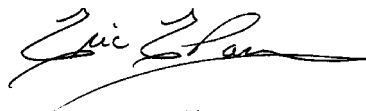


GROUP INSURANCE CERTIFICATE

STANDARD INSURANCE COMPANY certifies that you will be insured under the Group Policy described below during the time, in the manner, and for the amounts provided in the Group Policy. Possession of this Certificate does not necessarily mean you are insured.



President

Printed 10/03

Revised 10/03

GROUP POLICY NUMBER	353414-A
NAME OF POLICYOWNER	SEATTLE SCHOOL DISTRICT NO. 1
TYPE OF COVERAGE	LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AND DEPENDENTS LIFE INSURANCE
GROUP POLICY EFFECTIVE DATE	April 1, 1983
GROUP POLICY DELIVERED IN	Washington and governed by the laws of that state.

IMPORTANT: PLEASE READ THIS

You are insured only if you meet the requirements in Part 2. BECOMING INSURED. You will remain insured only until your insurance ends, as explained in Part 3. WHEN INSURANCE ENDS.

A Group Policy has been issued to the Policyowner. Your coverage under that Group Policy is shown in this Certificate. If your coverage is changed by an amendment to the Group Policy, Standard will provide the Policyowner with a notice for you.

This policy includes an Accelerated Benefit. Death Benefits will be reduced if an Accelerated Benefit is paid. The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. However, if you meet the definition of "terminally ill individual" according to the Internal Revenue Code Section 101, your Accelerated Benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.

PLEASE READ THIS CERTIFICATE CAREFULLY. This Certificate has a Table of Contents to help you find specific provisions. **Defined terms are printed in all capital letters.**

GC182-LIFE



Printed on recycled paper.

IMPORTANT NOTICE

To

MEMBERS insured under the GROUP POLICY
issued by STANDARD to the POLICYOWNER

Effective April 1, 1998, the GROUP POLICY has been endorsed if the GROUP POLICY includes (a) ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, and (b) DEPENDENTS LIFE INSURANCE. The endorsement will not become effective if the GROUP POLICY does not contain both (a) and (b).

1. The ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section has been endorsed to add the following benefits:

Career Adjustment Benefit:

The tuition expenses for training incurred by your SPOUSE DEPENDENT within 36 months after the date of your death, exclusive of room and board, but not to exceed \$5,000 per year, or a cumulative total of \$10,000 or 25% of the amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, whichever is less.

Standard will pay the Career Adjustment Benefit to your SPOUSE DEPENDENT if all of the following requirements are met:

1. You and your SPOUSE DEPENDENT are both insured under the GROUP POLICY.
2. You die as a result of an accident for which an ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE benefit is payable for loss of your life.
3. Your SPOUSE DEPENDENT is, within 36 months after the date of your death, registered and in attendance at a professional or trades training program for the purpose of obtaining employment or increasing earnings.

No Career Adjustment Benefit will be paid if you have no surviving SPOUSE DEPENDENT.

Child Care Benefit:

The total child care expense incurred by your SPOUSE DEPENDENT within 36 months after your death for all CHILD DEPENDENTS under age 13, but not to exceed \$5,000 per year, or a cumulative total of \$10,000 or 25% of the amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, whichever is less.

Standard will pay the Child Care Benefit to your SPOUSE DEPENDENT if all of the following requirements are met:

1. You and your DEPENDENTS are insured under the GROUP POLICY.
2. You die as a result of an accident for which an ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE benefit is payable for loss of your life.
3. Your SPOUSE DEPENDENT pays a licensed child care provider who is not a member of your family for child care provided to your CHILD DEPENDENTS under age 13 within 36 months of your death.
4. The child care is necessary in order for your SPOUSE DEPENDENT to work or to obtain training for work or to increase earnings.

No Child Care Benefit will be paid if you have no surviving SPOUSE DEPENDENT.

Higher Education Benefit:

The tuition expenses incurred per CHILD DEPENDENT within 48 months after your death at an accredited institution of higher education, exclusive of room and board, but not to exceed \$5,000 per year, or a cumulative total of \$20,000 or 25% of the amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, whichever is less.

Standard will pay the Higher Education Benefit to your CHILD DEPENDENT if all of the following requirements are met:

1. You and your CHILD DEPENDENTS are insured under the GROUP POLICY.
2. You die as a result of an accident for which an ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE benefit is payable for loss of your life.
3. Your CHILD DEPENDENT is, within 12 months after the date of your death, registered and in full-time attendance at an accredited institution of higher education beyond high school.

The Higher Education Benefit will be paid annually to each CHILD DEPENDENT who meets the requirements of item 3 above, for a maximum of 4 consecutive years beginning on the date of your death. No Higher Education Benefit will be paid if there is no CHILD DEPENDENT eligible to receive it.

2. The BENEFICIARY PROVISIONS section has been endorsed to add the following:

The Child Care Benefit, Career Adjustment Benefit and Higher Education Benefit will be paid as follows:

The Child Care Benefit will be paid to your surviving SPOUSE DEPENDENT. No Child Care Benefit will be paid if you have no SPOUSE DEPENDENT.

The Career Adjustment Benefit will be paid to your surviving SPOUSE DEPENDENT. No Career Adjustment Benefit will be paid if you have no SPOUSE DEPENDENT.

The Higher Education Benefit will be paid annually to each eligible CHILD DEPENDENT. No Higher Education Benefit will be paid if there is no CHILD DEPENDENT eligible to receive it.

