

AMENDMENT TO GROUP POLICY GRH-681382 ON DECEMBER 4, 2018. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE JANUARY 1, 2019. ALL OTHER TERMS, CONDITIONS AND DATES REMAIN UNCHANGED.



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

One Hartford Plaza, Hartford, Connecticut 06155  
(A stock insurance company, herein called The Company)  
will pay benefits according to the terms and conditions of The Policy.

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

---

**Name of Policyholder:** NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS

---

**Policy Number:**

GRH-681382

**Policy Effective Date:**

January 1, 2019

**Place of Delivery:**

Maryland

**Anniversary Date:**

January 1 of each year, beginning in 2020

**Premium Due Dates:**

Monthly, on the first day of each policy month

Signed for The Company:

**Lisa Levin, Secretary**

**Michael Concannon, President**

War exclusions are included.

**THIRTY DAY RIGHT TO EXAMINE POLICY**

The Company urges you to examine this Policy closely. If you are not satisfied with it, you may send it back to The Company for any reason within 30 days after the date you receive it. If so returned, your insurance will be canceled, and any premium paid will be refunded in full.

Countersigned by.....  
Licensed Resident Agent or Registrar

**Table of Contents**

Schedule of Insurance 2  
Premiums 3  
Policy Provisions 6  
Incorporation Provision 8

## **SCHEDULE OF INSURANCE**

The Schedule(s) of Insurance for The Policy benefits listed below are shown in the Certificate(s) of Insurance, as incorporated into The Policy.

- 1) Short Term Disability Insurance

The Schedule(s) of Insurance will address the:

- 1) benefit amounts and maximum limits;
- 2) eligibility and effective date requirements; and
- 3) other schedule amounts and limits;

which apply to the employees of the Policyholder.

## PREMIUM PROVISIONS

### Initial Monthly Premium Rates

The initial monthly premium rates to be charged for employee coverage and/or child/spouse coverage, if applicable, are shown on the following page(s).

The first premium is due and payable on the effective date of The Policy. Subject to The Policy's grace period provision, all premiums after the first must be paid when or before they are due.

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

The Initial Monthly Premium Rates may be converted as follows:

| <b>To Convert Rates to:</b> | <b>Use a Conversion Factor of:</b> |
|-----------------------------|------------------------------------|
| -- annual rates             | 11.8227                            |
| -- semi-annual rates        | 5.9557                             |
| -- quarterly rates          | 2.9852                             |

### Grace Period

The Company will allow the Policyholder a 60 day grace period for the payment of all premiums after the first. During this 60 day period, The Policy will stay in force. If the owed premium is not paid by the 60th day, The Policy will automatically terminate. If the Policyholder gives The Company notice of an earlier cancellation date, The Policy will terminate on the date on which the notice is received or the cancellation date stated in the notice, whichever is later. Premium is due for each day The Policy is in force up to a maximum of 31 days during the grace period. The grace period will not apply if The Company does not intend to renew The Policy beyond the period for which premium has been accepted, and notice of the intention not to renew is delivered to the Policyholder at least 45 days before the premium is due.

### Monthly Premium Rate Guarantee

Initial Monthly Premium Rates are guaranteed as follows:

| <b>Benefit</b>                 | <b>Rate Guarantee Period</b> |
|--------------------------------|------------------------------|
| Short Term Disability Benefits | until January 1, 2021        |

Subject to the Rate Guarantee Period shown above, The Company has the right to change premium rates on any Policy premium due date if:

- 1) written notice is delivered to the Policyholder's last address on record; and
- 2) the change is effective at least 45 days after the date of notice.

The Rate Guarantee Period supersedes only those provisions appearing elsewhere in this Policy which give The Company the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, The Company may change the premium rates during the Rate Guarantee Period if:

- 1) there is a change in The Policy;
- 2) there is any change to state or federal law or inaction by state or federal law makers which affects The Company's liability under The Policy on a temporary or permanent basis;
- 3) Social Security Disability benefits are reduced or eliminated on a temporary or permanent basis due to the actual or threatened insolvency of the Social Security Disability Insurance Trust Fund;
- 4) there is a 10% increase or decrease in the number of insured Employees;
- 5) the Policyholder adds or deletes a subsidiary or affiliated business entity; or
- 6) there has been a material misstatement in the reported experience during the pre-sale process.

The Rate Guarantee Period in no way affects, amends or supersedes any other provision in The Policy.

## **PREMIUM PROVISIONS**

### **Calculation**

Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.

If any insurance is added, increased or becomes effective after The Policy is in force, the premium charges will begin on:

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

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

Premiums may be calculated by any other method which both The Company and the Policyholder agree to in writing.

### **Premium Payments**

Premium payments are due and payable in full to a place designated by The Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of The Company. The pre-payment of premiums for a particular period by the Policyholder is not a guarantee that The Policy will remain in force.

