

Group Term Life Policy Amendment #R9

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098


To be attached to and made a part of Group Policy No. 130010T issued by MINNESOTA LIFE INSURANCE COMPANY to BANKNEWPORT, TRUSTEE UNDER THE NATIONAL EMPLOYER AND ASSOCIATION TRUST for Plan Sponsor PENN MEDICINE LANCASTER GENERAL HEALTH, Plan Sponsor No. 33305-G. This amendment is effective as of January 2, 2024. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The following class is removed from the group policy:

Benefit Class 3: All employees designated by the plan sponsor as Faculty at Pennsylvania College of health Sciences.

As a result of this change, the Group Policy Specification Page has been replaced in its entirety with the attached Group Policy Specification page with an effective date of January 2, 2024.

Agreed to by Minnesota Life Insurance Company on this 3rd day of January 2024.

By  SLS
Vice President and Actuary

GENERAL INFORMATION

POLICYHOLDER:	BankNewport, trustee under the National Employer and Association Trust	POLICY NO.: 130010T
PLAN SPONSOR:	Penn Medicine Lancaster General Health	PLAN SPONSOR NO.: 33305-G
ASSOCIATED COMPANIES:	All subsidiaries and affiliates reported to Minnesota Life by the plan sponsor for inclusion in the policy.	
POLICY EFFECTIVE DATE:	January 1, 2006. This policy specifications page represents the plan in effect as of January 2, 2024.	
POLICY ANNIVERSARY DATE:	July 1 of each year beginning July 1, 2019.	
PREMIUM DUE DATE(S):	The first day of each month.	
GROUP:	<p>The group is composed of all active employees in the following Benefit Classes (as defined by the plan sponsor):</p> <p>Benefit Class 1: Full and part time immediate (comprised of but not limited to Director and above management levels including Physicians)</p> <p>Benefit Class 2: Full and part time non immediate (comprised of but not limited to management levels of manager, supervisor, staff and advance practice providers)</p> <p>Benefit Class 4: All eligible retirees who, when active, were in Benefit Class 1, 2, 3*** or 4*, and who retired prior to January 1, 2012.</p> <p>Benefit Class 5: Anesthesia Associates Lancaster Group</p> <p>*RETIREE REQUIREMENTS: The minimum eligibility requirement for the retiree life insurance benefit is the attainment of age 55 and 15 years of full-time service. However, eligibility requirements vary by operating business unit, so retiree eligibility shall be as defined by the Plan Sponsor.</p> <p>***NOTE: Class 3 is removed from the group policy effective January 2, 2024.</p>	
ENROLLMENT PERIOD:	Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.	
WAITING PERIOD:	<p>Employees designated on the policyholder's records as in Benefit Class 1 and 5: None</p> <p>For all other eligible employees: One year of continuous service for basic life insurance; no waiting period for voluntary life and dependent life insurance.</p>	
MINIMUM HOURS PER WEEK REQUIRED:	40 hours bi-weekly (0.5 FTE)	

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Benefit Class 1	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 2	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 4	Various amounts as on file with the Plan Sponsor but not greater than \$10,000.
Benefit Class 5	<p>If hired prior to 7/1/2023: Two times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.</p> <p>If hired on or after 7/1/2023: One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.</p>

NOTE: An employee who meets the requirements of an eligible retiree under Class 4 as well as the requirements of an eligible active employee under Class 1, 2 or 5 will only be covered under the plan for (active or retiree) whichever provides for the higher amount of insurance. An employee cannot be covered as both a retiree and an active employee.

Voluntary Life Insurance – Active Employees Only

<u>Eligible Class</u>	<u>Amount of Voluntary Life Insurance</u>
All active employees in Benefit Classes 1, 2 and 5	<p>An amount elected by the employee, in an increment of \$10,000, subject to a maximum, when combined with any Group Universal Life insurance under Minnesota Life Policy No. 50186-G*, of the lesser of (a) eight times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$1,500,000.</p> <p>*Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy No. 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both.</p>

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

Applies to Basic Life insurance
for classes 1, 2 and 5

The amount of basic life insurance on an active employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 and over	50%

Age reductions will apply the first day of the month following an insured employee's 65th and 70th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; voluntary insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For voluntary insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy, less any insurance the employee moves over to policy 50186-G. See One Time Open Enrollment for more information.

For employees who first become eligible after the effective date of this policy:

The lesser of (a) two times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$400,000.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:

The date of the change in eligible class or earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

SPOUSE TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for spouse term life insurance.

Eligible Class

Classes 1, 2 and 5

Amount of Spouse Life Insurance

An amount elected by the employee in an increment of \$10,000, subject to a maximum, when combined with any spouse term life insurance under Minnesota Life Policy No. 50186-G**, of \$250,000.

**Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both, and spouse life insurance must be under the same policy as the employee voluntary coverage.

CHILD TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for child term life insurance.

Eligible Class

Classes 1, 2 and 5

Amount of Child Life Insurance

\$5,000 or \$10,000, as elected by the employee.

An employee who was covered under the prior Group Universal Life plan underwritten by Met Life, who transferred that coverage to policy No. 50186-G, and who also elected to be covered under this policy, can only elect child coverage under policy 50186-G.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse insurance: \$30,000

For child insurance: All child insurance is guaranteed issue.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECT OF EMPLOYEE'S RETIREMENT:

All dependents insurance terminates upon the employee's retirement except as provided under the portability provisions.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION: Applies only to employee voluntary and spouse life insurance under this policy.

WAIVER OF PREMIUM APPLICATION: Applies to contributory and noncontributory employee insurance.

RIDER(S) TO THE GROUP POLICY

Accelerated Benefits Applies to all Classes

Dependents Term Life Applies to all Classes

Portability Applies to all Classes

Waiver of Premium Applies to all Classes

Group Term Life Policy Amendment #R8

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 130010T issued by MINNESOTA LIFE INSURANCE COMPANY to BANKNEWPORT, TRUSTEE UNDER THE NATIONAL EMPLOYER AND ASSOCIATION TRUST for Plan Sponsor LANCASTER GENERAL HEALTH, Plan Sponsor No. 33305-G. This amendment is effective as of July 1, 2023. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The following changes are made to the group policy:

1. The policyholder's name, Lancaster General Health, wherever it appears in the policy, shall be changed to the following:

Penn Medicine Lancaster General Health

2. The required minimum hours per week is amended to 40 hours bi-weekly (0.5 FTE).

3. Class 1 is combined with the prior class 2 and amended as shown below:

Benefit Class 1: Full and part time immediate (comprised of but not limited to Director and above management levels including Physicians)

4. Class 2 is amended to include the prior class 3 and 4 combined, as shown below:

Benefit Class 2: Full and part time non immediate (comprised of but not limited to management levels of manager, supervisor, staff and advance practice providers)

5. Class 3 is amended as the prior class 5, as shown below:

Benefit Class 3: All employees designated by the plan sponsor as Faculty at Pennsylvania College of Health Sciences

6. Class 4 is amended to include the prior class 6 and 7 combined, as shown below:

Benefit Class 4: All eligible retirees who, when active, were in Benefit Class 1, 2, 3 or 4*, and who retired prior to January 1, 2012.

7. Class 5 is amended as the prior class 8, and renamed as shown below:

Benefit Class 5: Anesthesia Associates Lancaster Group

8. The amount of Basic Life insurance for Classes 1 and 2 is changed to one times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.

The amount of Basic Life insurance for Class 3 is changed to one and one-half times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000*.

*Note there are groups of employees in Class 3 with benefit amounts greater than one and one-half times annual earnings. These groups and their benefit amounts are on file with the policyholder and will be grandfathered.

Employees with Voluntary Term Life coverage under Minnesota Life Policy 33305-G as of June 1, 2023 will have their Voluntary Life insurance coverage automatically increased by the amount of Basic Life insurance that was lost due to the change to one times annual earnings under Minnesota Life Policy 33305-G. Employees with Group Universal Life (GUL) coverage under Minnesota Life Policy 50186-G as of June 1, 2023 will have their Group Universal Life insurance coverage automatically increased by the amount of Basic Life insurance that was lost due to the change to one times annual earnings under Minnesota Life Policy 33305-G. Additionally, employees not participating in Voluntary Term insurance coverage as of June 1, 2023 will be automatically enrolled in Voluntary Life insurance under Minnesota Life Policy 33305-G for the amount of Basic Life insurance that was lost due to the change to one times annual earnings under Minnesota Life Policy 33305-G.

Employees with coverage amounts of Voluntary Life insurance over the maximum of eight times annual earnings or \$1,500,000 as a result of the reduction in Basic Life insurance will be grandfathered. Any future elections of Voluntary Life insurance will be to amounts within plan parameters.


The amount of Basic Life insurance for Class 5 is updated as follows:

Benefit Class 5	If hired prior to 7/1/2023: Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
	If hired on or after 7/1/2023: One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.

9. The maximum amount of Voluntary Life insurance is increased from the lesser of five times annual earnings or \$1,500,000 to the lesser of eight times annual earnings or \$1,500,000.

As a result of this change, the Group Policy Specification Page has been replaced in its entirety with the attached Group Policy Specification page effective date of July 1, 2023.

Agreed to by Minnesota Life Insurance Company this 28th day of September 2023.