Table of Contents

Part 1. GENERAL DEFINITIONS	1
Part 2. BECOMING INSURED	2
Part 3. WHEN INSURANCE ENDS	3
Part 4. BECOMING INSURED AGAIN AFTER INSURANCE ENDS	4
Part 5. LIFE INSURANCE	5
Part 6. ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	8
Part 7. PAYMENT OF CLAIMS	11
Part 8. TIME LIMITS ON LEGAL ACTIONS AND CERTAIN DEFENSES	14
Part 9. ASSIGNMENT	14
DEPENDENTS LIFE INSURANCE SUPPLEMENT	14

Index of Defined Terms

ACCELERATED BENEFIT, 10
ACCIDENTAL BODILY INJURY, 2
ACCIDENTAL DEATH AND
DISMEMBERMENT INSURANCE, 1
ANNUAL EARNINGS, 2
AUTOMOBILE, 10

BENEFICIARY, 12
BENEFICIARY DESIGNATION, 12

CONTINUED LIFE INSURANCE, 5
CONVERSION PERIOD, 7

DEPENDENT, 14
DEPENDENTS LIFE INSURANCE, 1

EMPLOYER, 1
EVIDENCE OF INSURABILITY, 2

GROUP POLICY, 1

HANDICAPPED CHILD, 16

INSURANCE, 1

LIFE INSURANCE, 1

MEMBER, 2

PHYSICIAN, 11
PREGNANCY, 2

QUALIFYING MEDICAL CONDITION, 10

RIGHT TO CONVERT, 7

SEAT BELT, 10
SICKNESS, 2
STANDARD, 1

TOTAL DISABILITY, 5

OUTLINE OF YOUR LIFE INSURANCE AND YOUR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

THIS OUTLINE IS INTENDED FOR USE WITH THIS CERTIFICATE AND CANNOT BE USED SEPARATELY AS A DESCRIPTION OF YOUR COVERAGE. OTHER PROVISIONS ARE FOUND IN THIS CERTIFICATE. PLEASE READ THIS CERTIFICATE CAREFULLY.

A. LIFE INSURANCE

TYPE OF INSURANCE - LIFE INSURANCE provides benefits to your BENEFICIARY if you die while insured under the GROUP POLICY.

LIFE INSURANCE BENEFITS - The amount of your LIFE INSURANCE is shown in Part 5.B.

EXCLUSIONS AND LIMITATIONS - None.

OTHER PROVISIONS - There is a CONTINUED LIFE INSURANCE benefit if you become TOTALLY DISABLED while insured and before your 65th birthday. See Part 5.C. You may have a RIGHT TO CONVERT to an individual policy of life insurance if your LIFE INSURANCE ends or is reduced. See Part 5.D.

B. ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

TYPE OF INSURANCE - ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE provides benefits to you or your BENEFICIARY for dismemberment or death resulting from ACCIDENTAL BODILY INJURIES.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE BENEFITS - The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE is shown in Part 6.C.

EXCLUSIONS AND LIMITATIONS - No benefit will be paid if either the ACCIDENTAL BODILY INJURIES or the loss is caused or contributed to by any of the excluded causes listed in Part 6.B. Both the accident and the loss must occur while you are insured under the GROUP POLICY. The loss must occur within 90 days after the accident. See Part 6.A. for the exception to this rule.

BECOMING INSURED - Parts 2 and 3 explain when you become insured and when INSURANCE ends. The POLICYOWNER determines the amount of your contribution toward the cost of your INSURANCE, if any.

See the DEPENDENTS LIFE INSURANCE SUPPLEMENT for a description of the insurance available on the lives of your DEPENDENTS.

Part 1. GENERAL DEFINITIONS

STANDARD means Standard Insurance Company, Portland, Oregon.

EMPLOYER means Seattle School District No. 1 and each subsidiary or affiliate approved in writing by STANDARD.

GROUP POLICY means STANDARD'S group policy number 353414-A issued to the POLICYOWNER.

INSURANCE means your insurance under the GROUP POLICY.

LIFE INSURANCE means your life insurance under the GROUP POLICY.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE means your accidental death and dismemberment insurance under the GROUP POLICY.

DEPENDENTS LIFE INSURANCE means the life insurance for your DEPENDENTS under the GROUP POLICY.

ANNUAL EARNINGS means your annual rate of earnings from your EMPLOYER including commissions and deferred or voluntarily reduced compensation, but excluding bonuses, overtime pay and any other extra compensation. The following rules apply to the computation of your annual rate of earnings:

Commissions: Your annual rate of earnings on any date includes the total commissions paid to you by your EMPLOYER during the preceding 12 calendar months. If you have not been employed by your EMPLOYER for a full 12 months, your annual rate of earnings includes 12 times the average monthly commissions paid to you by your EMPLOYER for the period of your employment.

Monthly Pay: Monthly earnings are multiplied by 12 to find your annual rate of earnings.

Weekly Pay: Weekly earnings are multiplied by 52 to find your annual rate of earnings.

Hourly Pay: Your hourly pay rate is multiplied by the number of hours you are regularly scheduled to work per week (but not more than 40) to find your weekly earnings, which are multiplied by 52 to find your annual rate of earnings. If you do not have regular work hours, your annual rate of earnings on any date will be based on the average number of hours you worked during the preceding 52 weeks (or during your period of employment if less than 52 weeks), but not more than 40.

SICKNESS means your sickness, illness or disease.

PREGNANCY means your pregnancy, childbirth or related medical conditions.

ACCIDENTAL BODILY INJURY means an injury to your body caused by an accident.

Providing EVIDENCE OF INSURABILITY , if required, means you must:

1. Complete and sign a health and medical history form provided by STANDARD;
2. Sign STANDARD'S form authorizing STANDARD to obtain information about your health; and
3. Provide any additional information about your insurability reasonably required by STANDARD.

All required information must be provided to STANDARD at your expense.

C0102F

Part 2. BECOMING INSURED

To become insured you must meet both of the following requirements plus the ACTIVE WORK requirement:

1. You must be a MEMBER.
2. You must be eligible for INSURANCE.

C0201D

A. DEFINITION OF MEMBER

You must be a MEMBER. You are a MEMBER if you are not covered by another EMPLOYER paid insurance program by reason of a union contract, and you are one of the following:

1. An active permanent food service assistant employee of the EMPLOYER who is regularly scheduled to work at least 3 ½ hours each day; or
2. Any other active permanent employee of the EMPLOYER who is regularly scheduled to work at least 70 hours each month.

C02A1N

B. ELIGIBILITY FOR INSURANCE

You must be eligible for INSURANCE. You are eligible for INSURANCE on the effective date of the GROUP POLICY if you are a MEMBER on that date. Otherwise, you will become eligible for INSURANCE as follows:

If you become a MEMBER from the 1st through the 15th day of a calendar month – on the first day of the calendar month following the date you become a MEMBER.