All premiums due under The Policy shall be remitted by the Policyholder or the Policyholder's designee to The Company on or before the due date.

## PREMIUM SCHEDULE

### Short Term Disability Benefits (DisFlex):

| <b>Rates Per \$100 Weekly Benefit</b>                        |            |              |              |
|--|------------|--------------|--------------|
| <b>13 Weeks Benefit Duration</b>                             |            |              |              |
| <b>Benefit Commencement Period (Day Injury/Day Sickness)</b> |            |              |              |
| <b>Attained Age</b>  | <b>8/8</b> | <b>15/15</b> | <b>30/30</b> |
| Less than 35   | \$6.30     | \$4.92       | \$3.00       |
| 35 - 49  | \$8.76     | \$6.84       | \$4.17       |
| 50 - 59  | \$10.04    | \$7.84       | \$4.78       |
| 60 or over   | \$11.43    | \$8.92       | \$5.44       |

\*NA means Not Applicable

## POLICY PROVISIONS

### Entire Contract

The contract between the parties consists of:

- 1) The Policy;
- 2) any Certificate(s) of Insurance incorporated and made a part of The Policy;
- 3) any riders issued in connection with such Certificate(s) of Insurance;
- 4) the Policyholder's application, if any, a copy of which is attached to and made a part of The Policy when issued; and
- 5) any individual application submitted by the Employee and accepted by The Company in connection with The Policy.

All statements made by the Policyholder or persons insured under The Policy will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing, signed, and a copy of it is given to the person who made it, or to his or her beneficiary or personal representative.

### Incontestability

Except for non-payment of premium, the insurance provided by The Policy cannot be contested after such insurance has been in effect for a period of 2 years from the date of issue.

### Changes

The Company reserves the right to make changes in The Policy, after The Policy has been in force for 12 months. The Company will give the Policyholder 45 days advance written notice of any change. No agent has authority to change or waive any part of The Policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of The Policy.

### Clerical Error

Clerical error (whether by the Policyholder, the Plan Administrator, or The Company) in keeping the records having to do with The Policy, or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. A clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by The Policy. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and The Policy.

### Conformity with Law

If any provision of The Policy is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law. If any change to state or federal law, including but not limited to the Federal Social Security Act, affects The Company's liability under The Policy, The Company may change The Policy, the premiums or both. Such change:

- 1) will be effective as of the date of the change to the state or federal law; and
- 2) will not be made until The Company gives the Policyholder 45 days notice.

### Termination of Policy

The Company may terminate The Policy for the following reasons by giving the Policyholder 45 days written notice:

- 1) the Policyholder fails to furnish any information which The Company may reasonably require;
- 2) the Policyholder fails to perform any of its other obligations pertaining to this Policy;
- 3) Less than 25% of the persons eligible for coverage on a Contributory basis are insured; or
- 4) Fewer than 10 persons are insured.

In addition, The Company may terminate this Policy on any premium due date after The Policy has been in force for 12 months by providing 45 days written notice.

## POLICY PROVISIONS

### **Certificate(s) of Insurance**

The Company will give individual Certificate(s) of Insurance to:

- 1) the Policyholder; or
  - 2) any other person according to a mutual agreement among the other person, the Policyholder, and The Company;
- for delivery to persons covered under The Policy, which will indicate to whom benefits under The Policy are payable and will explain the important features of The Policy.

### **Data To Be Furnished**

The Policyholder, or any other person designated by the Policyholder, will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The Policy is in force and for 12 months after that, The Company may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of The Policy.

The Policyholder will, upon our request, give The Company:

- 1) the names of all persons initially eligible for coverage;
- 2) the names of all additional persons who become eligible for coverage;
- 3) the names of all persons whose amount of insurance is to be changed;
- 4) the names of all persons whose eligibility or insurance is terminated; and
- 5) any data necessary to administer the insurance provided by The Policy.

If the Policyholder gives The Company any incorrect information related to the items outlined in the second paragraph of this provision, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder related to the items outlined in the second paragraph of this provision. Any required adjustment may be made in premiums or benefits.

### **Right to Audit**

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

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

### **Not in Lieu of Worker's Compensation**

This Policy does not satisfy any requirement for worker's compensation insurance.

### **Time Period**

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

## **INCORPORATION PROVISION**

The Certificate(s) of Insurance listed below are attached to, incorporated in and made a part of, The Policy.

Certificate(s) of Insurance

Form GBD-1200 (10/08) (Rev-2) (681382) 4.03

The provisions found in the Certificate(s) of Insurance will address the benefit plan, period of coverage, exclusions, claims and other general policy provisions pertaining to state insurance law requirements.



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

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

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

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

The basic protections provided by the Corporation are:

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

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

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

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

To learn more about the above protections, please visit the Corporation's website at [www.mdlifega.org](http://www.mdlifega.org), or contact:

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

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

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