By  ST
Vice President and Actuary

GENERAL INFORMATION

POLICYHOLDER:	BankNewport, trustee under the National Employer and Association Trust	POLICY NO.: 130010T
PLAN SPONSOR:	Penn Medicine Lancaster General Health	PLAN SPONSOR NO.: 33305-G
ASSOCIATED COMPANIES:	All subsidiaries and affiliates reported to Minnesota Life by the plan sponsor for inclusion in the policy.	
POLICY EFFECTIVE DATE:	January 1, 2006. This policy specifications page represents the plan in effect as of July 1, 2023.	
POLICY ANNIVERSARY DATE:	July 1 of each year beginning July 1, 2019.	
PREMIUM DUE DATE(S):	The first day of each month.	
GROUP:	<p>The group is composed of all active employees in the following Benefit Classes (as defined by the plan sponsor):</p> <p>Benefit Class 1: Full and part time immediate (comprised of but not limited to Director and above management levels including Physicians)</p> <p>Benefit Class 2: Full and part time non immediate (comprised of but not limited to management levels of manager, supervisor, staff and advance practice providers)</p> <p>Benefit Class 3: All employees designated by the plan sponsor as Faculty at Pennsylvania College of Health Sciences</p> <p>Benefit Class 4: All eligible retirees who, when active, were in Benefit Class 1, 2, 3 or 4*, and who retired prior to January 1, 2012.</p> <p>Benefit Class 5: Anesthesia Associates Lancaster Group</p> <p>*RETIREE REQUIREMENTS: The minimum eligibility requirement for the retiree life insurance benefit is the attainment of age 55 and 15 years of full-time service. However, eligibility requirements vary by operating business unit, so retiree eligibility shall be as defined by the Plan Sponsor.</p>	
ENROLLMENT PERIOD:	Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.	
WAITING PERIOD:	<p>Employees designated on the policyholder's records as in Benefit Class 1 and 5: None</p> <p>For all other eligible employees: One year of continuous service for basic life insurance; no waiting period for voluntary life and dependent life insurance.</p>	
MINIMUM HOURS PER WEEK REQUIRED:	40 hours bi-weekly (0.5 FTE)	

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Benefit Class 1	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 2	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 3	One and one-half times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000*.
Benefit Class 4	Various amounts as on file with the Plan Sponsor but not greater than \$10,000.
Benefit Class 5	If hired prior to 7/1/2023: Two times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000. If hired on or after 7/1/2023: One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.

NOTE: An employee who meets the requirements of an eligible retiree under Class 4 as well as the requirements of an eligible active employee under Class 1, 2 or 5 will only be covered under the plan for (active or retiree) whichever provides for the higher amount of insurance. An employee cannot be covered as both a retiree and an active employee.

*Note there are groups of employees in Class 3 with benefit amounts greater than one and one-half times annual earnings. These groups and their benefit amounts are on file with the policyholder and will be grandfathered.

Voluntary Life Insurance – Active Employees Only

<u>Eligible Class</u>	<u>Amount of Voluntary Life Insurance</u>
All active employees in Benefit Classes 1, 2, 3 and 5	An amount elected by the employee, in an increment of \$10,000, subject to a maximum, when combined with any Group Universal Life insurance under Minnesota Life Policy No. 50186-G*, of the lesser of (a) eight times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$1,500,000.

*Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy No. 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

Applies to Basic Life insurance for classes 1, 2, 3 and 5

The amount of basic life insurance on an active employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 and over	50%

Age reductions will apply the first day of the month following an insured employee's 65th and 70th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; voluntary insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For voluntary insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy, less any insurance the employee moves over to policy 50186-G. See One Time Open Enrollment for more information.

For employees who first become eligible after the effective date of this policy:

The lesser of (a) two times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$400,000.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:

The date of the change in eligible class or earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

SPOUSE TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for spouse term life insurance.

Eligible Class

Classes 1, 2, 3 and 5

Amount of Spouse Life Insurance

An amount elected by the employee in an increment of \$10,000, subject to a maximum, when combined with any spouse term life insurance under Minnesota Life Policy No. 50186-G**, of \$250,000.

**Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both, and spouse life insurance must be under the same policy as the employee voluntary coverage.

CHILD TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for child term life insurance.

Eligible Class

Classes 1, 2, 3 and 5

Amount of Child Life Insurance

\$5,000 or \$10,000, as elected by the employee.

An employee who was covered under the prior Group Universal Life plan underwritten by Met Life, who transferred that coverage to policy No. 50186-G, and who also elected to be covered under this policy, can only elect child coverage under policy 50186-G.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT: Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse insurance: \$30,000

For child insurance: All child insurance is guaranteed issue.

EVIDENCE OF INSURABILITY: Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECT OF EMPLOYEE'S RETIREMENT: All dependents insurance terminates upon the employee's retirement except as provided under the portability provisions.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION:

Applies only to employee voluntary and spouse life insurance under this policy.

WAIVER OF PREMIUM APPLICATION:

Applies to contributory and noncontributory employee insurance.

RIDER(S) TO THE GROUP POLICY

Accelerated Benefits

Applies to all Classes

Dependents Term Life

Applies to all Classes

Portability

Applies to all Classes

Waiver of Premium

Applies to all Classes

Group Term Life Policy Amendment #R7

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 130010T issued by MINNESOTA LIFE INSURANCE COMPANY to BANKNEWPORT, TRUSTEE UNDER THE NATIONAL EMPLOYER AND ASSOCIATION TRUST for Plan Sponsor LANCASTER GENERAL HEALTH, Plan Sponsor No. 33305-G. This amendment is effective as of June 1, 2022. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The Class descriptions for Benefit Class 1, 2, 3, 4, and 5 is amended to read:

- Benefit Class 1: Those exempt positions that include, but are not limited to: President, Chief Operating Officer, Chief Executive Officer, Executive and Senior Vice President, Vice President and Executive Director or Dean
- Benefit Class 2: Those exempt positions that include, but are not limited to: Associate Vice President, Senior Director and Director, Nurse Manager, Vice President Physician, Physician, Psychologist, Assistant Dean, Chair or Residents
- Benefit Class 3: Those Lancaster General Hospital exempt positions which meet the following criteria:
- Responsibility for fiscal department budgets, schedules, equipment and space;
 - Authority to hire, discipline and terminate employees;
 - Responsibility for employee supervision development, counseling, coaching, salary administration, and performance appraisal as the "appraising manager".
- Benefit Class 4: All other exempt employees and non-exempt employees other than those in Benefit Class 5
- Benefit Class 5: All employees designated by the plan sponsor as Faculty at Pennsylvania College of Health Sciences

As a result of this change, the Group Policy Specification Page has been replaced in its entirety with the attached Group Policy Specification page effective date of May 1, 2022.

Agreed to by Minnesota Life Insurance Company this 3rd day of June 2022.

By  CAS
Vice President and Actuary

GENERAL INFORMATION

POLICYHOLDER:	BankNewport, trustee under the National Employer and Association Trust	POLICY NO.: 130010T
PLAN SPONSOR:	Lancaster General Health	PLAN SPONSOR NO.: 33305-G
ASSOCIATED COMPANIES:	All subsidiaries and affiliates reported to Minnesota Life by the plan sponsor for inclusion in the policy.	
POLICY EFFECTIVE DATE:	January 1, 2006. This policy specifications page represents the plan in effect as of June 1, 2022	
POLICY ANNIVERSARY DATE:	July 1 of each year beginning July 1, 2019.	
PREMIUM DUE DATE(S):	The first day of each month.	
GROUP:	<p>The group is composed of all active employees in the following Benefit Classes (as defined by the plan sponsor):</p> <p>Benefit Class 1: Those exempt positions that include, but are not limited to: President, Chief Operating Officer, Chief Executive Officer, Executive and Senior Vice President, Vice President and Executive Director or Dean</p> <p>Benefit Class 2: Those exempt positions that include, but are not limited to: Associate Vice President, Senior Director and Director, Nurse Manager, Vice President Physician, Physician, Psychologist, Assistant Dean, Chair or Residents</p> <p>Benefit Class 3: Those Lancaster General Hospital exempt positions which meet the following criteria:</p> <ul style="list-style-type: none"> • Responsibility for fiscal department budgets, schedules, equipment and space; • Authority to hire, discipline and terminate employees; • Responsibility for employee supervision development, counseling, coaching, salary administration, and performance appraisal as the “appraising manager”. <p>Benefit Class 4: All other exempt employees and non-exempt employees other than those in Benefit Class 5</p> <p>Benefit Class 5: All employees designated by the plan sponsor as Faculty at Pennsylvania College of Health Sciences</p> <p>Benefit Class 6: All eligible retirees who, when active, were in Benefit Class 1 or 2*, and who retired prior to January 1, 2012.</p> <p>Benefit Class 7: All eligible retirees who, when active, were in Benefit Class 3 or 4*, and who retired prior to January 1, 2012.</p> <p>*RETIREE REQUIREMENTS: The minimum eligibility requirement for the retiree life insurance benefit is the attainment of age 55 and 15 years of full-time service. However, eligibility requirements vary by operating business unit, so retiree eligibility shall be as defined by the Plan Sponsor.</p>	
ENROLLMENT PERIOD:	Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.	

WAITING PERIOD:	Employees designated on the policyholder's records as in Benefit Class 1 or 2: None For all other eligible employees: One year of continuous service for basic life insurance; no waiting period for voluntary life and dependent life insurance.
MINIMUM HOURS PER WEEK REQUIRED:	For President, Preferred Health Care: 80 hours bi-weekly (1.0 FTE) For all other employees: 40 hours bi-weekly (0.5 FTE)

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Benefit Class 1	Three times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 2	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 3	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 4	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 5	One and one-half times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 6	Various amounts as on file with the Plan Sponsor but not greater than \$10,000.
Benefit Class 7	Various amounts as on file with the Plan Sponsor but not greater than \$5,000.

NOTE: An employee who meets the requirements of an eligible retiree under Class 6 or 7 as well as the requirements of an eligible active employee under Class 1, 2, 3 or 4 will only be covered under the plan for (active or retiree) whichever provides for the higher amount of insurance. An employee cannot be covered as both a retiree and an active employee.

Voluntary Life Insurance – Active Employees Only

<u>Eligible Class</u>	<u>Amount of Voluntary Life Insurance</u>
All active employees in Benefit Classes 1, 2, 3, 4 and 5	An amount elected by the employee, in an increment of \$10,000, subject to a maximum, when combined with any Group Universal Life insurance under Minnesota Life Policy No. 50186-G*, of the lesser of (a) five times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$1,500,000.

*Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy No. 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

Applies to Basic Life insurance for classes 1, 2, 3, 4 and 5

The amount of basic life insurance on an active employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 and over	50%

Age reductions will apply the first day of the month following an insured employee's 65th and 70th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; voluntary insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For voluntary insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy, less any insurance the employee moves over to policy 50186-G. See One Time Open Enrollment for more information.