If you become a MEMBER from the 16th through the last day of a calendar month – on the first day of the calendar month following 30 days as a MEMBER.

C02B1M

C. EFFECTIVE DATE OF INSURANCE

Your INSURANCE will become effective on the date you become eligible, if you meet the ACTIVE WORK requirement on that date.

D. ACTIVE WORK REQUIREMENT

If you were DISABLED on the day before the scheduled effective date of your INSURANCE, then the effective date of your INSURANCE will be delayed until the first day after you complete one full day of ACTIVE WORK.

For purposes of this ACTIVE WORK requirement, you are DISABLED if you are unable, as a result of SICKNESS, ACCIDENTAL BODILY INJURY, or PREGNANCY, to perform the material duties of your own occupation.

ACTIVE WORK and ACTIVELY AT WORK mean performing the usual duties of your job at your EMPLOYER'S usual place of business.

This ACTIVE WORK requirement also applies to any increase in your INSURANCE.

C02C6R

Part 3. WHEN INSURANCE ENDS

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

- a. The date you cease to be a MEMBER as defined in Part 2.A.
- b. The date you become a full time member of the armed forces of any country.
- c. The date the GROUP POLICY terminates.
- d. The date you cease to be ACTIVELY AT WORK for your EMPLOYER on your regular work days because of a general work stoppage (including a strike or lockout) resulting from a labor dispute between your collective bargaining unit and your EMPLOYER, unless your INSURANCE continues under the Strike Continuation Provision below.
- e. With respect to your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, the date your claim for CONTINUED LIFE INSURANCE is approved by STANDARD.
- f. The date you cease to be ACTIVELY AT WORK for your EMPLOYER on your regular work days. However, your INSURANCE may be continued (unless it ends under items a. through e. above) during the following periods while you are absent from ACTIVE WORK:
 - (1) While you are receiving full salary (including sick pay) from your EMPLOYER;
 - (2) While you are unable to be ACTIVELY AT WORK as a result of SICKNESS, ACCIDENTAL BODILY INJURY or PREGNANCY, but not beyond the date your employment is terminated by you or your EMPLOYER;
 - (3) During the first 60 days of a temporary layoff;

- (4) During a leave of absence if continuation of your INSURANCE under the GROUP POLICY is required by the state-mandated family or medical leave act or law; and
- (5) During the first 12 months of a leave of absence for the benefit of the POLICYOWNER, subject to the following provisions:
 - i. The leave of absence must be approved in writing by the POLICYOWNER and must contain the date on which you are scheduled to return to work;
 - ii. Your INSURANCE will terminate automatically on the date you are originally scheduled to return to work unless you are ACTIVELY AT WORK or TOTALLY DISABLED on that date.

Note: Your INSURANCE may be continued while you are scheduled to be away from your work for a period of not more than 90 days under the terms of your employment.

STRIKE CONTINUATION PROVISION:

You may continue your INSURANCE for not more than six months while you are absent from ACTIVE WORK because of a general work stoppage (including a strike or lockout) resulting from a labor dispute between your EMPLOYER and your collective bargaining unit, subject to the following rules:

1. Your EMPLOYER will notify you in writing of your rights under this provision immediately when your compensation is suspended or terminated because of a work stoppage. Your EMPLOYER will mail the notice to you at your last address on record with the EMPLOYER.
2. You must pay the entire premium for your INSURANCE (including the EMPLOYER'S share) to your EMPLOYER on or before each premium due date.
3. STANDARD has the right to change the premium rates during the work stoppage in accordance with the terms of the GROUP POLICY.
4. Your INSURANCE during a work stoppage will end on the earliest of the following dates:
 - (a) On any premium due date, if you fail to make the required premium payment to your EMPLOYER on or before that date.
 - (b) On the date when you have been absent from ACTIVE WORK for six months.

C0309I

Part 4. BECOMING INSURED AGAIN AFTER INSURANCE ENDS

You may become insured again under the GROUP POLICY after your INSURANCE ends. The general rule is that you may become insured again on the same basis as a new MEMBER, as provided in Part 2. BECOMING INSURED. However, for purposes of becoming insured again, the requirements of Part 2. BECOMING INSURED will be modified in specific situations as follows:

1. If your INSURANCE ends because you cease to be a MEMBER for any reason other than as described in 2. below, you will be immediately eligible for INSURANCE if you become a MEMBER again within 90 days after your INSURANCE ends.
2. If (A) your INSURANCE ends because your employment is terminated and (B) you are reinstated to MEMBER status as a result of any court action, binding arbitration or established grievance procedure which requires reinstatement of your salary and fringe benefits, then your INSURANCE may be retroactively reinstated, effective as of the date on which your employment is reinstated.
3. If your INSURANCE ends because you are on a federal or state-mandated family or medical leave of absence, and you become a MEMBER again immediately following the period allowed, your INSURANCE will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

If you exercised your RIGHT TO CONVERT to an individual policy of life insurance when your LIFE INSURANCE ended, you must provide STANDARD with satisfactory EVIDENCE OF INSURABILITY to become insured again for LIFE INSURANCE or ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE under the GROUP POLICY.

Your INSURANCE will become effective again on the date determined from Part 2, and will not be retroactive to the date your INSURANCE ended.

C0409K

Part 5. LIFE INSURANCE

A. INSURING CLAUSE

Subject to all the terms of the GROUP POLICY, STANDARD will pay the amount of LIFE INSURANCE shown in B of this Part 5 upon receipt of satisfactory written proof of your death while you were insured under the GROUP POLICY.

C05A1A

B. SCHEDULE OF LIFE INSURANCE

The amount of your LIFE INSURANCE before your 70th birthday is 150% of your ANNUAL EARNINGS. The amount of your LIFE INSURANCE is rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000.

C05B1N

The amount of your LIFE INSURANCE after your 70th but before your 75th birthday is 65% of the amount which would be applicable if you were under age 70.

The amount of your LIFE INSURANCE after your 75th birthday is 50% of the amount which would be applicable if you were under age 70.

C05B2P

EFFECTIVE DATE OF CHANGES IN AMOUNT OF LIFE INSURANCE:

Changes in the amount of your LIFE INSURANCE because of changes in your age or ANNUAL EARNINGS become effective on the first day of the next calendar month. However, you must meet the ACTIVE WORK requirement in Part 2. before any increase in the amount of your LIFE INSURANCE will become effective.

