Group Policyholder and any Participating Organizations must not act so as to discriminate unfairly among Employees in similar situations. Insurance may not be continued when You Cease Active Work due to a labor dispute, strike, work slowdown or lockout.

**CONTINUATION RIGHTS FOR SURVIVING DEPENDENTS.** If Accident Insurance terminates due to Your death, Dependents Accident Insurance may be continued:

- (1) for three Insurance Months, or any longer period, if required by state or federal law;
- (2) provided the Group Policyholder submits the Premium on behalf of the surviving Dependents, and the Policy remains in force.

**PORTABILITY**  
**For**  
**You and Your Dependents**

**PORTABILITY FOR YOU.** If Your Accident Insurance ends, You may be eligible for Portability. Portability allows continuation of Your Accident Insurance and Dependents Accident Insurance under this Certificate. Portability follows any Continuation Rights. To continue insurance, You must:

- (1) notify Us within 31 Days of the Date the insurance would otherwise end;
- (2) pay the applicable Premium to Us; and
- (3) have been insured under this Certificate just prior to the Date Your insurance under the Policy replaces.

**Maximum Duration.** Subject to Termination of Portability, the maximum period You may continue Your Accident Insurance and Dependents Accident Insurance under this provision is the later of:

- (1) the Date You reach age 70; or
- (2) the Date the insurance has been continued for 12 months.

**Limitations on Portability.** Portability is not available when insurance terminates solely because of:

- (1) Your Spouse or Child ceasing to be an eligible Dependent;
- (2) Your organization ceasing to be a Participating Organization;
- (3) nonpayment of Premiums; or
- (4) Policy termination.

**Payment of Premium.** We will send You a billing statement on or before each Premium due Date. You must pay Premium directly to Us on or before each due Date, throughout the period of continued insurance. The required Premium will equal:

- (1) the group rate; plus
- (2) a direct billing fee based on the Premium frequency You choose.

You may request to change:

- (1) Premium frequency if You notify Us in advance; and
- (2) billing frequency at any time the insurance is in force, except during a Grace Period.

**Termination of Your Portability.** Insurance continued under this section ends on the earliest of:

- (1) the Date We receive a written request from You to terminate the insurance;
- (2) the last Day of the period for which You paid Premiums;
- (3) the Date You die;
- (4) the Date the Maximum Duration ends; or
- (5) the Date You return to an eligible class under the Policy.

**DEPENDENTS PORTABILITY.** If You die or divorce, Your Insured Spouse may be eligible for Dependents Portability. Dependents Portability allows Your Insured Spouse to continue his or her insurance under this Certificate. To continue his or her insurance, Your Insured Spouse must:

- (1) notify Us within 31 Days of the Date the insurance would otherwise end;
- (2) pay the applicable Premium to Us; and
- (3) have been insured under this Certificate just prior to the Date You died or divorced.

Your Insured Spouse may also continue Your Dependent Child's Accident insurance, provided:

- (1) the Dependent Child was insured at the time of Your death or divorce; and
- (2) You are not continuing Dependents Accident Insurance for Your Child.

**Maximum Duration.** Subject to Termination of Dependents Portability, the maximum period Your Insured Spouse may continue his or her insurance under this provision is the later of:

- (1) the Date he or she reaches age 70; or
- (2) the Date the insurance has been continued for 12 months.

**PORTABILITY**  
**For**  
**You and Your Dependents**  
**(Continued)**

Insurance provided under this provision for a Dependent Child will cease on the Date he or she ceases to be an eligible Dependent Child.

**Payment of Premium.** We will send Your Insured Spouse a billing statement on or before each Premium due Date. He or she must pay Premium directly to Us on or before each due Date, throughout the period of continued insurance. The required Premium will equal:

- (1) the group rate if You remained an Employee; plus
- (2) a direct billing fee based on the Premium frequency Your Insured Spouse chooses.

**Termination of Dependents Portability.** Insurance continued under this section ends on the earliest of:

- (1) the Date We receive a written request from Your Insured Spouse to terminate the insurance;
- (2) the last Day of the period for which Your Insured Spouse paid Premiums;
- (3) the Date Your Insured Spouse dies;
- (4) the Date the Child ceases to be an eligible Dependent; or
- (5) the Date the Maximum Duration ends.

We may terminate the Dependents Accident Insurance continued under this provision for any reason by providing 31 Days notice.

**GENERAL PROVISIONS**  
**For**  
**You and Your Dependents**

**ENTIRE CONTRACT.** The entire contract with the Group Policyholder includes:

- (1) the Policy and any amendments to it;
- (2) the Group Policyholder's application, if any;
- (3) any Participating Organization's Application or Participation Agreement; and
- (4) the Certificate for each insured class and any amendments to it.

**AUTHORITY TO MAKE OR AMEND CONTRACT.** Only a Company officer located in Our Group Insurance Service Office has the authority to:

- (1) determine the insurability of a group or any individual within a group;
- (2) make a contract in Our name;
- (3) amend or waive any provision of the Policy; or
- (4) extend the time for payment of any Premium.

No change in the Policy will be valid, unless it is made in writing, agreed upon by an underwriting officer, and signed by a Company officer as described above.

**INCONTESTABILITY.** Except for the non-payment of Premiums, We may not contest the validity of the Policy after it has been in force for two years from its Date of issue, and as to You or Your Insured Dependent, after the insurance has been in force for two years during Your or Your Insured Dependent's lifetime. This clause does not preclude, at any time, the assertion of defenses based upon:

- (1) this Certificate's eligibility requirements, exclusions and limitations; and
- (2) other Certificate provisions unrelated to the validity of insurance.