For employees who first become eligible after the effective date of this policy:

The lesser of (a) two times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$400,000.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:

The date of the change in eligible class or earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

SPOUSE TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for spouse term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5

Amount of Spouse Life Insurance

An amount elected by the employee in an increment of \$10,000, subject to a maximum, when combined with any spouse term life insurance under Minnesota Life Policy No. 50186-G**, of \$250,000.

**Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both, and spouse life insurance must be under the same policy as the employee voluntary coverage.

CHILD TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for child term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5 employees

Amount of Child Life Insurance

\$5,000 or \$10,000, as elected by the employee.

An employee who was covered under the prior Group Universal Life plan underwritten by Met Life, who transferred that coverage to policy No. 50186-G, and who also elected to be covered under this policy, can only elect child coverage under policy 50186-G.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse insurance: \$30,000

For child insurance: All child insurance is guaranteed issue.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECT OF EMPLOYEE'S RETIREMENT:

All dependents insurance terminates upon the employee's retirement except as provided under the portability provisions.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION:

Applies only to employee voluntary and spouse life insurance under this policy.

WAIVER OF PREMIUM APPLICATION:

Applies to contributory and noncontributory employee insurance.

RIDER(S) TO THE GROUP POLICY

Accelerated Benefits

Applies to all Classes

Dependents Term Life

Applies to all Classes

Portability

Applies to all Classes

Waiver of Premium

Applies to all Classes

Group Term Life Policy Amendment #6R

MINNESOTA LIFE

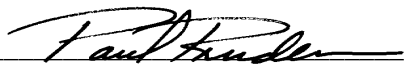
Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 130010T issued by MINNESOTA LIFE INSURANCE COMPANY to BANKNEWPORT, TRUSTEE UNDER THE NATIONAL EMPLOYER AND ASSOCIATION TRUST for Plan Sponsor LANCASTER GENERAL HEALTH, Plan Sponsor No. 33305-G. This amendment is effective as of January 1, 2019 as revised February 9, 2021. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

When Amendment 4R removed the Accidental Death and Dismemberment Policy Rider from the policy, additional language referring to the Accidental Death and Dismemberment coverage throughout the policy and certificate should have been removed. This language has been removed.

As a result of this change, the Group Policy Specification Page has been replaced in its entirety with the attached Group Policy Specification page effective date of January 1, 2019 as revised February 9, 2021, the Dependents Term Life Insurance Policy Rider Rev 02-2021 and the Term Life Insurance Portability Policy Rider Rev 02-2021 replaces all prior Dependents Term life Insurance Policy riders and Portability Policy Riders. .

Agreed to by Minnesota Life Insurance Company this 9th day of February 2021.

By  CAS
Vice President and Actuary

GENERAL INFORMATION

POLICYHOLDER:	BankNewport, trustee under the National Employer and Association Trust	POLICY NO.: 130010T
PLAN SPONSOR:	Lancaster General Health	PLAN SPONSOR NO.: 33305-G
ASSOCIATED COMPANIES:	All subsidiaries and affiliates reported to Minnesota Life by the plan sponsor for inclusion in the policy.	
POLICY EFFECTIVE DATE:	January 1, 2006. This policy specifications page represents the plan in effect as of January 1, 2019 as revised February 9, 2021.	
POLICY ANNIVERSARY DATE:	July 1 of each year beginning July 1, 2019.	
PREMIUM DUE DATE(S):	The first day of each month.	
GROUP:	<p>The group is composed of all active employees in the following Benefit Classes (as defined by the plan sponsor):</p> <p>Benefit Class 1: CEO, President, Executive Vice President, Senior Vice President, Vice President or Dean</p> <p>Benefit Class 2: Associate Vice President, Vice President – Physician, Senior Director, Director, Chair, Chief, Managing Physician, Physician, Hospitalist, Resident or Assistant Dean</p> <p>Benefit Class 3: Manager or Supervisor</p> <p>Benefit Class 4: All Staff other than those in Benefit Class 1, 2, 3 or 5</p> <p>Benefit Class 5: Faculty at Pennsylvania College of Health Sciences</p> <p>Benefit Class 6: All eligible retirees who, when active, were in Benefit Class 1 or 2*, and who retired prior to January 1, 2012.</p> <p>Benefit Class 7: All eligible retirees who, when active, were in Benefit Class 3 or 4*, and who retired prior to January 1, 2012.</p> <p>*RETIREE REQUIREMENTS: The minimum eligibility requirement for the retiree life insurance benefit is the attainment of age 55 and 15 years of full-time service. However, eligibility requirements vary by operating business unit, so retiree eligibility shall be as defined by the Plan Sponsor.</p>	
ENROLLMENT PERIOD:	Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.	
WAITING PERIOD:	<p>Employees designated on the policyholder's records as in Benefit Class 1 or 2: None</p> <p>For all other eligible employees: One year of continuous service for basic life insurance; no waiting period for voluntary life and dependent life insurance.</p>	
MINIMUM HOURS PER WEEK REQUIRED:	<p>For President, Preferred Health Care: 80 hours bi-weekly (1.0 FTE)</p> <p>For all other employees: 40 hours bi-weekly (0.5 FTE)</p>	

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Benefit Class 1	Three times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 2	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 3	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 4	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 5	One and one-half times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 6	Various amounts as on file with the Plan Sponsor but not greater than \$10,000.
Benefit Class 7	Various amounts as on file with the Plan Sponsor but not greater than \$5,000.

NOTE: An employee who meets the requirements of an eligible retiree under Class 6 or 7 as well as the requirements of an eligible active employee under Class 1, 2, 3 or 4 will only be covered under the plan for (active or retiree) whichever provides for the higher amount of insurance. An employee cannot be covered as both a retiree and an active employee.

Voluntary Life Insurance – Active Employees Only

<u>Eligible Class</u>	<u>Amount of Voluntary Life Insurance</u>
All active employees in Benefit Classes 1, 2, 3, 4 and 5	An amount elected by the employee, in an increment of \$10,000, subject to a maximum, when combined with any Group Universal Life insurance under Minnesota Life Policy No. 50186-G*, of the lesser of (a) five times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$1,500,000.

*Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy No. 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

Applies to Basic Life insurance for classes 1, 2, 3, 4 and 5

The amount of basic life insurance on an active employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 and over	50%

Age reductions will apply the first day of the month following an insured employee's 65th and 70th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; voluntary insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For voluntary insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy, less any insurance the employee moves over to policy 50186-G. See One Time Open Enrollment for more information.

For employees who first become eligible after the effective date of this policy:

The lesser of (a) two times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$400,000.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:

The date of the change in eligible class or earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

SPOUSE TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for spouse term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5

Amount of Spouse Life Insurance

An amount elected by the employee in an increment of \$10,000, subject to a maximum, when combined with any spouse term life insurance under Minnesota Life Policy No. 50186-G**, of \$250,000.

**Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both, and spouse life insurance must be under the same policy as the employee voluntary coverage.

CHILD TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for child term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5 employees

Amount of Child Life Insurance

\$5,000 or \$10,000, as elected by the employee.

An employee who was covered under the prior Group Universal Life plan underwritten by Met Life, who transferred that coverage to policy No. 50186-G, and who also elected to be covered under this policy, can only elect child coverage under policy 50186-G.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT: Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse insurance: \$30,000

For child insurance: All child insurance is guaranteed issue.

EVIDENCE OF INSURABILITY: Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECT OF EMPLOYEE'S RETIREMENT: All dependents insurance terminates upon the employee's retirement except as provided under the portability provisions.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION:

Applies only to employee voluntary and spouse life insurance under this policy.

WAIVER OF PREMIUM APPLICATION:

Applies to contributory and noncontributory employee insurance.

RIDER(S) TO THE GROUP POLICY

Accelerated Benefits

Applies to all Classes

Dependents Term Life

Applies to all Classes

Portability

Applies to all Classes

Waiver of Premium

Applies to all Classes

Dependents Term Life Insurance Policy Rider

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

General Information

This rider is issued in consideration of the required premium and amends the group policy to which it is attached. This rider is subject to every term, condition, exclusion, limitation, and provision of the group policy unless otherwise expressly provided for herein.

What does this rider provide?

This rider provides insurance on the lives of the insured employee's eligible dependents.

What members of the insured employee's family are eligible for insurance under this rider?

The following members of the insured employee's family are eligible for insurance under this rider:

- (1) the insured employee's lawful spouse who is not legally separated from the insured and who is not eligible for insurance as an employee under the policy to which this rider is attached nor insured under this policy with portability status; and
- (2) the insured employee's natural children, legally adopted children, and stepchildren. To be eligible a child needs to be unmarried, however the child does not need to be a full-time student or dependent on the insured employee for financial support. Children are eligible from 14 days old to the attainment of age 26. Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support and insured under the policy prior to age 26 and are financially dependent on the employee for more than one-half of their support and maintenance.

A child is not eligible if in the military or like forces of any country or of any subdivision of a country.

If both parents of a child qualify as eligible employees under the group policy, the child shall be considered a dependent of only one parent for purposes of this rider. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child.

Any dependent child who, subsequent to the effective date of the insured employee's child life insurance, meets the requirements of this provision will become insured on the date he or she so qualifies.

When will we require evidence of insurability?

Evidence of insurability will be required if:

- (1) the specifications page attached to the group policy states that evidence of insurability is required; or
- (2) the insurance is contributory and the employee does not enroll for coverage under this rider within the enrollment period shown on the specifications page attached to the group policy; or
- (3) dependents insurance for which the employee previously enrolled did not go into effect or was terminated because the employee failed to make a required premium contribution; or
- (4) during a previous period of eligibility, the employee failed to submit evidence of insurability that was required for a dependent or that which was submitted was not satisfactory to us; or
- (5) the dependent is insured by an individual policy issued under the terms of the conversion right of this rider.

When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

- (1) the dependent meets all eligibility requirements; and
- (2) if required, the insured employee applies for dependents coverage on forms which are approved by us; and
- (3) we are satisfied with the dependent's evidence of insurability, if we require evidence; and
- (4) we receive the required premium.

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. However, in no event will insurance on a dependent be effective before the insured employee's insurance under the group policy is effective.