C05B2L

C. CONTINUED LIFE INSURANCE DURING TOTAL DISABILITY

If you become TOTALLY DISABLED while insured under the GROUP POLICY and before your 65th birthday, your LIFE INSURANCE will be continued while you remain continuously TOTALLY DISABLED, but not beyond the end of the calendar month in which you become 65 years of age. No premiums will be charged for the LIFE INSURANCE which is continued while you are TOTALLY DISABLED. This benefit, called CONTINUED LIFE INSURANCE, is subject to the following provisions:

1. DEFINITION OF TOTAL DISABILITY

There are two definitions of TOTAL DISABILITY. The definition changes after you have been disabled for 24 months after the end of the Long Term Disability elimination period as defined in STANDARD'S group policy 353414-B. Thereafter, no CONTINUED LIFE INSURANCE BENEFITS are payable unless you meet the requirements of Definition 2.

Definition 1. INABILITY TO WORK AT YOUR OWN OCCUPATION

During the Long Term Disability elimination period as defined in STANDARD'S group policy 353414-B and the next 24 months of each period of continuous disability, TOTAL DISABILITY means your complete inability, as a result of SICKNESS, ACCIDENTAL BODILY INJURY or PREGNANCY, to work at your own occupation.

Definition 2. INABILITY TO WORK AT ANY OCCUPATION

After the Long Term Disability elimination period as defined in STANDARD'S group policy 353414-B and the next 24 months of each period of continuous disability, TOTAL DISABILITY means your complete inability, as a result of SICKNESS, ACCIDENTAL BODILY INJURY or PREGNANCY, to work at any occupation for which you are or become reasonably fitted by your education, training, and experience.

2. AMOUNT OF CONTINUED LIFE INSURANCE

The amount of your CONTINUED LIFE INSURANCE will be the amount of your LIFE INSURANCE in force on the date you become TOTALLY DISABLED. This amount will not change while you remain TOTALLY DISABLED, except as follows:

The amount of your LIFE INSURANCE will increase if your ANNUAL EARNINGS increase and both of the following are true:

1. The increase in ANNUAL EARNINGS is solely the result of collective bargaining; and
2. The increase in ANNUAL EARNINGS is retroactive to a date prior to the date you become TOTALLY DISABLED.

The amount of your CONTINUED LIFE INSURANCE will not be affected by the termination or amendment of the GROUP POLICY after the date you become TOTALLY DISABLED.

If you receive an ACCELERATED BENEFIT, CONTINUED LIFE INSURANCE will be reduced according to the ACCELERATED BENEFIT provision.

3. TIME LIMITS ON PROVIDING PROOF OF TOTAL DISABILITY

To claim CONTINUED LIFE INSURANCE you (or in the event of your death, your BENEFICIARY) must provide to STANDARD satisfactory written proof of your continuous TOTAL DISABILITY within 12 months after the end of the last period for which premiums were paid for your LIFE INSURANCE.

If your claim for CONTINUED LIFE INSURANCE is approved, STANDARD will require satisfactory written proof of continuing TOTAL DISABILITY at reasonable intervals, but not more often than once a year after you have been continuously TOTALLY DISABLED for two years.

All proof of TOTAL DISABILITY must be provided to STANDARD at your expense.

4. REFUND OF PREMIUMS

If STANDARD determines that you fail to qualify for CONTINUED LIFE INSURANCE, the POLICYOWNER will reimburse STANDARD for all premiums which should have been paid for your CONTINUED LIFE INSURANCE during the period of time when you were awaiting approval of your claim for CONTINUED LIFE INSURANCE.

5. INDEPENDENT EXAMINATION

STANDARD has the right to have you examined at STANDARD'S expense at reasonable intervals while you are claiming CONTINUED LIFE INSURANCE coverage. Any such examination will be conducted by one or more physicians or vocational specialists of STANDARD'S choice.

6. WHEN CONTINUED LIFE INSURANCE ENDS

Your CONTINUED LIFE INSURANCE will end automatically on the earliest of the following dates:

- (a) The date you cease to be TOTALLY DISABLED.
- (b) The last day of the calendar month in which you have become 65 years of age.
- (c) 90 days after the date STANDARD mails you a request for proof of your continued TOTAL DISABILITY, unless you provide STANDARD with the required proof within that 90 day period.
- (d) The date you fail to provide STANDARD with a reasonable opportunity to have you independently examined at STANDARD'S expense.
- (e) The effective date of any individual policy of life insurance issued to you when you exercise your RIGHT TO CONVERT under D of this Part 5.

7. EFFECT OF EXERCISING THE RIGHT TO CONVERT

You are not eligible for CONTINUED LIFE INSURANCE after you exercise your RIGHT TO CONVERT under D of this Part 5.

C05C3QX

D. RIGHT TO CONVERT TO AN INDIVIDUAL POLICY

If your LIFE INSURANCE coverage ends or is reduced, you may have a right to buy an individual policy of life insurance without submitting EVIDENCE OF INSURABILITY. You have this right, called the RIGHT TO CONVERT, within 31 days after one of the following dates:

- 1. The date your LIFE INSURANCE ends for any reason other than (a) your failure to make the required premium contribution, (b) payment of an ACCELERATED BENEFIT or (c) the termination of the GROUP POLICY. The maximum amount you have a RIGHT TO CONVERT is the amount of your LIFE INSURANCE which ended.
- 2. The date your CONTINUED LIFE INSURANCE ends, unless you are eligible for LIFE INSURANCE under the GROUP POLICY on that date. The maximum amount you have a RIGHT TO CONVERT is the amount of your CONTINUED LIFE INSURANCE which ended.
- 3. The date your LIFE INSURANCE is reduced because of a change in your age or classification. The maximum amount you have a RIGHT TO CONVERT is the amount by which your LIFE INSURANCE was reduced.
- 4. The date the GROUP POLICY terminates, provided that your LIFE INSURANCE has been in force for 5 or more years on that date. The maximum amount you have a RIGHT TO CONVERT is the lesser of (a) the amount of your LIFE INSURANCE which ended, reduced by the amount of any other group life insurance you become eligible for during the CONVERSION PERIOD and (b) \$2,000.