In the absence of fraud, all statements made by You or Your Insured Dependents are representations and not warranties. No statement made by You or Your Insured Dependent will be used to contest the insurance provided by the Policy, unless:

- (1) it is contained in a written statement signed by You or Your Insured Dependent; and
- (2) a copy of the statement has been furnished to You or Your Insured Dependent.

**GROUP POLICYHOLDER'S AGENCY.** For all purposes of the Policy, the Group Policyholder acts on its own behalf or as Your agent. Under no circumstances will the Group Policyholder be deemed Our agent.

**CURRENCY.** In administering this Certificate all Premium and benefit amounts must be paid in U.S. dollars.

**WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE.** The Policy does not replace or provide benefits required by:

- (1) Workers' Compensation laws; or
- (2) any state temporary disability insurance plan laws.

**MISSTATEMENT OF AGE.** If Your or Your Insured Dependent's age has been misstated, the correct age will be used to determine if insurance is in effect and adjust benefits, as appropriate.

**ASSIGNMENT.** The rights and benefits under this Certificate may not be assigned.

**DEFINITIONS**  
**For**  
**You and Your Dependents**

**ACCIDENT or ACCIDENTAL** refers to an event or occurrence that was not reasonably foreseeable, or that could not have been reasonably expected or anticipated.

**ACCIDENT INSURANCE** means the insurance provided by the Policy for You.

**ACTIVE, ACTIVE WORK, or ACTIVELY AT WORK** means Your performance, for at least the Minimum Hours shown in the Schedule of Benefits, of all customary duties of Your occupation at:

- (1) the Group Policyholder's place of business; or
- (2) any other business location designated by the Group Policyholder.

Unless disabled on the prior workday or on the Day of absence, You will be considered Actively at Work on the following Days:

- (1) a non-scheduled workday or holiday;
- (2) a paid vacation Day, or other scheduled or unscheduled non-workday; or
- (3) a non-medical leave of absence of 12 weeks or less, whether taken with the Group Policyholder's prior approval or on an emergency basis.

**ADULT CARE FACILITY** means any facility which:

- (1) is licensed by the state as an adult care facility;
- (2) provides personal care and supervision for people suffering from physical infirmities caused by age or cognitive disabilities; and
- (3) is not operated by You or a member of Your immediate family.

**AIRCRAFT** means any device used for aerial navigation, including but not limited to, airplanes, helicopters, balloons, gliders, parachutes, hang gliders and parasails.

**ALTERNATE CARE OR REHABILITATIVE FACILITY** means a facility that is licensed according to state and local laws to provide skilled care, intermediate care, intermingled care, custodial care, or rehabilitative care as an alternative to care at a Hospital.

**CERTIFICATE** means the Group Accident Certificate, which contains the main provisions of the Policy. The Certificate includes any amendments which may be attached to it.

**CHANGE IN FAMILY STATUS** means a marriage, divorce, birth, adoption, death, or change of employment or eligibility status or other event that qualifies under the requirements of Section 125 of the Internal Revenue Code of 1986, as amended. Change in Family Status also means involuntary loss of comparable insurance under a Spouse's benefit plan.

**CHILD or CHILDREN** means:

- (1) Your natural child, legally adopted child, stepchild, or a child subject to legal guardianship;
- (2) a child placed with You for the purpose of adoption;
- (3) a child for whom You are required by court order to provide insurance;
- (4) Your grandchild; or
- (5) a foster child for whom You have assumed full parental responsibility and control.

**CHILD CARE CENTER** means any facility which:

- (1) is licensed as such by the state;
- (2) provides non-medical care and supervision for children in a group setting; and
- (3) is not operated by You or a member of Your immediate family.

**CHIP FRACTURE** means a fracture in which a piece of the bone is broken off.

**DEFINITIONS**  
**For**  
**You and Your Dependents**  
**(Continued)**

**CHIROPRACTOR** means a person other than You who:

- (1) is licensed by the state to practice as a chiropractor;
- (2) performs services within the scope of his or her license; and
- (3) practices according to the Code of Ethics of the American Chiropractic Association.

**COMPANION** means a Spouse, sibling, Child, parent, grandparent, or any primary care giver. You may be considered Your Insured Dependent's Companion.

**COMPANY** means The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

**COVERED ACCIDENT** means an Accident that:

- (1) You or an Insured Dependent sustains; and
- (2) is not otherwise excluded under this Certificate.

**DAY OR DATE** means the period of time that begins at 12:01 a.m. and ends at 12:00 midnight when used with regard to eligibility dates and effective dates. When used with regard to termination dates, it means 12:00 midnight. Day or Date is based on the time at the Group Policyholder's place of business.

**DENTIST** means a licensed doctor of dentistry, operating within the scope of his or her license, in the state in which he or she is licensed.

**DEPENDENT** means Your Spouse or Dependent Child.

**DEPENDENT ADULT** means Your :

- (1) siblings, parents, and grandparents; and
- (2) Spouse's relatives of like degree:

who are chiefly dependent upon You for support and maintenance, and reside in Your household.

**DEPENDENT CHILD** means Your Child who meets the age requirements shown in the Schedule of Benefits.

**DEPENDENTS ACCIDENT INSURANCE** means the insurance provided by the Policy for eligible Dependents.

**DISLOCATION** means a completely separated joint. A Partial Dislocation means that the joint is misaligned, but not completely dislocated, as diagnosed by a Physician.