Death Benefit

What is the amount of life insurance on each insured dependent?

The amount of life insurance on each insured dependent is shown on the specifications page attached to the group policy.

To whom will we pay the death benefit?

The death benefit payable under this rider will be paid to the insured employee if living, otherwise to his or her estate.

Termination

When does an insured dependent's coverage under this rider terminate?

An insured dependent's coverage ends on the earliest of the following:

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the last day for which premium contributions have been made following an employee's written request that insurance on his or her eligible dependents be terminated; or
- (4) the date the employee is no longer covered under the group policy.

The employee must notify us or the employer when a dependent is no longer eligible for coverage under this rider so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this rider will be refunded without any payment of claim.

When does this rider terminate?

This rider will terminate on the earlier of:

- (1) the date we receive a written request to cancel this rider; or
- (2) the date the group policy is terminated.

Additional Information

What is the conversion right under this rider?

If an insured dependent's coverage under this rider terminates because he or she is no longer eligible, or because of the death of the insured employee, or because of termination or amendment of this rider, the insurance may be converted to a policy of individual insurance with Minnesota Life.

Conversion may be requested by the insured employee, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. All other conditions and provisions of the conversion right section of the group policy to which this rider is attached will apply.

Does the Waiver of Premium rider to the group policy apply to insured dependents?

The Waiver of Premium rider to the group policy will not apply to disabilities for dependents covered under this rider.

However, if, due to the insured employee's disability, his or her insurance is continued in force without further payment of premiums due to the Waiver of Premium rider to the group policy, any dependents insurance provided by this rider shall also continue in force without further payment of premiums until the dependent's eligibility terminates or until the insured employee's insurance is no longer continued in force due to the Waiver of Premium rider to the group policy.

This provision is not applicable if the dependent's insurance has been converted under the conversion right section of this rider, unless the converted policy is surrendered without claim except for refund of premiums.



Secretary



President

Term Life Insurance Portability Policy Rider

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

General Information

This rider is issued in consideration of the required premium and amends the group policy to which it is attached. This rider is subject to every term, condition, exclusion, limitation and provision of the group policy unless otherwise expressly provided for herein.

What does this rider provide?

This rider provides for continuation of group life insurance for insureds who no longer meet the eligibility requirements of the group policy except as provided for herein.

To continue coverage under the provisions of this rider, an eligible insured must make a written request and make the first premium contribution within 31 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this rider will then be deemed effective retroactive to the beginning of the 31-day period. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

Who is eligible to continue insurance under this rider?

An employee or spouse is eligible to continue insurance under this rider if he or she, except as provided by this rider, no longer meets the eligibility requirements of the group policy due to any of the following:

- (1) the employee terminates employment, including retirement; or
- (2) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
- (3) the spouse is no longer the lawful spouse of, or is legally separated from, the employee; or
- (4) the employee dies; or
- (5) an amendment to the group policy, provided that less than 25% of the total number of insureds under the group policy lose eligibility due to that amendment.

The employee or spouse will not be eligible to request coverage under this rider if he or she:

- (1) has attained the age of 80; or
- (2) has converted his or her insurance to an individual life policy under the terms of the group policy's conversion right section; or
- (3) is an employee and was not actively at work due to sickness or injury on the day immediately preceding his or her portability date; or

- (4) loses eligibility due to termination of the group policy.

What insurance can be continued under this rider?

Both noncontributory and contributory life insurance may be continued under this rider. If the employee or spouse elects to continue his or her own coverage according to the provisions of this rider, he or she may also elect to continue contributory insurance for any other individual insured under his or her certificate. The employee or spouse may also continue coverage under all supplements to such certificate which apply to contributory insurance and by which he or she was insured immediately preceding his or her portability date.

Death benefits will be paid in accordance with the provisions of the policy and applicable riders with the following exception: Death benefits for a former spouse porting his or her own coverage (not being continued as a rider to the employee's coverage) shall be payable according to the Death Benefit section of the policy and not the Death Benefit section of the Dependents Term life Insurance Policy Rider. Therefore a former spouse may choose to name a beneficiary or beneficiaries to receive his or her death benefit proceeds, subject to all provisions of the Death Benefit section of the policy, including the provisions related to payment when there are no eligible named beneficiaries.

The amount of insurance continued under this rider for any individual will be subject to any applicable state law or regulation relating to allowable amounts of insurance.

What is the minimum amount of insurance that can be continued under this rider?

The minimum amount of insurance that can be continued on the life of an employee under this rider is the lesser of the employee's total amount of life insurance or \$10,000. This minimum does not apply to any other insureds covered under this supplement.

What is the maximum amount of insurance that can be continued under this rider?

The maximum amount of insurance that can be continued under this rider is the amount of insurance that was in force on the insured's portability date, but not more than \$500,000 for an employee. However, for an insured who is age 70 or older but less than 75 on his or her portability date, the amount will not be more than \$250,000 for an employee or, for a spouse, 50% of the amount in force on the spouse's portability date. For an insured who is age 75 or older on his or her portability date, the amount will not be more than \$125,000 for an employee or, for a

spouse, 25% of the amount in force on the spouse's portability date.

Will the amount of insurance continued under this rider change?

Yes. When an employee or spouse attains age 70, the amount of insurance on his or her life continued under this rider will reduce to 50% of the amount of insurance in force on the day prior to his or her attainment of age 70. When an employee or spouse attains age 75, the amount of insurance will be reduced to 25% of that amount. All coverage terminates at age 80.

Can an employee or spouse request a change in his or her amount of insurance continued under this rider?

Yes. An employee or spouse may elect to reduce the amount of insurance provided under his or her certificate. The remaining amount of insurance on the life of an employee must be at least \$10,000.

The amount of insurance continued under this rider will never increase.

How will premium contributions be paid?

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

Can the premium rate change?

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future but will not change more often than once per year.

Can insurance continued under this rider be converted to a policy of individual insurance?

Yes. At any time after insurance has been continued under the provisions of this rider, it may be converted to a policy of individual insurance with Minnesota Life. All other conditions and provisions of the conversion right section of the group policy to which this rider is attached will apply.

What happens if an employee or spouse again becomes eligible under the group policy?

If an employee or spouse who is continuing coverage under the provisions of this rider again meets the eligibility requirements of the group policy, not including the terms of this rider, he or she shall no longer be considered to have portability status. Insurance for that employee or spouse may be provided only under the terms of the group

policy, not including this rider, unless and until he or she no longer meets the eligibility requirements of the group policy and again returns to portability status as provided for herein.

What happens to insurance provided under this rider when the group policy terminates?

Anything in the group policy notwithstanding, termination of the group policy by the policyholder or us will not terminate life insurance then in force for any person under the terms of this rider. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder or plan sponsor.


Any insurance continued under the terms of this rider will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this rider terminate?".


No individual may elect coverage under this rider on or after the date of termination of the group policy.

When will insurance continued under this rider terminate?

Insurance continued under this rider will terminate on the earliest of the following:

- (1) the employee or spouse's 80th birthday; or
- (2) the date the employee or spouse again meets the eligibility requirements of the group policy, not including the terms of this rider; or
- (3) in the case of a dependent child or a spouse who is insured by a rider to the employee's coverage, the date the employee's coverage is no longer being continued under this rider, or the date the spouse or child ceases to be eligible as defined under the terms of the group policy; or
- (4) in the case of a dependent child who is insured by a rider to the spouse's coverage, the date the spouse's coverage is no longer being continued under this rider, or the date the child ceases to be eligible as defined under the terms of the group policy; or
- (5) 31 days after the due date of any premium contribution which is not made.


Secretary


President

Group Term Life Policy Amendment #5R

MINNESOTA LIFE

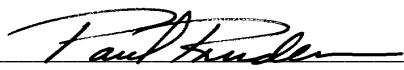
Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 130010T issued by MINNESOTA LIFE INSURANCE COMPANY to BANKNEWPORT, TRUSTEE UNDER THE NATIONAL EMPLOYER AND ASSOCIATION TRUST for Plan Sponsor LANCASTER GENERAL HEALTH, Plan Sponsor No. 33305-G. This amendment is effective as of July 1, 2019. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The policy anniversary date is changed to July 1 of each year, beginning with July 1, 2019.

As a result of this change, the Group Policy Specification Page has been replaced in its entirety with the attached Group Policy Specification page with an effective date of July 1, 2019.

Agreed to by Minnesota Life Insurance Company this 17th day of December, 2018.

By  SEM
Vice President and Actuary

GENERAL INFORMATION

POLICYHOLDER:	BankNewport, trustee under the National Employer and Association Trust	POLICY NO.: 130010T
PLAN SPONSOR:	Lancaster General Health	PLAN SPONSOR NO.: 33305-G
ASSOCIATED COMPANIES:	All subsidiaries and affiliates reported to Minnesota Life by the plan sponsor for inclusion in the policy.	
POLICY EFFECTIVE DATE:	January 1, 2006. This policy specifications page represents the plan in effect as of July 1, 2019.	
POLICY ANNIVERSARY DATE:	July 1 of each year beginning July 1, 2019.	
PREMIUM DUE DATE(S):	The first day of each month.	
GROUP:	<p>The group is composed of all active employees in the following Benefit Classes (as defined by the plan sponsor):</p> <p>Benefit Class 1: CEO, President, Executive Vice President, Senior Vice President, Vice President or Dean</p> <p>Benefit Class 2: Associate Vice President, Vice President – Physician, Senior Director, Director, Chair, Chief, Managing Physician, Physician, Hospitalist, Resident or Assistant Dean</p> <p>Benefit Class 3: Manager or Supervisor</p> <p>Benefit Class 4: All Staff other than those in Benefit Class 1, 2, 3 or 5</p> <p>Benefit Class 5: Faculty at Pennsylvania College of Health Sciences</p> <p>Benefit Class 6: All eligible retirees who, when active, were in Benefit Class 1 or 2*, and who retired prior to January 1, 2012.</p> <p>Benefit Class 7: All eligible retirees who, when active, were in Benefit Class 3 or 4*, and who retired prior to January 1, 2012.</p> <p>*RETIREE REQUIREMENTS: The minimum eligibility requirement for the retiree life insurance benefit is the attainment of age 55 and 15 years of full-time service. However, eligibility requirements vary by operating business unit, so retiree eligibility shall be as defined by the Plan Sponsor.</p>	
ENROLLMENT PERIOD:	Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.	
WAITING PERIOD:	<p>Employees designated on the policyholder's records as in Benefit Class 1 or 2: None</p> <p>For all other eligible employees: One year of continuous service for basic life insurance; no waiting period for voluntary life and dependent life insurance.</p>	
MINIMUM HOURS PER WEEK REQUIRED:	<p>For President, Preferred Health Care: 80 hours bi-weekly (1.0 FTE)</p> <p>For all other employees: 40 hours bi-weekly (0.5 FTE)</p>	

EMPLOYEE BENEFIT SCHEDULE**EMPLOYEE TERM LIFE INSURANCE:****Basic Life Insurance**

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Benefit Class 1	Three times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 2	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 3	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 4	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 5	One and one-half times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 6	Various amounts as on file with the Plan Sponsor but not greater than \$10,000.
Benefit Class 7	Various amounts as on file with the Plan Sponsor but not greater than \$5,000.