CONVERSION PERIOD means the 31 day period during which you can exercise the RIGHT TO CONVERT.

You must exercise your RIGHT TO CONVERT before the end of the CONVERSION PERIOD by both (a) applying to STANDARD in writing for an individual policy of life insurance and (b) paying STANDARD the first premium for the individual policy of life insurance.

If you exercise your RIGHT TO CONVERT, the individual policy of life insurance will become effective on the day after the end of your CONVERSION PERIOD.

If you die during the CONVERSION PERIOD, STANDARD will pay a death benefit equal to the maximum amount of life insurance you had a RIGHT TO CONVERT, whether or not you applied for an individual policy. The death benefit will be paid in accordance with the Beneficiary Provisions of the GROUP POLICY.

THE INDIVIDUAL POLICY OF LIFE INSURANCE

If you exercise your RIGHT TO CONVERT, you may not select a term insurance policy or a life insurance policy with disability or accidental death benefits, or any other additional benefits. With these limitations, you may select any form of individual life insurance policy then being issued by STANDARD to persons of your age and for the amount you wish to convert. You may apply for less than the maximum amount shown above, but if you do you may not apply for less than the minimum amount being issued by STANDARD for the form of life insurance you select.

The premium for the individual life insurance policy will be determined from STANDARD'S published rates for standard risks.

C05D1X

Part 6. ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

A. INSURING CLAUSE

Subject to all the terms of the GROUP POLICY, STANDARD will pay the amount shown in the Schedule of ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE upon receipt of satisfactory written proof that you have sustained any of the losses shown in that Schedule, provided that all of the following conditions are met:

1. The loss must be caused solely and directly by ACCIDENTAL BODILY INJURIES and the loss must occur independently of all other causes;
2. The accident must occur while you are insured under the GROUP POLICY;
3. The loss must occur while you are insured under the GROUP POLICY, unless the GROUP POLICY terminates after the date of the accident and you are continuously TOTALLY DISABLED from the date of termination of the GROUP POLICY until the date of the loss; and
4. The loss must occur within 90 days after the date of the accident.

C06A1A

B. EXCLUSIONS

Even though a loss results from ACCIDENTAL BODILY INJURIES, no payment will be made if either the ACCIDENTAL BODILY INJURIES or the loss is caused or contributed to by any of the following:

1. Insurrection, war or act of war. War means declared or undeclared war, whether civil or international, and any substantial armed conflict with organized forces of a military nature.
2. Suicide or any other intentionally self-inflicted injury.
3. Self-destruction or any other self-inflicted injury, occurring while you are unable to form the intent to harm yourself.
4. Committing or attempting to commit an assault or a felony or your active participation in a violent disorder or riot. "Active participation" does not include being at the scene of a violent disorder or riot in the performance of your official duties.
5. The voluntary use or consumption of any poison, chemical compound or drug (including but not limited to prescribed medications), unless used or consumed in accordance with the directions of a physician.
6. Any SICKNESS existing at the time of the accident.
7. Heart attack (including but not limited to myocardial infarction) or stroke (including but not limited to cerebral infarction).

8. Medical or surgical treatment for any 1 through 7 above.

C06B1A

C. SCHEDULE OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE before your 70th birthday is 150% of your ANNUAL EARNINGS. The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE is rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000.

C06C9J

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE after your 70th but before your 75th birthday is 65% of the amount which would be applicable if you were under age 70.

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE after your 75th birthday is 50% of the amount which would be applicable if you were under age 70.

C06C4H

EFFECTIVE DATE OF CHANGES IN AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:

Changes in the amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE because of changes in your age or ANNUAL EARNINGS become effective on the first day of the next calendar month. However, you must meet the ACTIVE WORK requirement in Part 2. before any increase in the amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE will become effective.

C06C2Q

Benefit for Accidental Loss of

Life	Maximum Amount
Both Hands or Feet or Sight of Both Eyes	Maximum Amount
One Hand and One Foot	Maximum Amount
Either Hand or Foot and Sight of One Eye	Maximum Amount
Either Hand or Foot	One-Half Maximum Amount
Sight of One Eye	One-Half Maximum Amount

Loss of a hand or a foot means actual severance through or above the wrist or ankle joint; loss of an eye means entire and irrecoverable loss of sight.

No more than the Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE will be paid for all losses resulting from one accident.

NOTE: The CONTINUED LIFE INSURANCE and RIGHT TO CONVERT provisions in subsections C and D of Part 5 apply only to LIFE INSURANCE. Your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE cannot be converted to an individual policy of insurance or continued without payment of premiums while you are TOTALLY DISABLED.

C06C1H

D. SEAT BELT BENEFIT

STANDARD will pay an additional accidental death benefit, called the SEAT BELT BENEFIT, if you die as a result of an AUTOMOBILE accident and you were wearing a SEAT BELT at the time of the accident. The following rules apply:

1. The SEAT BELT BENEFIT equals \$50,000 or the amount of the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE benefit paid because of your accidental death, whichever is less.

2. STANDARD must receive satisfactory written proof that your death resulted from an AUTOMOBILE accident and that you were wearing a SEAT BELT at the time of the accident. A copy of the police accident report should be submitted with the claim.

SEAT BELT means a properly installed seat belt, lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration.

AUTOMOBILE means a motor vehicle licensed for use on public highways.

C06D1A

E. ACCELERATED BENEFIT

If you qualify for CONTINUED LIFE INSURANCE and give us satisfactory proof of having a QUALIFYING MEDICAL CONDITION while you are insured under the GROUP POLICY, you may have the right to receive during your lifetime a portion of your INSURANCE as an ACCELERATED BENEFIT. You must have at least \$10,000 of INSURANCE in effect to be eligible.

If your INSURANCE is scheduled to end within 24 months following the date you apply for the ACCELERATED BENEFIT, you will not be eligible for the ACCELERATED BENEFIT.

QUALIFYING MEDICAL CONDITION means you are terminally ill, as a result of an illness or physical condition which is reasonably expected to result in death within 24 months.