**ELIGIBILITY WAITING PERIOD** means the period of time You must be in an eligible class with the Group Policyholder or Participating Organization, before You become eligible to enroll for insurance under the Policy.

The period of service must be continuous, except as explained in the Eligibility section captioned Prior Service Credit Towards Waiting Period. The Eligibility Waiting Period may be waived if You qualify under the Reinstatement Rights.

**EMERGENCY CARE FACILITY** means an emergency room recognized by the laws of the state where located.

**EMERGENCY TREATMENT** means medical services that You or Your Insured Dependent receives in an Emergency Care Facility.

**EMPLOYEE (Full-Time)** means a person:

- (1) whose employment with the Group Policyholder or Participating Organization is the person's main occupation;

**DEFINITIONS**  
**For**  
**You and Your Dependents**  
**(Continued)**

- (2) whose employment is for regular wage or salary;
- (3) who is Actively at Work;
- (4) who is a member of an eligible class under the Policy;
- (5) who is not a temporary or seasonal employee; and
- (6) who is a citizen of the United States or legally works in the United States.

It also includes a former Employee who has elected Portability

**FAMILY OR MEDICAL LEAVE** means an approved leave of absence that:

- (1) is subject to the federal FMLA law (the Family and Medical Leave Act of 1993 and any amendments to it) or a similar state law;
- (2) is taken in accord with the Group Policyholder's or Participating Organization's leave policy and the law which applies; and
- (3) does not exceed the period approved by the Group Policyholder and required by that law.

The leave period may:

- (1) consist of consecutive or intermittent work Days; or
- (2) be granted on a part-time equivalency basis.

If You are entitled to a leave under both the federal FMLA law and a similar state law, the leave period that is more favorable to You will apply. If You are on an FMLA leave due to Your own health condition on the Group Policy Effective Date, You are not considered Actively at Work.

**FRACTURE** means a broken bone that can be determined by a diagnostic exam.

**GROUP POLICYHOLDER** means the person, partnership, corporation, trust, or other organization, as shown on the Face Page of this Certificate.

**HOME HEALTH CARE AGENCY** means an agency that provides skilled nursing and other home health care services according to state and local laws on a visiting basis in temporary or principal places of residence.

**HOSPITAL** means a general hospital which:

- (1) is licensed, approved or certified by the state where it is located;
- (2) is recognized by the Joint Commission;
- (3) is operated to treat Inpatients;
- (4) has a registered nurse always on duty; and
- (5) has organized facilities and equipment for diagnosis and treatment of acute medical and surgical conditions, either on its premises or in facilities available to it on a prearranged basis.

It does not include a place that:

- (1) is specialized solely in dentistry, mental illness or substance abuse;
- (2) is a rest home, home for the aged, convalescent home or nursing home; or
- (3) Alternate Care or Rehabilitative Facility, extended care or skilled nursing facility.

**HOSPITAL CONFINEMENT** means being a registered bed patient in a Hospital upon a Physician's recommendation. Such confinement must be medically necessary to diagnose or treat a covered Injury.

**INJURY OR INJURIES** means bodily harm solely due to an Accident. It includes all complications of and all injuries sustained in the same Covered Accident.

**INPATIENT** means an overnight resident patient.

**DEFINITIONS**  
**For**  
**You and Your Dependents**  
**(Continued)**

**INSURANCE MONTH** means that period of time shown on the Schedule of Benefits:

- (1) beginning at 12:01 a.m.; and
- (2) ending at 12:00 midnight;

at the Group Policyholder's primary place of business.

**INSURED DEPENDENT** means a Dependent for whom Accident Insurance under this Certificate is in effect.

**INSURED DEPENDENT CHILD** means a Dependent Child for whom Accident Insurance under this Certificate is in effect.

**INSURED SPOUSE** means Your Spouse for whom Accident Insurance under this Certificate is in effect.

**INTENSIVE CARE UNIT (ICU)** means a designated part of a Hospital that:

- (1) provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- (2) is separate and apart from the surgical recovery room and from rooms, beds, wards, and units customarily used for patient confinement;
- (3) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- (4) is under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis; and
- (5) is assigned a Physician on a full-time basis.

**MEDICAL HEALTH PROFESSIONAL** means a person, other than a Physician, that renders medical care and performs services that are within the scope of such person's license. Included in this definition are registered nurses, physician's assistants, and nurse practitioners.

**MEDICAL MOBILITY DEVICE** means an item, other than a wheelchair, that is intended by its manufacturer for use in directly substituting for a malfunctioning part of the body for assistance with mobility. Examples include cane, crutches, knee walkers, walking boots, and walkers.

**MILITARY LEAVE** means a leave of absence that:

- (1) is subject to the federal USERRA law (the Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments to it);
- (2) is taken in accord with the Group Policyholder's or Participating Organization's leave policy and the federal USERRA law; and
- (3) does not exceed the period required by that law.

**OBSERVATION UNIT** means a specified area within a Hospital, apart from the emergency room, where a patient can be monitored following outpatient Surgery or treatment in the emergency room by a Physician and which:

- (1) is under the direct supervision of a Physician or registered nurse;
- (2) is staffed by nurses assigned specifically to that unit; and
- (3) provides care seven Days per week, 24 hours per Day.

**OCCUPATIONAL THERAPIST** means a person other than You or Your Insured Dependent who:

- (1) is licensed by the state to practice occupational therapy;
- (2) performs services within the scope of his or her license; and
- (3) practices according to the Code of Ethics of the American Occupational Therapy Association.

**OPEN ENROLLMENT PERIOD** means the calendar year period designated by the Group Policyholder, and approved by Us, during which You may be eligible to purchase or make changes to Your or Your Dependents Accident Insurance.