NOTE: An employee who meets the requirements of an eligible retiree under Class 6 or 7 as well as the requirements of an eligible active employee under Class 1, 2, 3 or 4 will only be covered under the plan for (active or retiree) whichever provides for the higher amount of insurance. An employee cannot be covered as both a retiree and an active employee.

Voluntary Life Insurance – Active Employees Only

<u>Eligible Class</u>	<u>Amount of Voluntary Life Insurance</u>
All active employees in Benefit Classes 1, 2, 3, 4 and 5	An amount elected by the employee, in an increment of \$10,000, subject to a maximum, when combined with any Group Universal Life insurance under Minnesota Life Policy No. 50186-G*, of the lesser of (a) five times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$1,500,000.

*Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy No. 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

Applies to Basic Life and basic AD&D insurance for classes 1, 2, 3, 4 and 5

The amount of basic life and basic AD&D insurance on an active employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 and over	50%

Age reductions will apply the first day of the month following an insured employee's 65th and 70th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; voluntary insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For voluntary insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy, less any insurance the employee moves over to policy 50186-G. See One Time Open Enrollment for more information.

For employees who first become eligible after the effective date of this policy:

The lesser of (a) two times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$400,000.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:

The date of the change in eligible class or earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

SPOUSE TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for spouse term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5

Amount of Spouse Life Insurance

An amount elected by the employee in an increment of \$10,000, subject to a maximum, when combined with any spouse term life insurance under Minnesota Life Policy No. 50186-G**, of \$250,000.

**Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both, and spouse life insurance must be under the same policy as the employee voluntary coverage.

CHILD TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for child term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5 employees

Amount of Child Life Insurance

\$5,000 or \$10,000, as elected by the employee.

An employee who was covered under the prior Group Universal Life plan underwritten by Met Life, who transferred that coverage to policy No. 50186-G, and who also elected to be covered under this policy, can only elect child coverage under policy 50186-G.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse insurance: \$30,000

For child insurance: All child insurance is guaranteed issue.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECT OF EMPLOYEE'S RETIREMENT:

All dependents insurance terminates upon the employee's retirement except as provided under the portability provisions.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION:

Applies only to employee voluntary and spouse life insurance under this policy. Exclusions for AD&D insurance, including a suicide exclusion, are listed on the applicable policy rider.

WAIVER OF PREMIUM APPLICATION:

Applies to contributory and noncontributory employee insurance.

RIDER(S) TO THE GROUP POLICY

Accelerated Benefits	Applies to all Classes
Dependents Term Life	Applies to all Classes
Portability	Applies to all Classes
Waiver of Premium	Applies to all Classes

Group Term Life Policy Amendment #4R

MINNESOTA LIFE

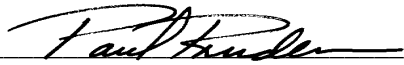
Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 130010T issued by MINNESOTA LIFE INSURANCE COMPANY to BANKNEWPORT, TRUSTEE UNDER THE NATIONAL EMPLOYER AND ASSOCIATION TRUST for Plan Sponsor LANCASTER GENERAL HEALTH, Plan Sponsor No. 33305-G. This amendment is effective as of January 1, 2019. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

Physicians Surgery Center Employees are removed from eligibility under this policy. As this group is the only group eligible for AD&D insurance, the Accidental Death and Dismemberment Policy Rider EdF63995 Rev 7-2015 is also removed from the policy.

As a result of this change, the Group Policy Specification Page has been replaced in its entirety with the attached Group Policy Specification page with an effective date of January 1, 2019.

Agreed to by Minnesota Life Insurance Company this 23rd day of November, 2018.

By  SEM
Vice President and Actuary

GENERAL INFORMATION

POLICYHOLDER:	BankNewport, trustee under the National Employer and Association Trust	POLICY NO.: 130010T
PLAN SPONSOR:	Lancaster General Health	PLAN SPONSOR NO.: 33305-G
ASSOCIATED COMPANIES:	All subsidiaries and affiliates reported to Minnesota Life by the plan sponsor for inclusion in the policy.	
POLICY EFFECTIVE DATE:	January 1, 2006. This policy specifications page represents the plan in effect as of January 1, 2019.	
POLICY ANNIVERSARY DATE:	January 1 of each year beginning January 1, 2007.	
PREMIUM DUE DATE(S):	The first day of each month.	
GROUP:	<p>The group is composed of all active employees in the following Benefit Classes (as defined by the plan sponsor):</p> <p>Benefit Class 1: CEO, President, Executive Vice President, Senior Vice President, Vice President or Dean</p> <p>Benefit Class 2: Associate Vice President, Vice President – Physician, Senior Director, Director, Chair, Chief, Managing Physician, Physician, Hospitalist, Resident or Assistant Dean</p> <p>Benefit Class 3: Manager or Supervisor</p> <p>Benefit Class 4: All Staff other than those in Benefit Class 1, 2, 3 or 5</p> <p>Benefit Class 5: Faculty at Pennsylvania College of Health Sciences</p> <p>Benefit Class 6: All eligible retirees who, when active, were in Benefit Class 1 or 2*, and who retired prior to January 1, 2012.</p> <p>Benefit Class 7: All eligible retirees who, when active, were in Benefit Class 3 or 4*, and who retired prior to January 1, 2012.</p> <p>*RETIREE REQUIREMENTS: The minimum eligibility requirement for the retiree life insurance benefit is the attainment of age 55 and 15 years of full-time service. However, eligibility requirements vary by operating business unit, so retiree eligibility shall be as defined by the Plan Sponsor.</p>	
ENROLLMENT PERIOD:	Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.	
WAITING PERIOD:	<p>Employees designated on the policyholder's records as in Benefit Class 1 or 2: None</p> <p>For all other eligible employees: One year of continuous service for basic life insurance; no waiting period for voluntary life and dependent life insurance.</p>	
MINIMUM HOURS PER WEEK REQUIRED:	<p>For President, Preferred Health Care: 80 hours bi-weekly (1.0 FTE)</p> <p>For all other employees: 40 hours bi-weekly (0.5 FTE)</p>	

EMPLOYEE BENEFIT SCHEDULE**EMPLOYEE TERM LIFE INSURANCE:****Basic Life Insurance**

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Benefit Class 1	Three times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 2	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 3	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 4	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 5	One and one-half times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 6	Various amounts as on file with the Plan Sponsor but not greater than \$10,000.
Benefit Class 7	Various amounts as on file with the Plan Sponsor but not greater than \$5,000.

NOTE: An employee who meets the requirements of an eligible retiree under Class 6 or 7 as well as the requirements of an eligible active employee under Class 1, 2, 3 or 4 will only be covered under the plan for (active or retiree) whichever provides for the higher amount of insurance. An employee cannot be covered as both a retiree and an active employee.

Voluntary Life Insurance – Active Employees Only

<u>Eligible Class</u>	<u>Amount of Voluntary Life Insurance</u>
All active employees in Benefit Classes 1, 2, 3, 4 and 5	An amount elected by the employee, in an increment of \$10,000, subject to a maximum, when combined with any Group Universal Life insurance under Minnesota Life Policy No. 50186-G*, of the lesser of (a) five times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$1,500,000.

*Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy No. 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

Applies to Basic Life and basic AD&D insurance for classes 1, 2, 3, 4 and 5

The amount of basic life and basic AD&D insurance on an active employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 and over	50%

Age reductions will apply the first day of the month following an insured employee's 65th and 70th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; voluntary insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For voluntary insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy, less any insurance the employee moves over to policy 50186-G. See One Time Open Enrollment for more information.

For employees who first become eligible after the effective date of this policy:

The lesser of (a) two times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$400,000.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:

The date of the change in eligible class or earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

SPOUSE TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for spouse term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5

Amount of Spouse Life Insurance

An amount elected by the employee in an increment of \$10,000, subject to a maximum, when combined with any spouse term life insurance under Minnesota Life Policy No. 50186-G**, of \$250,000.

**Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both, and spouse life insurance must be under the same policy as the employee voluntary coverage.

CHILD TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for child term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5 employees

Amount of Child Life Insurance

\$5,000 or \$10,000, as elected by the employee.

An employee who was covered under the prior Group Universal Life plan underwritten by Met Life, who transferred that coverage to policy No. 50186-G, and who also elected to be covered under this policy, can only elect child coverage under policy 50186-G.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse insurance: \$30,000

For child insurance: All child insurance is guaranteed issue.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECT OF EMPLOYEE'S RETIREMENT:

All dependents insurance terminates upon the employee's retirement except as provided under the portability provisions.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION:

Applies only to employee voluntary and spouse life insurance under this policy. Exclusions for AD&D insurance, including a suicide exclusion, are listed on the applicable policy rider.

WAIVER OF PREMIUM APPLICATION:

Applies to contributory and noncontributory employee insurance.