We may have you examined at our expense in connection with your claim for an ACCELERATED BENEFIT. Any such examination will be conducted by one or more PHYSICIANS of our choice.

1. Application For ACCELERATED BENEFIT

You must apply for an ACCELERATED BENEFIT. To apply you must give STANDARD satisfactory proof that you have incurred a QUALIFYING MEDICAL CONDITION on our forms. Proof must include a statement from a PHYSICIAN that you have a QUALIFYING MEDICAL CONDITION.

2. Amount Of ACCELERATED BENEFIT

- (a) You may receive an ACCELERATED BENEFIT of up to 75% of your INSURANCE. The maximum ACCELERATED BENEFIT is \$500,000. The minimum ACCELERATED BENEFIT is \$5,000 or 10% of your INSURANCE, whichever is greater.
- (b) If the amount of your INSURANCE is scheduled to reduce within 24 months following the date you apply for the ACCELERATED BENEFIT, your ACCELERATED BENEFIT will be based on the reduced amount.

The ACCELERATED BENEFIT will be paid to you once in your lifetime in a lump sum. If you recover from your QUALIFYING MEDICAL CONDITION after receiving an ACCELERATED BENEFIT, STANDARD will not ask you for a refund.

3. Effect On INSURANCE And Other Benefits

For any purpose other than premium payment, the amount of your INSURANCE after payment of the ACCELERATED BENEFIT will be the greater of the amounts in (1) and (2) below; however, if you assign your rights under the GROUP POLICY, the amount of your INSURANCE will be the amount in (2) below.

- (1) 10% of the amount of your INSURANCE as if no ACCELERATED BENEFIT had been paid; or
- (2) The amount of your INSURANCE as if no ACCELERATED BENEFIT had been paid; minus

The amount of the ACCELERATED BENEFIT; minus

An interest charge calculated as follows:

A times B times C divided by 365 = interest charge.

A = The amount of the ACCELERATED BENEFIT.

B = The monthly average of our variable policy loan interest rate.

C = The number of days from payment of the ACCELERATED BENEFIT to the earlier of (1) the date you die, and (2) the date you have a RIGHT TO CONVERT.

Your AD&D INSURANCE, if any, is not affected by payment of the ACCELERATED BENEFIT.

4. Exclusions

No ACCELERATED BENEFIT will be paid if:

- a. All or part of your INSURANCE must be paid to your child(ren), or your spouse or former spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
- b. You are married and live in a community property state unless you give STANDARD a signed written consent from your spouse.
- c. You have made an assignment of all or part of your INSURANCE unless you give STANDARD a signed written consent from the assignee.
- d. You have filed for bankruptcy, unless you give STANDARD written approval from the Bankruptcy Court for payment of the ACCELERATED BENEFIT.
- e. You are required by a government agency to use the ACCELERATED BENEFIT to apply for, receive, or continue a government benefit or entitlement.
- f. You have previously received an ACCELERATED BENEFIT under the GROUP POLICY.

5. Definitions For ACCELERATED BENEFIT

INSURANCE means your LIFE INSURANCE and SUPPLEMENTAL LIFE INSURANCE, if any, under the GROUP POLICY.

PHYSICIAN means a licensed M.D. or D.O., other than yourself, diagnosing and treating you within the scope of the license.

6. Resolution Of Disputes Over a QUALIFYING MEDICAL CONDITION

Pursuant to "The Washington Regulation on Accelerated Life Insurance Benefits" (WAC 284-26-600 through WAC 284-23-730), you may have the right to mediation or binding arbitration of any dispute over whether you have incurred a QUALIFYING MEDICAL CONDITION.

C05E2BX

Part 7. PAYMENT OF CLAIMS

A. PAYMENT OF BENEFITS

All death benefits will be paid in accordance with the Beneficiary Provisions in G of this Part 7.

All Accidental Dismemberment benefits and ACCELERATED BENEFITS will be paid to you. Any Accidental Dismemberment benefits remaining unpaid at your death will be paid in accordance with the Beneficiary Provisions in G of this Part 7.

B. TIME LIMITS FOR FILING A CLAIM

All benefits must be claimed within 90 days after the date of loss or as soon thereafter as reasonably possible and, in any case, within one year after the end of that 90 day period. Claims not filed within these time limits will be denied and no benefit will be paid. These time limits will not apply during any period when the claimant lacked the legal capacity to file a claim.

C. FILING A CLAIM

All claims for benefits should be submitted on STANDARD'S forms. You should obtain claim forms from the POLICYOWNER or the Plan Administrator.

You may also request claim forms from STANDARD. If STANDARD fails to provide you with claim forms within 15 days of your request you may submit your claim in a letter stating the occurrence, character and extent of the event for which the claim is made.

D. PROOF OF LOSS

Satisfactory written proof of loss in connection with a claim for benefits must be provided to STANDARD at the expense of the person claiming the benefits.

No benefits will be paid until STANDARD has received satisfactory written proof of loss in connection with the claim for benefits.

E. INVESTIGATION OF YOUR CLAIM

STANDARD has the right to conduct an independent investigation of any claim for benefits under the GROUP POLICY. No benefits will be paid until STANDARD has had a reasonable time to conduct an investigation.

F. INDEPENDENT EXAMINATION AND AUTOPSY

STANDARD has the right to have you examined at STANDARD'S expense in connection with a claim for Accidental Dismemberment benefits. Any such examination will be conducted by one or more physicians or vocational specialists of STANDARD'S choice.

STANDARD has the right to have an autopsy performed at STANDARD'S expense, except where prohibited by law.

G. BENEFICIARY PROVISIONS

1. NAMING A BENEFICIARY

BENEFICIARY or BENEFICIARIES mean the person or persons you name to receive the death benefits under the GROUP POLICY if you die. You may name or change BENEFICIARIES at any time. The consent of a named BENEFICIARY is not needed to change BENEFICIARIES.