**DEFINITIONS**  
**For**  
**You and Your Dependents**  
**(Continued)**

Participation in an Open Enrollment Period does not change provisions related to the Eligibility Waiting Periods.

**ORGANIZED SPORTING ACTIVITY** means any scheduled athletic event on a sports field. It includes practice, and events associated with school programs and non-school programs that are governed by an organization and require formal registration to participate. Organized Sporting Activity does not include unstructured play such as pick-up games or spontaneous play.

**OUTPATIENT TREATMENT** means medical services that You or Your Insured Dependent receives when not confined as an Inpatient in a Hospital.

**PARTICIPATING ORGANIZATION** means an organization that We have approved for participation in the insurance provided by the Policy.

**PAYROLL PERIOD** means that period of time established by the Group Policyholder for payment of employee wages.

**PERSON** means an Employee of the Group Policyholder:

- (1) who is a member of a class that is eligible for insurance under the Policy; and
- (2) who has enrolled for insurance.

**PHYSICAL THERAPIST** means a person other than You or Your Insured Dependent who:

- (1) is licensed by the state to practice physical therapy;
- (2) performs services within the scope of his or her license; and
- (3) practices according to the Code of Ethics of the American Physical Therapy Association.

**PHYSICIAN** means:

- (1) a legally qualified medical doctor who is licensed to practice medicine, to prescribe and administer drugs, or to perform Surgery; or
- (2) any other duly licensed medical practitioner who is deemed by state law to be the same as a legally qualified medical doctor.

The medical doctor or other medical practitioner must be acting within the scope of his or her license. Any Physician's diagnosis that is required under this Certificate may be provided via Telemedicine.

Physician does **not** include You or Your relatives. Relatives include Your:

- (1) Spouse, siblings, parents, Children and grandparents; and
- (2) Spouse's relatives of like degree.

**POLICY** means the Group Accident Insurance policy issued by Us to the Group Policyholder.

**PREMIUM** means the amount charged for the insurance provided by the Policy.

**REINSTATEMENT or TO REINSTATE** means to enroll or re-enroll for Accident Insurance without satisfying a new Eligibility Waiting Period.

**SEVERE TRAUMATIC BRAIN INJURY** means a sudden impact to the head or a penetrating head Injury that:

- (1) causes irreversible physical damage to the brain;
- (2) prevents performance of the material functions and activities of a person of like age and gender who is in good health;
- (3) is diagnosed by a Physician as 8 or less on the Glasgow Coma Scale (or as an equivalent score on any other officially recognized scale used to measure the severity of a brain injury).

**DEFINITIONS**  
**For**  
**You and Your Dependents**  
**(Continued)**

**SICKNESS** means:

- (1) illness;
- (2) pregnancy; or
- (3) infection, except when the infection is due to an Accidental cut or wound.

**SPOUSE** means the person lawfully married to You, as recognized by any state, possession, or territory of the United States.

**SURGERY or SURGICAL** means a procedure performed by a Physician in a Hospital or an outpatient facility that:

- (1) is intended to be curative, palliative, or exploratory; and
- (2) requires an incision to the skin or tissue, or general anesthesia.

**TELEMEDICINE** means health care services delivered by use of interactive audio, video, or other electronic media. It does not include the delivery of health care services by use of the following:

- (1) a telephone transmitter for transtelephonic monitoring; or
- (2) a telephone or any other means of communication for the consultation from one provider to another provider.

**URGENT CARE FACILITY** means a dedicated medical facility, other than an emergency room, that provides immediate services or treatment, and that is recognized by the laws of the state where located.

**WE, OUR, or US** refer to The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

**YOU, YOUR, and YOURS** means the Person for whom Policy insurance is in effect.

**NOTICE OF PROTECTION PROVIDED BY THE  
INDIANA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

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

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

**Basic Protections Currently Provided by ILHIGA**

Generally, an individual is covered by ILHIGA if the insurer was a member of ILHIGA and the individual lives in Indiana at the time the insurer is ordered into liquidation with a finding of insolvency. The coverage limits below apply only for companies placed in rehabilitation or liquidation on or after January 1, 2018. The benefits that ILHIGA is obligated to cover are not to exceed the lesser of the contractual obligations for which the member insurer is liable or would have been liable if the member insurer were not an insolvent insurer, or the limits indicated below:

**Life Insurance**

- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values

**Health Insurance**

- \$500,000 for health plan benefits (see definition below)
- \$300,000 in disability and long term care insurance
- \$100,000 in other types of health insurance

**Annuities**

- \$250,000 in present value of annuity benefits (including cash surrender or withdrawal values)

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000. Special rules may apply with regard to basic hospital, medical and surgical or major medical insurance benefits.

"Health benefit plan" is defined in IC 27-8-8-2(o), and generally includes hospital or medical expense policies, certificates, HMO subscriber contracts or certificates or other similar health contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excludes policies that provide coverages for limited benefits (such as accident-only, credit, dental only or vision-only insurance), Medicare Supplement insurance, disability income insurance and long-term care insurance.

The protections listed above apply only to the extent that benefits are payable under covered policy(s). In no event will the ILHIGA provide benefits greater than those given in the life, annuity, or health insurance policy or contract. The statutory limits on ILHIGA coverage have changed over the years and coverage in prior years may not be the same as that set forth in this notice.