RIDER(S) TO THE GROUP POLICY

Accelerated Benefits	Applies to all Classes
Dependents Term Life	Applies to all Classes
Portability	Applies to all Classes
Waiver of Premium	Applies to all Classes

Group Term Life Policy Amendment #3R

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 130010T issued by MINNESOTA LIFE INSURANCE COMPANY to BANKNEWPORT, TRUSTEE UNDER THE NATIONAL EMPLOYER AND ASSOCIATION TRUST for Plan Sponsor LANCASTER GENERAL HEALTH, Plan Sponsor No. 33305-G. This amendment is effective as of January 1, 2017. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The Group definition found on the Group Policy Specifications Page is amended to read as follows:

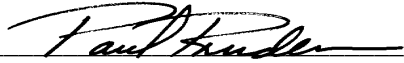
GROUP: The group is composed of all active employees in the following Benefit Classes (as defined by the plan sponsor):

- Benefit Class 1: CEO, President, Executive Vice President, Senior Vice President, Vice President or Dean
- Benefit Class 2: Associate Vice President, Vice President – Physician, Senior Director, Director, Chair, Chief, Managing Physician, Physician, Hospitalist, Resident or Assistant Dean
- Benefit Class 3: Manager or Supervisor
- Benefit Class 4: All Staff other than those in Benefit Class 1, 2, 3 or 5
- Benefit Class 5: Faculty at Pennsylvania College of Health Sciences
- Benefit Class 6: All eligible retirees who, when active, were in Benefit Class 1 or 2*, and who retired prior to January 1, 2012.
- Benefit Class 7: All eligible retirees who, when active, were in Benefit Class 3 or 4*, and who retired prior to January 1, 2012.

***RETIREE REQUIREMENTS:** The minimum eligibility requirement for the retiree life insurance benefit is the attainment of age 55 and 15 years of full-time service. However, eligibility requirements vary by operating business unit, so retiree eligibility shall be as defined by the Plan Sponsor.

As a result of this change, the Group Policy Specification Page has been replaced in its entirety with the attached Group Policy Specification page with an effective date of January 1, 2017.

Agreed to by Minnesota Life Insurance Company this 10th day of August, 2017.

By  SEM
Vice President and Actuary

GENERAL INFORMATION

POLICYHOLDER:	BankNewport, trustee under the National Employer and Association Trust	POLICY NO.: 130010T
PLAN SPONSOR:	Lancaster General Health	PLAN SPONSOR NO.: 33305-G
ASSOCIATED COMPANIES:	All subsidiaries and affiliates reported to Minnesota Life by the plan sponsor for inclusion in the policy.	
POLICY EFFECTIVE DATE:	January 1, 2006. This policy specifications page represents the plan in effect as of January 1, 2017.	
POLICY ANNIVERSARY DATE:	January 1 of each year beginning January 1, 2007.	
PREMIUM DUE DATE(S):	The first day of each month.	
GROUP:	<p>The group is composed of all active employees in the following Benefit Classes (as defined by the plan sponsor):</p> <p>Benefit Class 1: CEO, President, Executive Vice President, Senior Vice President, Vice President or Dean</p> <p>Benefit Class 2: Associate Vice President, Vice President – Physician, Senior Director, Director, Chair, Chief, Managing Physician, Physician, Hospitalist, Resident or Assistant Dean</p> <p>Benefit Class 3: Manager or Supervisor</p> <p>Benefit Class 4: All Staff other than those in Benefit Class 1, 2, 3 or 5</p> <p>Benefit Class 5: Faculty at Pennsylvania College of Health Sciences</p> <p>Benefit Class 6: All eligible retirees who, when active, were in Benefit Class 1 or 2*, and who retired prior to January 1, 2012.</p> <p>Benefit Class 7: All eligible retirees who, when active, were in Benefit Class 3 or 4*, and who retired prior to January 1, 2012.</p> <p>*RETIREE REQUIREMENTS: The minimum eligibility requirement for the retiree life insurance benefit is the attainment of age 55 and 15 years of full-time service. However, eligibility requirements vary by operating business unit, so retiree eligibility shall be as defined by the Plan Sponsor.</p>	
ENROLLMENT PERIOD:	Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.	
WAITING PERIOD:	<p>Employees designated on the policyholder's records as in Benefit Class 1 or 2: None</p> <p>For all other eligible employees: One year of continuous service for basic life insurance; no waiting period for voluntary life and dependent life insurance.</p>	
MINIMUM HOURS PER WEEK REQUIRED:	<p>For President, Preferred Health Care: 80 hours bi-weekly (1.0 FTE)</p> <p>For all other employees: 40 hours bi-weekly (0.5 FTE)</p>	

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Benefit Class 1	Three times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 2	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 3	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 4	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 5	One and one-half times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 6	Various amounts as on file with the Plan Sponsor but not greater than \$10,000.
Benefit Class 7	Various amounts as on file with the Plan Sponsor but not greater than \$5,000.

NOTE: An employee who meets the requirements of an eligible retiree under Class 6 or 7 as well as the requirements of an eligible active employee under Class 1, 2, 3 or 4 will only be covered under the plan for (active or retiree) whichever provides for the higher amount of insurance. An employee cannot be covered as both a retiree and an active employee.

Voluntary Life Insurance – Active Employees Only

<u>Eligible Class</u>	<u>Amount of Voluntary Life Insurance</u>
All active employees in Benefit Classes 1, 2, 3, 4 and 5	<p>An amount elected by the employee, in an increment of \$10,000, subject to a maximum, when combined with any Group Universal Life insurance under Minnesota Life Policy No. 50186-G*, of the lesser of (a) five times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$1,500,000.</p> <p>*Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy No. 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both.</p>

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Basic AD&D Insurance

Applies to Active Employees of Physicians Surgery Center Only

<u>Eligible Class</u>	<u>Amount of AD&D Insurance</u>
Physicians Surgery Center Employees	An amount equal to the amount of basic life insurance for which the employee is insured under the group policy.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

Applies to Basic Life and basic AD&D insurance for classes 1, 2, 3, 4 and 5

The amount of basic life and basic AD&D insurance on an active employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 and over	50%

Age reductions will apply the first day of the month following an insured employee's 65th and 70th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; voluntary insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For voluntary insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy, less any insurance the employee moves over to policy 50186-G. See One Time Open Enrollment for more information.

For employees who first become eligible after the effective date of this policy:

The lesser of (a) two times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$400,000.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:

The date of the change in eligible class or earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

SPOUSE TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for spouse term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5

Amount of Spouse Life Insurance

An amount elected by the employee in an increment of \$10,000, subject to a maximum, when combined with any spouse term life insurance under Minnesota Life Policy No. 50186-G**, of \$250,000.

**Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both, and spouse life insurance must be under the same policy as the employee voluntary coverage.

CHILD TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for child term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5 employees

Amount of Child Life Insurance

\$5,000 or \$10,000, as elected by the employee.

An employee who was covered under the prior Group Universal Life plan underwritten by Met Life, who transferred that coverage to policy No. 50186-G, and who also elected to be covered under this policy, can only elect child coverage under policy 50186-G.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse insurance: \$30,000

For child insurance: All child insurance is guaranteed issue.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECT OF EMPLOYEE'S RETIREMENT:

All dependents insurance terminates upon the employee's retirement except as provided under the portability provisions.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION:

Applies only to employee voluntary and spouse life insurance under this policy. Exclusions for AD&D insurance, including a suicide exclusion, are listed on the applicable policy rider.

WAIVER OF PREMIUM APPLICATION:

Applies to contributory and noncontributory employee insurance.

RIDER(S) TO THE GROUP POLICY

Accidental Death and Dismemberment

Applies to Physicians Surgery Center Employees Only.

Waiver of Premium

Applies to all Classes

Dependents Term Life

Applies to all Classes

Portability

Applies to all Classes

Accelerated Benefits

Applies to all Classes

Group Term Life Policy Amendment #2R

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 130010T issued by MINNESOTA LIFE INSURANCE COMPANY to BANKNEWPORT, TRUSTEE UNDER THE NATIONAL EMPLOYER AND ASSOCIATION TRUST for Plan Sponsor LANCASTER GENERAL HEALTH, Plan Sponsor No. 33305-G. This amendment is effective as of January 1, 2016. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The Group Term Life Insurance Policy has been amended as follows:

The waiting period for eligibility has changed to one year of continuous service for basic life insurance for employees in class 3.

As a result of this change, the Group Policy Specification Page has been replaced in its entirety with the attached Group Policy Specification page with an effective date of January 1, 2016.

Agreed to by Minnesota Life Insurance Company this 23rd day of March, 2016.

By  _____ JLM
Second Vice President

GENERAL INFORMATION

POLICYHOLDER:	BankNewport, trustee under the National Employer and Association Trust	POLICY NO.: 130010T
PLAN SPONSOR:	Lancaster General Health	PLAN SPONSOR NO.: 33305-G
ASSOCIATED COMPANIES:	All subsidiaries and affiliates reported to Minnesota Life by the plan sponsor for inclusion in the policy.	
POLICY EFFECTIVE DATE:	January 1, 2006. This policy specifications page represents the plan in effect as of January 1, 2016.	
POLICY ANNIVERSARY DATE:	January 1 of each year beginning January 1, 2007.	
PREMIUM DUE DATE(S):	The first day of each month.	
GROUP:	<p>The group is composed of all active employees in the following Benefit Classes (as defined by the plan sponsor):</p> <p>Benefit Class 1: Those exempt positions that include, but are not limited to: President, Chief Operating Officer, Chief Executive Officer, Senior Vice President, Vice President (not applicable to Pennsylvania College of Health Sciences) or Assistant Vice President</p> <p>Benefit Class 2: Those exempt positions that include, but are not limited to: Executive or Department Director (not applicable to Pennsylvania College of Health Sciences), Nurse Manager, Dean, Physician, Psychologist, or Residents</p> <p>Benefit Class 3: Those Lancaster General Hospital exempt positions which meet the following criteria:</p> <ul style="list-style-type: none"> • Responsibility for fiscal department budgets, schedules, equipment and space; • Authority to hire, discipline and terminate employees; • Responsibility for employee supervision development, counseling, coaching, salary administration, and performance appraisal as the “appraising manager”. <p>Benefit Class 4: All other exempt employees and non-exempt employees; other than those in Benefits Class 5</p> <p>Benefit Class 5: All employees designated by the plan sponsor as Faculty at Pennsylvania College of Health Sciences</p> <p>Benefit Class 6: All eligible retirees who, when active, were in Benefit Class 1 or 2*, and who retired prior to January 1, 2012.</p> <p>Benefit Class 7: All eligible retirees who, when active, were in Benefit Class 3 or 4*, and who retired prior to January 1, 2012.</p> <p>*RETIREE REQUIREMENTS: The minimum eligibility requirement for the retiree life insurance benefit is the attainment of age 55 and 15 years of full-time service. However, eligibility requirements vary by operating business unit, so retiree eligibility shall be as defined by the Plan Sponsor.</p>	
ENROLLMENT PERIOD:	Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.	