BENEFICIARY DESIGNATION means the written instrument in which you name or change your BENEFICIARY. Your written BENEFICIARY DESIGNATION must be dated and signed by you and delivered to the POLICYOWNER during your lifetime. Your BENEFICIARY DESIGNATION will take effect on the date it is delivered to the POLICYOWNER. The BENEFICIARY DESIGNATION must relate to the INSURANCE provided under the GROUP POLICY. If the GROUP POLICY replaces all or a part of the insurance provided by an earlier policy, a written BENEFICIARY DESIGNATION signed and dated by you under the earlier policy will be accepted as your BENEFICIARY DESIGNATION under the GROUP POLICY.

2. PAYMENT TO YOUR BENEFICIARY

Death benefits will be paid to your surviving BENEFICIARY or BENEFICIARIES in the highest class, with the classes ranking in the following order: primary, followed by first contingent, second contingent, etc. Two or more surviving BENEFICIARIES in the same class will share equally, unless you specify their respective shares.

Payment of death benefits to a BENEFICIARY in the amount of \$10,000 or more will be made by deposit into a Standard Secure Access account. Standard Secure Access is an interest-bearing checking account in the name of the BENEFICIARY, as owner. The account is subject to the terms and conditions of a Confirmation Certificate which will be given to the BENEFICIARY. The funds are fully guaranteed by STANDARD.

If a BENEFICIARY chooses not to participate in the Standard Secure Access account described above, the amount payable to a BENEFICIARY may be paid in installments over a period of years upon mutual agreement between STANDARD and the BENEFICIARY. To the extent permitted by law, the amount payable to a BENEFICIARY will not be subject to any legal process against the BENEFICIARY or to the claims of any creditor or creditor's representative.

3. **BENEFICIARY MUST SURVIVE YOU**

If a BENEFICIARY dies on the date of your death, or within 15 days after the date of your death, death benefits will be paid as if that BENEFICIARY had died before you, unless satisfactory proof of loss with respect to your death is delivered to STANDARD before the date of the BENEFICIARY'S death.

4. **NO SURVIVING BENEFICIARY**

If you do not name a BENEFICIARY, or if you are not survived by a BENEFICIARY, all death benefits will be paid in equal shares to the first surviving class of the following classes:

- a. Your spouse.
- b. Your children.
- c. Your parents.

If none of them survives you, the benefits will be paid to your estate.

5. **RELIANCE BY STANDARD**

STANDARD may rely on an affidavit or other written evidence deemed satisfactory to STANDARD to determine the identity or the nonexistence of BENEFICIARIES not identified by name. Any payment made by STANDARD in good faith reliance on such evidence will fully discharge STANDARD to the extent of such payment.

H. NOTICE OF DECISION ON CLAIM

You will receive a written decision on your claim within a reasonable period of time after STANDARD receives your claim.

If STANDARD denies all or any part of your claim, you will receive a written notice of denial containing:

1. The reasons for the denial;
2. Reference to the provisions of the GROUP POLICY on which the denial is based;
3. A description of any additional information or documentation you must submit to obtain benefits and an explanation of why such information or documentation is required;
4. Notice of your right to a review of the denial; and
5. A description of the review procedure.

If you do not receive a written decision on your claim within 90 days after your claim is received, you will have an immediate right to request a review under the review procedure, as if your claim had been denied.

I. REVIEW PROCEDURE

You have a right to a review of any denial by STANDARD of all or any part of your claim. To obtain a review, you should send a written request for review to STANDARD within 60 days after you receive notice of the denial. No special form is required.

As a part of your request for review, you may submit issues and comments in writing and provide additional documentation in support of your claim. You may review pertinent documents related to your request for review.

STANDARD will review your claim promptly after receiving your request for review. You will receive written notice of STANDARD'S decision within 60 days after your request for review is received, or within 120 days if special circumstances require an extension. The written decision you receive will include the reasons for the decision and reference to the provisions of the GROUP POLICY on which the decision is based.

You may authorize another person to act for you under this review procedure.

C0702N

Part 8. TIME LIMITS ON LEGAL ACTIONS AND CERTAIN DEFENSES

No action at law or in equity may be brought to recover under the GROUP POLICY until 60 days after written proof of loss has been provided to STANDARD.

Any statement you make to obtain INSURANCE will be a representation and not a warranty. No misrepresentation by you will be used to reduce or deny your claim or to deny the validity of your INSURANCE unless:

- (a) Your INSURANCE would not have been approved except for your misrepresentation;
- (b) Your misrepresentation is contained in a written instrument signed by you; and
- (c) A copy of the written instrument containing your misrepresentation has been given to you or your BENEFICIARY.

After your INSURANCE has been in effect for two years, no misrepresentation by you will be used to reduce or deny your claim or to deny the validity of your INSURANCE.

C0801I

Part 9. ASSIGNMENT

Your CERTIFICATE is not assignable. The INSURANCE provided and benefits payable are not assignable.

C0901B

DEPENDENTS LIFE INSURANCE SUPPLEMENT

DEPENDENTS LIFE INSURANCE on the lives of your DEPENDENTS is governed by the following provisions:

A. DEFINITION OF DEPENDENT

DEPENDENT means a person, other than a full time member of the armed forces of any country, who is:

- (1) SPOUSE DEPENDENT: Your spouse (including a domestic partner for whom you have filed an affidavit with the EMPLOYER); or
- (2) CHILD DEPENDENT*: An unmarried child under age 23 who is (a) your child or stepchild, or (b) a child or stepchild of a domestic partner for whom you have filed an affidavit with the EMPLOYER.

*NOTE: A CHILD DEPENDENT insured under your DEPENDENT'S LIFE INSURANCE on the child's 23rd birthday may qualify for continued coverage as a HANDICAPPED CHILD. See H. CONTINUED COVERAGE FOR A HANDICAPPED CHILD.

CDA01BX

B. EFFECTIVE DATE OF DEPENDENTS LIFE INSURANCE

Your DEPENDENTS LIFE INSURANCE will become effective on the later of the following dates:

- (1) The date your LIFE INSURANCE becomes effective.
- (2) The date you first acquire a DEPENDENT.

A person who becomes your DEPENDENT while your DEPENDENTS LIFE INSURANCE is in effect is automatically insured on the date the person becomes your DEPENDENT.

CDB01C

C. INSURING CLAUSE

Subject to the terms of the GROUP POLICY, STANDARD will pay the amount determined from the SCHEDULE OF DEPENDENTS LIFE INSURANCE immediately upon receipt of satisfactory written proof that an insured DEPENDENT of yours has died while your DEPENDENTS LIFE INSURANCE was in effect.