**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 variable annuity contract.

To learn more about the protections provided by ILHIGA, please visit the ILHIGA website at [www.inlifega.org](http://www.inlifega.org) or contact:

Indiana Life & Health Insurance  
Guaranty Association  
3502 Woodview Trace, Suite 100  
Indianapolis, IN 46268  
317-636-8204

Indiana Department of Insurance  
311 W. Washington Street, Suite 103  
Indianapolis, IN 46204  
317-232-2385

**The policy or contract that this notice accompanies might not be fully covered by ILHIGA and even if coverage is currently provided, coverage is (a) subject to substantial limitations and exclusions (some of which are described above), (b) generally conditioned on continued residence in Indiana, and (c) subject to possible change as a result of future amendments to Indiana law and court decisions.**

**Complaints to allege a violation of any provision of the Indiana Life and Health Insurance Guaranty Association Act must be filed with the Indiana Department of Insurance, 311 W. Washington Street, Suite 103, Indianapolis, IN 46204; (telephone) 317-232-2385.**

**Insurance companies and agents are not allowed by Indiana law to use the existence of ILHIGA or its coverage to encourage you to purchase any form of insurance. (IC 27-8-8-18(a)). When selecting an insurance company, you should not rely on ILHIGA coverage. If there is any inconsistency between this notice and Indiana law, Indiana law will control.**

**Questions regarding the financial condition of a company or your life, health insurance policy or annuity should be directed to your insurance company or agent.**

**NOTICE TO POLICYHOLDERS REGARDING  
FILING COMPLAINTS WITH THE DEPARTMENT OF INSURANCE**

**Questions regarding your policy or coverage should be directed to:**

**The Lincoln National Life Insurance Company  
1-800-423-2765**

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone, or email:

State of Indiana Department of Insurance  
Consumer Services Division  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaints can be filed electronically at [www.in.gov/idoi](http://www.in.gov/idoi).

## SUMMARY PLAN DESCRIPTION

The following information together with your group insurance certificate issued to you by The Lincoln National Life Insurance Company of Omaha, Nebraska is the Summary Plan Description required by the Employee Retirement Income Security Act of 1974 to be distributed to participants in the Plan. This Summary Plan Description is only intended to provide an outline of the Plan's benefits. The Plan Document will govern if there is any discrepancy between the information contained in this Description and the Plan.

The name of the Plan is: Group Accident Insurance for Employees of American Senior Communities, LLC

The name, address and ZIP code of the Sponsor of the Plan is:

American Senior Communities, LLC  
6900 South Gray Road  
INDIANAPOLIS, IN 46237.

Employer Identification Number (EIN): 352077389

IRS Plan Number: 501

The name, business address, ZIP code and business telephone number of the Plan Administrator is:

American Senior Communities, LLC  
6900 South Gray Road  
INDIANAPOLIS, IN 46237.  
(317) 788-2500.

The Plan Administrator is responsible for the administration of the Plan and is the designated agent for the service of legal process for the Plan. Functions performed by the Plan Administrator include: the receipt and deposit of contributions, maintenance of records of Plan participants, authorization and payment of Plan administrative expenses, selection of the insurance consultant, selection of the insurance carrier and assisting The Lincoln National Life Insurance Company. The Lincoln National Life Insurance Company has the sole discretionary authority to determine eligibility and to administer claims in accord with its interpretation of policy provisions, on the Plan Administrator's behalf.

Type of Administration. The Plan is administered directly by the Plan Administrator with benefits provided in accordance with provisions of the group insurance policy issued by The Lincoln National Life Insurance Company whose Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska.

Type of Plan. The benefits provided under the Plan are: Group Accident Insurance

Type of Funding Arrangement: The Lincoln National Life Insurance Company

All employees are given a Certificate of Group Insurance which contains a detailed description of the Benefits, Limitations, and Exclusions. The Certificate also contains the Schedule of Insurance which includes the Types of Benefits, Benefit Amounts, and Waiting Period information. If your Booklet, Certificate or Schedule of Insurance has been misplaced, you may obtain a copy from the Plan Administrator at no charge.

Eligibility. Full-time employees working at least 30 hours per week.

Employees become eligible on the first Day of the Insurance Month coinciding with or next following the Date of completion of 60 Days of active full-time employment.

Contributions. You are required to make contributions for Personal Accident Insurance and Dependents Accident Insurance.

The Plan's fiscal year ends on: December 31<sup>st</sup> of each year

The name and section of relevant Collective Bargaining Agreements: None

The name, title and address of each Plan Trustee: None

**Loss of Benefits.** The Plan Administrator may terminate the policy, or subject to The Lincoln National Life Insurance Company's approval, may modify, amend or change the provisions, terms and conditions of the policy. Coverage will also terminate if the premiums are not paid when due. No consent of any Insured Person or any other person referred to in the policy will be required to terminate, modify, amend or change the policy. See your Plan Administrator to determine what, if any, arrangements may be made to continue your coverage beyond the date you cease active work.

**Claims Procedures.** You may obtain claim forms and instructions for filing claims from the Plan Administrator or from the Group Insurance Service Office of The Lincoln National Life Insurance Company. To expedite the processing of your claim, instructions on the claim form should be followed carefully; be sure all questions are answered fully. In accordance with ERISA, The Lincoln National Life Insurance Company will send you or your beneficiary a written notice of its claim decision within:

- 90 days after receiving the first proof of a death or other Accident claim (180 days under special circumstances); or 45 days after receiving the first proof of a disability claim, if applicable (105<sup>th</sup> day under special circumstances).