WAITING PERIOD:

Employees designated on the policyholder's records as in Benefit Class 1 or 2: None

For all other eligible employees: One year of continuous service for basic life insurance; no waiting period for voluntary life and dependent life insurance.

**MINIMUM HOURS
PER WEEK REQUIRED:**

For President, Preferred Health Care: 80 hours bi-weekly (1.0 FTE)

For all other employees: 40 hours bi-weekly (0.5 FTE)

PLAN OF INSURANCE**EMPLOYEE BENEFIT SCHEDULE****EMPLOYEE TERM LIFE INSURANCE:****Basic Life Insurance****Eligible Class****Amount of Basic Life Insurance**

Benefit Class 1	Three times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 2	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 3	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 4	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 5	One and one-half times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 6	Various amounts as on file with the Plan Sponsor but not greater than \$10,000.
Benefit Class 7	Various amounts as on file with the Plan Sponsor but not greater than \$5,000.

NOTE: An employee who meets the requirements of an eligible retiree under Class 6 or 7 as well as the requirements of an eligible active employee under Class 1, 2, 3 or 4 will only be covered under the plan for (active or retiree) whichever provides for the higher amount of insurance. An employee cannot be covered as both a retiree and an active employee.

Voluntary Life Insurance – Active Employees Only

Eligible Class

All active employees in Benefit Classes 1, 2, 3, 4 and 5

Amount of Voluntary Life Insurance

An amount elected by the employee, in an increment of \$10,000, subject to a maximum, when combined with any Group Universal Life insurance under Minnesota Life Policy No. 50186-G*, of the lesser of (a) five times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$1,500,000.

*Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy No. 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Basic AD&D Insurance

Applies to Active Employees of Physicians Surgery Center Only

Eligible Class

Physicians Surgery Center Employees

Amount of AD&D Insurance

An amount equal to the amount of basic life insurance for which the employee is insured under the group policy.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

Applies to Basic Life and basic AD&D insurance for classes 1, 2, 3, 4 and 5

The amount of basic life and basic AD&D insurance on an active employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 and over	50%

Age reductions will apply the first day of the month following an insured employee's 65th and 70th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; voluntary insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For voluntary insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy, less any insurance the employee moves over to policy 50186-G. See One Time Open Enrollment for more information.

For employees who first become eligible after the effective date of this policy:

The lesser of (a) two times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$400,000.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

**EFFECTIVE DATE OF INCREASES
AND DECREASES DUE TO CHANGE
IN ELIGIBLE CLASS OR EARNINGS:**

The date of the change in eligible class or earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

SPOUSE TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for spouse term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5

Amount of Spouse Life Insurance

An amount elected by the employee in an increment of \$10,000, subject to a maximum, when combined with any spouse term life insurance under Minnesota Life Policy No. 50186-G**, of \$250,000.

**Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both, and spouse life insurance must be under the same policy as the employee voluntary coverage.

CHILD TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for child term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5 employees

Amount of Child Life Insurance

\$5,000 or \$10,000, as elected by the employee.

An employee who was covered under the prior Group Universal Life plan underwritten by Met Life, who transferred that coverage to policy No. 50186-G, and who also elected to be covered under this policy, can only elect child coverage under policy 50186-G.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse insurance: \$30,000

For child insurance: All child insurance is guaranteed issue.

EVIDENCE OF INSURABILITY:	Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.
EFFECT OF EMPLOYEE’S RETIREMENT:	All dependents insurance terminates upon the employee’s retirement except as provided under the portability provisions.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION:	Applies only to employee voluntary and spouse life insurance under this policy. Exclusions for AD&D insurance, including a suicide exclusion, are listed on the applicable policy rider.
WAIVER OF PREMIUM APPLICATION:	Applies to contributory and noncontributory employee insurance.

RIDER(S) TO THE GROUP POLICY

Accidental Death and Dismemberment	Applies to Physicians Surgery Center Employees Only.
Waiver of Premium	Applies to all Classes
Dependents Term Life	Applies to all Classes
Portability	Applies to all Classes
Accelerated Benefits	Applies to all Classes

Policy Rewrite Amendment 1R

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Minnesota Life Insurance Company has issued the attached Group Policy Number 130010T issued by MINNESOTA LIFE INSURANCE COMPANY to BANKNEWPORT, TRUSTEE UNDER THE NATIONAL EMPLOYER AND ASSOCIATION TRUST for Plan Sponsor LANCASTER GENERAL HEALTH, Plan Sponsor No. 33305-G effective as of June 1, 2015 as a replacement for an earlier policy containing the same number. Continued payment of premiums by LANCASTER GENERAL HEALTH shall constitute acceptance of the replacement policy.

In no case shall Minnesota Life Insurance Company be liable under both policies.

Agreed to by Minnesota Life Insurance Company this 5th day of August, 2015.

By _____
clb
Second Vice President

Group Term Life Insurance Policy

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Read Your Policy Carefully

This policy was issued to the plan sponsor on the effective date shown on the specifications page attached to this policy. We promise to pay the benefits provided by this policy, subject to its conditions, limitations, and exceptions. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums.

Minnesota Life Insurance Company is a subsidiary of Minnesota Mutual Companies, Inc., a mutual insurance holding company. The policyholder and any participating plan sponsor are members of Minnesota Mutual Companies, Inc., which holds its annual meetings on the first Tuesday in March of each year at 3 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098.

Right to Cancel

It is important to us that you are satisfied with this policy after it is issued. If you are not satisfied with this policy, you may cancel it by delivering or mailing a written notice or sending a telegram to Minnesota Life Insurance Company (Minnesota Life), 400 Robert Street North, St. Paul, Minnesota 55101-2098 and returning the policy before midnight of the 30th day after you received this policy.

Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed, and postage prepaid. If you return this policy, you will receive, within 10 days of the date we receive a notice of cancellation, a full refund of any premiums you paid. Upon cancellation of this policy, it will be void as if it had never been issued.

Signed for Minnesota Life Insurance Company at St. Paul, Minnesota on the effective date.



Secretary



President

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GROUP TERM LIFE INSURANCE POLICY • NONPARTICIPATING

GENERAL INFORMATION

POLICYHOLDER:	BankNewport, trustee under the National Employer and Association Trust	POLICY NO.: 130010T
PLAN SPONSOR:	Lancaster General Health	PLAN SPONSOR NO.: 33305-G
ASSOCIATED COMPANIES:	All subsidiaries and affiliates reported to Minnesota Life by the plan sponsor for inclusion in the policy.	
POLICY EFFECTIVE DATE:	January 1, 2006. This policy specifications page represents the plan in effect as of July 1, 2015.	
POLICY ANNIVERSARY DATE:	January 1 of each year beginning January 1, 2007.	
PREMIUM DUE DATE(S):	The first day of each month.	
GROUP:	<p>The group is composed of all active employees in the following Benefit Classes (as defined by the plan sponsor):</p> <p>Benefit Class 1: Those exempt positions that include, but are not limited to: President, Chief Operating Officer, Chief Executive Officer, Senior Vice President, Vice President (not applicable to Pennsylvania College of Health Sciences) or Assistant Vice President</p> <p>Benefit Class 2: Those exempt positions that include, but are not limited to: Executive or Department Director (not applicable to Pennsylvania College of Health Sciences), Nurse Manager, Dean, Physician, Psychologist, or Residents</p> <p>Benefit Class 3: Those Lancaster General Hospital exempt positions which meet the following criteria:</p> <ul style="list-style-type: none"> • Responsibility for fiscal department budgets, schedules, equipment and space; • Authority to hire, discipline and terminate employees; • Responsibility for employee supervision development, counseling, coaching, salary administration, and performance appraisal as the “appraising manager”. <p>Benefit Class 4: All other exempt employees and non-exempt employees; other than those in Benefits Class 5</p> <p>Benefit Class 5: All employees designated by the plan sponsor as Faculty at Pennsylvania College of Health Sciences</p> <p>Benefit Class 6: All eligible retirees who, when active, were in Benefit Class 1 or 2*, and who retired prior to January 1, 2012.</p> <p>Benefit Class 7: All eligible retirees who, when active, were in Benefit Class 3 or 4*, and who retired prior to January 1, 2012.</p> <p>*RETIREE REQUIREMENTS: The minimum eligibility requirement for the retiree life insurance benefit is the attainment of age 55 and 15 years of full-time service. However, eligibility requirements vary by operating business unit, so retiree eligibility shall be as defined by the Plan Sponsor.</p>	
ENROLLMENT PERIOD:	Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.	

WAITING PERIOD:

Employees designated on the policyholder's records as in Benefit Class 1, 2 or 3:
None

For all other eligible employees: One year of continuous service for basic life insurance; no waiting period for voluntary life and dependent life insurance.

**MINIMUM HOURS
PER WEEK REQUIRED:**

For President, Preferred Health Care: 80 hours bi-weekly (1.0 FTE)

For all other employees: 40 hours bi-weekly (0.5 FTE)

PLAN OF INSURANCE**EMPLOYEE BENEFIT SCHEDULE****EMPLOYEE TERM LIFE INSURANCE:****Basic Life Insurance**

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Benefit Class 1	Three times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 2	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 3	Two times annual earnings, the result rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 4	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 5	One and one-half times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
Benefit Class 6	Various amounts as on file with the Plan Sponsor but not greater than \$10,000.
Benefit Class 7	Various amounts as on file with the Plan Sponsor but not greater than \$5,000.