CDC02A

D. SCHEDULE OF DEPENDENTS LIFE INSURANCE

The amount of life insurance for each DEPENDENT is equal to the lesser of:

- (1) One-half the amount of your LIFE INSURANCE; and
- (2) \$4,000.00.

CDD0L

E. BENEFICIARY

Death benefits under this Supplement will be paid to you if you are living. Otherwise, the death benefits will be paid in equal shares to the first surviving class of the following classes:

- (1) Your spouse.
- (2) Your children.
- (3) Your parents.

If none of them is living, the death benefits will be paid to your estate.

CDE02A

F. CONTINUED COVERAGE WITHOUT PAYMENT OF PREMIUMS

Your DEPENDENTS LIFE INSURANCE will be continued in force without payment of premiums as follows:

- (1) For five months after your death.
- (2) During any period when you qualify for CONTINUED LIFE INSURANCE.
- (3) During any period when your only insured DEPENDENT is a HANDICAPPED CHILD who qualifies for continued coverage under H. CONTINUED COVERAGE FOR A HANDICAPPED CHILD.

NOTE: DEPENDENTS LIFE INSURANCE on the life of any one of your DEPENDENTS will end on the date determined under G.2.

CDF01B

G. WHEN DEPENDENTS LIFE INSURANCE ENDS

1. Your DEPENDENTS LIFE INSURANCE will end automatically on the earliest of the following dates:
 - a. Five months after the date of your death.
 - b. The date your LIFE INSURANCE ends for any reason other than your death.
 - c. The date the GROUP POLICY terminates, unless your DEPENDENTS LIFE INSURANCE is continued in force under F(1) or F(2) above.
2. DEPENDENTS LIFE INSURANCE on the life of any one of your DEPENDENTS will end automatically on the earliest of the following dates:
 - a. The date your DEPENDENTS LIFE INSURANCE ends.
 - b. The date the DEPENDENT becomes a full time member of the armed forces of any country.
 - c. The date the CHILD DEPENDENT becomes 23 years of age, except when coverage continues beyond that date for a STUDENT DEPENDENT or a HANDICAPPED CHILD.
 - d. The date the CHILD DEPENDENT marries.
 - e. The date the SPOUSE DEPENDENT becomes legally separated or divorced from you.

CDG09D

H. CONTINUED COVERAGE FOR A HANDICAPPED CHILD

DEPENDENTS LIFE INSURANCE on the life of a CHILD DEPENDENT will not end solely because the child becomes 23 years of age if you provide STANDARD with satisfactory written proof that the child qualifies as a HANDICAPPED CHILD. Such proof must be furnished to STANDARD on STANDARD'S forms within 31 days of the child's 23rd birthday, and thereafter as required by STANDARD, but not more often than once a year. STANDARD has the right, at its expense, to have your child examined at reasonable intervals while you are claiming continued coverage under this provision.

HANDICAPPED CHILD means your unmarried child who, on and after the child's 23rd birthday, is both:

- (1) Continuously incapable of self-sustaining employment by reason of mental retardation or physical handicap incurred prior to age 23; and
- (2) Continuously chiefly dependent upon you for support and maintenance. Your child will be considered chiefly dependent upon you for support and maintenance during any period when your child is institutionalized because of mental retardation or physical handicap.

NOTE: Your child cannot qualify for continued coverage as a HANDICAPPED CHILD unless your child was insured under this Supplement as a CHILD DEPENDENT on the child's 23rd birthday.

DEPENDENTS LIFE INSURANCE on the life of a HANDICAPPED CHILD will end automatically on the earliest of the following dates:

- (1) The date the child becomes capable of self- sustaining employment.
- (2) The date the child ceases to be chiefly dependent upon you for support and maintenance.
- (3) 90 days after the date STANDARD mails you a request for proof that the child continues to qualify as a HANDICAPPED CHILD, unless you provide STANDARD with the required proof within that 90 day period.
- (4) The date coverage would end under G. for any reason other than the CHILD DEPENDENT'S becoming 23 years of age.

CDH09B

I. RIGHT TO CONVERT TO AN INDIVIDUAL POLICY

A DEPENDENT has the right to buy an individual life insurance policy, without submitting EVIDENCE OF INSURABILITY, if that DEPENDENT'S life insurance ends for any reason other than the termination of the GROUP POLICY before your LIFE INSURANCE has been in force for five years.

The individual life insurance policy may be on any form, other than term insurance, then issued by STANDARD. The individual policy will not contain disability or accidental death benefits, or any other additional benefits. The maximum amount of individual life insurance will be the amount of the DEPENDENT'S life insurance which ended, except as follows: If the GROUP POLICY terminates after your LIFE INSURANCE has been in force for five or more years, the maximum amount of the individual life insurance will be the lesser of (a) \$2,000 and (b) the amount of DEPENDENT'S life insurance which ended, reduced by the amount of any other group dependent's life insurance coverage your DEPENDENT becomes eligible for during the 31 days after the termination of the GROUP POLICY. The premium for the individual life insurance policy will be determined from STANDARD'S published rates for standard risks.

The DEPENDENT must apply in writing for the individual policy and must pay the applicable premium to STANDARD within 31 days after the date of termination of the DEPENDENT'S life insurance. If the DEPENDENT dies during this 31 day period, STANDARD will pay the maximum amount of life insurance for which an individual policy could have been issued, whether or not the DEPENDENT had applied for an individual policy. The death benefit will be paid to the person entitled to payment under the Beneficiary provision in this Supplement.

If a CHILD DEPENDENT does not have the legal capacity to enter into a contract of insurance which is binding on both STANDARD and the CHILD DEPENDENT, the DEPENDENT'S parent or guardian must apply for the individual policy on the life of the DEPENDENT.

The DEPENDENT'S individual policy, if issued, will become effective on the 32nd day after the date the DEPENDENT'S life insurance ended under this Supplement.

A DEPENDENT who has exercised the right to convert to an individual policy is not to be eligible for coverage again under your DEPENDENTS LIFE INSURANCE.

CDI01B