If a claim is partially or wholly denied, this written notice will explain the reason(s) for denial, how a review of the decision may be requested, and whether more information is needed to support the claim. You, or another person on your behalf, may request a review of the claim by making a written request to The Lincoln National Life Insurance Company within:

- 60 days after receiving a denial notice of a death or other Accident claim; or 180 days after receiving a denial notice of a claim for disability income benefits, if applicable.

This written request for review should state the reasons why you feel the claim should not have been denied and should include any additional documentation to support your claim. You may also submit for consideration additional questions or comments you feel are appropriate, and you may review certain non-privileged information relating to the request for review. The Lincoln National Life Insurance Company will make a full and fair review of the claim and provide a final written decision to you or your beneficiary within:

- 60 days after receiving the request for a review of a death or other Accident claim (120 days under special circumstances); or 45 days after receiving the request for review of a claim for disability income benefits, if applicable (90 days under special circumstances).

If more information is needed to resolve a claim, the information must be supplied within 45 days after requested. Any resulting delay will not count toward the above time limits for claims or appeals processing. Please refer to your certificate of insurance for more information about how to file a claim, how to appeal a denied claim, and for details regarding the claims procedures.

#### **Statement of ERISA Rights**

The following statement of ERISA rights is required by federal law and regulation. As a participant in this plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

**Receive Information About Your Plan and Benefits.** Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series), if any, filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series), if any, and updated summary plan description. The administrator may make a reasonable charge for copies.

Receive a summary of the plan's annual financial report if the plan covers 100 or more participants. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

**Prudent Actions by Plan Fiduciaries.** In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

**Enforce Your Rights.** If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

**Assistance with Your Questions.** If you have any questions about your plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor (listed in your telephone directory) or contact the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

**CERTIFICATE AMENDMENT**

**TO BE ATTACHED TO AND MADE A PART OF THE CERTIFICATE FOR GROUP POLICY NO.:  
ACC-0001727857**

**ISSUED TO: American Senior Communities, LLC**

**The Certificate is amended by the addition of the following Accidental Death and Dismemberment Benefit provisions.**

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

The Accidental Death and Dismemberment Benefits will apply if elected by the Group Policyholder and the required premium is paid.

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**SCHEDULE OF BENEFITS**

**Type of Benefit and Benefit Amounts:**

**Losses**

Severe Loss

Loss of Sight in Both Eyes	\$50,000
Loss of Hearing in Both Ears	\$50,000
Loss of Speech	\$50,000
Loss of Both Arms and Both Legs	\$50,000
Loss of Both Arms	\$50,000
Loss of Both Legs	\$50,000
Loss of Arm and Leg	\$50,000
Quadriplegia	\$50,000
Paraplegia	\$32,500
Hemiplegia	\$32,500

Loss of Life

You	\$50,000
Your Spouse	\$25,000
Your Child	\$12,500
Loss of Hand, Foot, Arm, Leg, Eye, or Hearing in One Ear	\$12,500
Loss of any Finger, Thumb, or Toe	\$1,625

**Common Carrier Accident**

You	\$100,000
Your Spouse	\$50,000
Your Child	\$25,000

**Reasonable Modification**

\$3,500

**Safe Driver**

Seat Belt	10% of AD&D Benefit Amount
Air Bag	10% of AD&D Benefit Amount

**Safe Rider**

10% of AD&D Benefit Amount

**CERTIFICATE AMENDMENT  
(Continued)**

<b>Transportation of Remains</b>	\$12,500
<b>Education</b>	10% of AD&D Benefit Amount
<b>Spouse Training</b>	10% of AD&D Benefit Amount

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**CERTIFICATE AMENDMENT  
(Continued)**

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT.** We will pay an Accidental Dismemberment Benefit when You or Your Insured Dependent sustains an Injury that causes dismemberment as a result of a Covered Accident. The benefit amount payable is shown as a Loss in the Schedule of Benefits of this Certificate Amendment. The Accidental Dismemberment Benefit will also be payable if a covered body part is surgically reattached.

We will pay an Accidental Death benefit when You or Your Insured Dependent sustains an Injury that causes death as a result of a Covered Accident. The benefit amount payable is shown in the Schedule of Benefits of this Certificate Amendment.

**Scheduled Loss.** We will pay a Scheduled Loss benefit when You or Your Insured Dependent sustains an Injury in a Covered Accident that results in a Scheduled Loss. The benefit amount is payable once per person per Covered Accident. If a Severe Loss benefit is paid, no other Accidental Dismemberment benefit will be paid for the same or an attached body part.

**COMMON CARRIER ACCIDENT.** We will pay the Common Carrier Accident benefit when You or Your Insured Dependent sustains a Common Carrier Accident that results in Your or Your Insured Dependent's death or dismemberment. This benefit is payable once per person per Covered Accident.

**REASONABLE MODIFICATIONS.** We will pay a benefit for modifications required to make Your or Your Insured Dependent's:

- (1) principal residence accessible; or
- (2) vehicle ridable;

provided You or Your Insured Dependent sustains a Severe Loss, as described in the Schedule of Benefits. This benefit is payable once per person per Covered Accident.

**SAFE DRIVER.** If You or Your Insured Dependent:

- (1) was wearing a properly fastened seat belt while operating or riding in a motorized vehicle at the time of a Covered Accident; and
- (2) sustains an Accidental Death or Dismemberment loss;

the Accidental Death or Dismemberment loss benefit amount will be increased by the percentage stated in the Schedule of Benefits.

An additional benefit is payable if the motorized vehicle was equipped by the manufacturer with air bags for Your and Your Insured Dependent's seats. The Accidental Death or Dismemberment benefit amount will be increased by the percentage stated in the Schedule of Benefits of this Certificate Amendment.

**SAFE RIDER.** If You or Your Insured Dependent was wearing a properly fastened helmet while riding on a bicycle or motorized vehicle at the time of a Covered Accident and sustains an Accidental Death or Dismemberment loss, the Accidental Death or Dismemberment loss benefit amount will be increased by the percentage stated in the Schedule of Benefits of this Certificate Amendment.

**TRANSPORTATION OF REMAINS.** We will pay a Transportation of Remains benefit if You or Your Insured Dependent dies at least 100 miles from Your or Your Insured Dependent's principal place of residence as a result of a Covered Accident, and the bodily remains or ashes are returned:

- (1) by a company that provides mortuary transport services; and
- (2) to a mortuary or funeral home within 30 miles of the deceased's principal place of residence.

We will pay for only one Transportation of Remains benefit per person.

A benefit payable for the transportation of Your remains will be paid in accord with the Beneficiary provision. A benefit payable for the transportation of Your Insured Dependent's remains will be paid to You.

**EDUCATION.** We will pay an Education benefit when You or Your Insured Spouse dies as a result of a Covered Accident, and is survived by one or more Full-Time Students. This benefit is payable for each Full-Time Student who survives You or Your Insured Spouse. If You and Your Insured Spouse dies as a result of the same Covered Accident, this benefit is payable for both deaths.

**SPOUSE TRAINING.**

**CERTIFICATE AMENDMENT  
(Continued)**

**For Your Death.** We will pay a Spouse Training benefit if You die as a result of a Covered Accident, and You are survived by an Insured Spouse who is In Training. Your Spouse must not be legally separated from You on the Date of the Covered Accident.

**For Your Spouse Death.** We will pay a Spouse Training benefit if:

- (1) Your Insured Spouse dies as a result of a Covered Accident;
- (2) You survive him or her; and
- (3) You are In Training.

Your Spouse must not be legally separated from You on the Date of the Covered Accident.

**DEFINITIONS.** The following definitions are in addition to the definitions found in the Certificate.

**Common Carrier** means any land, air or water conveyance operated under a license to transport passengers for hire.

**Common Carrier Accident** means a Covered Accident while the Insured or Insured Dependent is a fare-paying passenger on a Common Carrier.

**Full-Time Student** means Your Child who:

- (1) depends on You or Your Insured Spouse for principal support on the Date of the Covered Accident;
- (2) attends a licensed or accredited college, university, or vocational school (beyond the 12th grade) on the Date of death, or within 365 Days after that Date; and
- (3) is considered a full-time student based upon that school's standards.

**In Training** means You or Your Insured Spouse are enrolled as a student in any school that retrains or refreshes skills needed for employment. The survivor's enrollment must be in effect on the Date of death, or within 365 Days after that Date.

**Loss** means severance or total and irrevocable loss of use:

- (1) of the hand through or above the wrist joint;
- (2) of the foot through or above the ankle joint;
- (3) of the arm above the elbow;
- (4) of the leg above the knee;
- (5) of sight in an eye, total and permanent loss of sight;
- (6) of hearing, deafness in an ear that cannot be corrected to any functional degree by any procedure, aid or device;
- (7) of speech, the loss of audible communication such that it cannot be corrected to any functional degree by any procedure, aid or device;
- (8) of a finger or a thumb; or
- (9) of a toe.

**EXCLUSIONS.** The Exclusions contained in the Certificate apply to this Amendment.

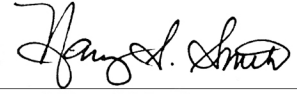
**PROOF.** We must receive written proof of a death or dismemberment in accordance with the Proof of Claim section of the Claim Procedures of the Certificate.

**CERTIFICATE AMENDMENT  
(Continued)**

**OTHER PROVISIONS.** Unless stated otherwise, this benefit is subject to all other provisions of the Certificate.

**This amendment takes effect on January 1, 2026, or on Your effective Date of coverage under the Policy, whichever is later. In all other respects, the Certificate remains the same.**

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**



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Officer of the Company

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## What Does Lincoln Financial Do with Your Personal Information?

The Lincoln Financial companies\* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. You do not need to take any action because of this Notice, but you do have certain rights as described below.

We are committed to the responsible use of information and protecting individual privacy rights. As such, we look to leading data protection standards to guide our privacy program. These standards include collecting data through fair and lawful means, such as obtaining your consent when appropriate.

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## Information We May Collect and Use

We collect personal information about you:

- to help us identify you as a consumer, our customer, or our former customer;
- to process your requests and transactions;
- to offer investment, insurance, retirement, and other financial services to you;
- to pay your claim;
- to enhance our products and services;
- to tell you about our products or services we believe you may want and use; and
- as otherwise permitted by law.

The types of personal information we collect depends on your relationship and on the products or services you request and may include the following:

- **Information from you:** When you submit your application or other forms, you give us information such as your name; address; Social Security number; your financial health; and employment history. We may also collect voice recordings or biometric data for use in accordance with applicable law.
- **Information about your transactions:** We maintain information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; payment details; and your payment and claims history.
- **Information from outside our family of companies:** If you are applying for or purchasing insurance products, we may collect information from consumer reporting agencies, such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information (such as medical information, retirement information, and information related to Social Security benefits), from other individuals or businesses.
- **Information from your employer:** If your employer applies for or purchases group products from us, we may obtain information about you from your employer or group representative to enroll you in the plan.

When you are no longer our customer, we continue to share your information as described in this notice.

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## How We Share and Use Your Personal Information

We may share your personal information within our companies and with certain service providers. They may use this information:

- to process transactions you, your employer, or your group representative have requested;
- to provide customer service;
- to evaluate or enhance our products and services;
- to gain customer insight; to provide education and training to our workforce and customers; and/or
- to inform you of products or services we offer that you may find useful.

Our service providers may or may not be affiliated with us. Affiliates are companies related by common ownership or control. Nonaffiliates are companies not related by common ownership or control. They include:

- Financial service providers: third party administrators; broker-dealers; insurance agents and brokers; registered representatives; reinsurers and other financial services companies with which we have joint marketing agreements. A joint marketing agreement is a formal agreement between nonaffiliated financial companies that together market financial products or services to you. Our joint marketing partners include, but are not limited to, insurance providers and financial technology solutions.
- Non-financial companies and individuals: consultants; vendors; and companies that perform marketing services on our behalf.

Information we obtain from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law. We may execute agreements with our service providers that permit the service provider to process your personal information outside of the United States, when not prohibited by our contracts and permitted by applicable law.

When you apply for one of our products:

- We may share information about your application with credit bureaus.
- We may provide information to group policy owners or their designees (for example, to your employer for employer-sponsored plans and their authorized service providers).
- We may provide information to regulatory authorities, law enforcement officials, and to other nonaffiliated or affiliated parties as permitted by law.
- In the event of a sale of all or part of our businesses, we may share customer information with the acquiror as part of the sale.
- **We do not sell or release your information to outside marketers who may want to offer you their own products and services unless we receive your express consent; nor do we release information we receive about you from a consumer reporting agency.**

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information, the reasons Lincoln chooses to share, and whether you can limit this sharing.

Reasons we can share your personal information	Does Lincoln share?	Can you limit this sharing?
<b>For our everyday business purposes</b> —such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> —to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates' everyday business purposes</b> —information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness	No	We Don't Share
<b>For our affiliates to market to you</b>	No	We Don't Share
<b>For nonaffiliates to market to you</b>	No	We Don't Share

Federal law gives you the right to limit only:

- sharing for our affiliates' everyday business purposes – information about your creditworthiness;
- sharing for our affiliates to market to you; and
- sharing for nonaffiliates to market to you.

## Security of Information

We have an important responsibility to keep your information safe. We use safeguards to protect your information from unauthorized disclosure. To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards, secure files, and buildings. Our employees are authorized to access your information only when they need it to perform their job responsibilities. Employees who have access to your personal information are required to keep it confidential. Employees are required to complete privacy training annually.

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## Your Rights Regarding Your Personal Information

Lincoln complies with all applicable laws and regulations regarding the provision of personal information. The rights provided to you in this Privacy Notice will be administered in accordance with your state's specific laws and regulations.

**Access to personal information:** You must submit a written request to receive a copy of your personal information. You may see your personal information in person, or you may ask us to send you a copy of your personal information by mail or electronically. We will need to verify your identity before we process the request. Within 30 business days of receiving your request, we will, depending on the specific request you make, (1) inform you of the nature and substance of the recorded personal information we have about you; (2) permit you to obtain a copy of your personal information; and (3) provide the identity (if recorded) of persons to whom we disclosed your personal information within two years prior to the request (if this information is not recorded, we will provide you with the names of those insurance institutions, agents, insurance support organizations or other persons to whom such information is normally disclosed). We will send you notification within 30 business days if we need additional time to respond to your request. If you request a copy of your information by mail, we may charge you a fee for copying and mailing costs.

**Changes to personal information:** If you believe that your personal information is inaccurate or incomplete, you may ask us to correct, amend, or delete the information. Your request must be in writing and must include the reason you are requesting the change. We will respond within 30 business days from the date we receive your request.

If we make changes to your records because of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received your personal information within the past two years. We will also send the updated information to any insurance support organization that gave us the information, and any insurance support organization that systematically received personal information from us within the prior 7 years unless that support organization no longer maintains your personal information.

If we deny your request to correct, amend, or delete your information, we will provide you with the reasons for the denial. You may write to us and concisely describe what you believe our records should say and why you disagree with our denial of your request to correct, amend, or delete that information. We will file this communication from you with the disputed information, identify the disputed information if it is disclosed, and provide notice of the disagreement to the recipients and in the manner described in the paragraph above.

**Basis for adverse underwriting decision:** You may ask in writing for specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate, or terminate your coverage.

Your state may provide additional privacy protections under applicable laws. We will protect your information in accordance with these additional protections.

If you would like to exercise your rights regarding your personal information, please provide your full name, address and telephone number and either email your inquiry to our Data Subject Access Request Team at [DSAR@lfg.com](mailto:DSAR@lfg.com) or mail to: Lincoln Financial, Attn: Corporate Privacy Office, 1301 South Harrison St., Fort Wayne, IN 46802. **The DSAR@lfg.com email address should only be used for inquiries related to this Privacy Notice.**

For general account service requests or inquiries unrelated to this Privacy Notice, please call 1-877-ASK-LINC.

\*This information applies to the following Lincoln Financial companies:

First Penn-Pacific Life Insurance Company  
Lincoln Retirement Services Company, LLC  
Lincoln Life & Annuity Company of New York  
Financial Investments Corporation (formerly  
Lincoln Investment Advisors Corporation)

Lincoln Financial Distributors, Inc.  
Lincoln Financial Group Trust Company, Inc.  
Lincoln Variable Insurance Products Trust Lincoln  
The Lincoln National Life Insurance Company  
Lincoln Financial Insurance Agency Incorporated