NOTE: An employee who meets the requirements of an eligible retiree under Class 6 or 7 as well as the requirements of an eligible active employee under Class 1, 2, 3 or 4 will only be covered under the plan for (active or retiree) whichever provides for the higher amount of insurance. An employee cannot be covered as both a retiree and an active employee.

Voluntary Life Insurance – Active Employees Only

Eligible Class

All active employees in Benefit Classes 1, 2, 3, 4 and 5

Amount of Voluntary Life Insurance

An amount elected by the employee, in an increment of \$10,000, subject to a maximum, when combined with any Group Universal Life insurance under Minnesota Life Policy No. 50186-G*, of the lesser of (a) five times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$1,500,000.

*Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy No. 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Basic AD&D Insurance

Applies to Active Employees of Physicians Surgery Center Only

Eligible Class

Physicians Surgery Center Employees

Amount of AD&D Insurance

An amount equal to the amount of basic life insurance for which the employee is insured under the group policy.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

Applies to Basic Life and basic AD&D insurance for classes 1, 2, 3, 4 and 5

The amount of basic life and basic AD&D insurance on an active employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 and over	50%

Age reductions will apply the first day of the month following an insured employee's 65th and 70th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; voluntary insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For voluntary insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy, less any insurance the employee moves over to policy 50186-G. See One Time Open Enrollment for more information.

For employees who first become eligible after the effective date of this policy:

The lesser of (a) two times annual earnings, the result rounded to the next higher multiple of \$10,000 if not already a multiple thereof, or (b) \$400,000.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

**EFFECTIVE DATE OF INCREASES
AND DECREASES DUE TO CHANGE
IN ELIGIBLE CLASS OR EARNINGS:**

The date of the change in eligible class or earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

SPOUSE TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for spouse term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5

Amount of Spouse Life Insurance

An amount elected by the employee in an increment of \$10,000, subject to a maximum, when combined with any spouse term life insurance under Minnesota Life Policy No. 50186-G**, of \$250,000.

**Only employees who were covered under the prior Group Universal Life plan underwritten by Met Life and who transferred that coverage to Minnesota Life Policy 50186-G can be covered under both this policy and policy No. 50186-G for voluntary coverage. In order to do so, they must elect to have both plans during the one time open enrollment held in March of 2006. For all other employees, voluntary coverage can be elected under this policy or policy No. 50186-G, but not both, and spouse life insurance must be under the same policy as the employee voluntary coverage.

CHILD TERM LIFE INSURANCE – Active Employees Only

An employee must be insured for voluntary employee term life insurance in order to be insured for child term life insurance.

Eligible Class

Classes 1, 2, 3, 4 and 5 employees

Amount of Child Life Insurance

\$5,000 or \$10,000, as elected by the employee.

An employee who was covered under the prior Group Universal Life plan underwritten by Met Life, who transferred that coverage to policy No. 50186-G, and who also elected to be covered under this policy, can only elect child coverage under policy 50186-G.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse insurance: \$30,000

For child insurance: All child insurance is guaranteed issue.

EVIDENCE OF INSURABILITY:	Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.
EFFECT OF EMPLOYEE’S RETIREMENT:	All dependents insurance terminates upon the employee’s retirement except as provided under the portability provisions.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION:	Applies only to employee voluntary and spouse life insurance under this policy. Exclusions for AD&D insurance, including a suicide exclusion, are listed on the applicable policy rider.
WAIVER OF PREMIUM APPLICATION:	Applies to contributory and noncontributory employee insurance.

RIDER(S) TO THE GROUP POLICY

Accidental Death and Dismemberment	Applies to Physicians Surgery Center Employees Only.
Waiver of Premium	Applies to all Classes
Dependents Term Life	Applies to all Classes
Portability	Applies to all Classes
Accelerated Benefits	Applies to all Classes

Definitions

age

Attained age as of most recent birthday.

associated company

Any company which is a subsidiary or affiliate of the plan sponsor which is designated by the plan sponsor and agreed to by us to participate under this policy.

certificate effective date

The date the insured's coverage under this policy becomes effective.

certificate holder

An employee who is eligible for and becomes insured according to the terms of this policy.

contributory insurance

Insurance for which the insured is required to make premium contributions.

earnings

An employee's basic rate of compensation including bonuses and commissions but not including overtime pay, shift differential or any other additional compensation.

Bonuses will be averaged over the prior calendar year's 12 months, or if not employed for that entire period, for the period of employment with the policyholder. Commissions will be averaged over the prior 12 calendar months, or if not employed for that entire period, for the period of employment with the policyholder.

employee

An individual who is employed by the plan sponsor or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees nor corporate directors who are not otherwise employees.

employer

The plan sponsor or any designated associated companies.

evidence of insurability

Evidence satisfactory to us of the good health of the prospective insured and any other underwriting information we require.

insured

A person who is eligible for and becomes insured according to the terms of this policy.

non-work day

A day on which the employee is not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

noncontributory insurance

Insurance for which the employee is not required to make premium contributions.

plan sponsor

An entity which:

- (1) has been accepted to participate in the National Employer and Association Trust; and
- (2) makes insurance under this policy available to its eligible employees, to spouses of its eligible employees, and to child dependents of its eligible employees.

policy anniversary

The policy anniversary date shown on the specifications page attached to this policy.

policy effective date

The date this policy was issued as shown on the specifications page attached to this policy.

policyholder

The trustee or successor trustee under the National Employer and Association Trust.

specifications page

The outline which summarizes the plan sponsor's plan of insurance.

waiting period

The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this policy. The waiting period is shown on the specifications page attached to this policy.

we, our, us

Minnesota Life Insurance Company.

you, your

The plan sponsor named on the specifications page attached to this policy.

General Information

What is your agreement with us?

This policy and your application contain the entire contract between you and us. Any statements you make will, in the absence of fraud, be considered representations and not warranties. Also, any statement that you make will not be used to void this policy, nor will it be used in our defense if we refuse to pay a claim, unless the statement is contained in your application.

No change or waiver of any provisions of this policy, or any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice-president, our secretary, or an assistant secretary. No agent or other person has the authority to change or waive any provisions of this policy, or of any certificate issued under it.

Are employees of associated companies eligible for insurance under this policy?

Yes. Employees of associated companies may be eligible for insurance under this policy. Associated companies are shown on the specifications page attached to this policy. The plan sponsor represents any associated company in all transactions pertaining to this policy. The plan sponsor's acts or omissions and every notice given by us to the plan sponsor shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

Can this policy be amended?

Yes. The insured's consent is not required to amend this policy or any certificates issued under it. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

Who is eligible for insurance?

An employee is eligible if he or she:

- (1) is a member of the group and of an eligible class as shown on the specifications page attached to this policy; and
- (2) works for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page attached to this policy; and
- (3) has satisfied the waiting period as shown on the specifications page attached to this policy; and
- (4) meets the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

Are retired employees eligible for insurance?

If the plan sponsor's plan of insurance, as reflected in the specifications page attached to this policy, does not

specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor have his or her insurance continued. If the plan sponsor's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

What is the actively at work requirement?

To be eligible to become insured or to receive an increase in the amount of insurance, an employee must be actively at work, fully performing his or her customary duties for his or her regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires him or her to travel.

If the employee is not actively at work on the date coverage would otherwise begin, or on the date an increase in his or her amount of insurance would otherwise be effective, he or she will not be eligible for the coverage or increase until he or she returns to active work. However, if the absence is on a non-work day, coverage will not be delayed provided the employee was actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this policy, an employee is eligible to continue to be insured only while he or she remains actively at work.

When will we require evidence of insurability?

Evidence of insurability will be required if:

- (1) the specifications page attached to this policy states that evidence of insurability is required; or
- (2) the insurance is contributory and the employee does not enroll within the enrollment period shown on the specifications page attached to this policy; or
- (3) the insurance for which the employee previously enrolled did not go into effect or was terminated because the employee failed to make a required premium contribution; or
- (4) during a previous period of eligibility, the employee failed to submit required evidence of insurability or that which was submitted was not satisfactory to us; or
- (5) the employee is insured by an individual policy issued under the terms of the conversion right section.

When does insurance become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) an employee meets all eligibility requirements; and
- (2) if required, the employee applies for the insurance on forms which are approved by us; and
- (3) we are satisfied with the employee's evidence of insurability, if we require evidence; and

- (4) we receive the required premium.

Can an insured employee's coverage be continued during sickness, injury, leave of absence or temporary layoff?

Yes. Insurance may be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment and is subject to the following maximum time frames:

- (1) for an employee on non-medical leave of absence or temporary layoff, insurance cannot be continued beyond 12 months from the last day the insured employee was actively at work.
- (2) for an employee on a medical leave of absence, who was approved for LTD benefits prior to October 1, 2012, insurance cannot be continued beyond two and a half years from the last day the insured employee was actively at work.
- (3) for an employee on a medical leave of absence, who is approved for LTD benefits on or after October 1, 2012, insurance cannot be continued beyond 1 year from the last day the insured employee was actively at work.

Continuation of insurance must be in accordance with practices and procedures that preclude individual selection.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements. The above limits will be expanded if necessary in order to meet such requirements.

Premiums

When and how often are premiums due?

Unless we have agreed to some other premium payment procedure, premiums for this policy are remitted to us monthly. Premiums are due on the premium due date as shown on the specifications page attached to this policy. We apply premiums consecutively to keep the insurance in force.

The plan sponsor may pay premiums before they are due for any period up to the next policy anniversary. Premiums paid in advance should be calculated at the rate of the monthly premium currently due.

Premium contributions for contributory insurance are to be paid to the plan sponsor. The premium contributions by insureds for contributory insurance should be remitted to us as due along with the premiums payable for noncontributory insurance.

How is the premium determined?

The premium will be the premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the plan sponsor and we agree.

We may change the premium rate:

- (1) on any premium due date following any applicable rate guarantee period; or
- (2) anytime, if the policy terms are amended or the total amount of insurance in force changes by 10% or more.

Can a premium be paid after the date it is due?

Yes. This policy has a 31-day grace period. If a premium is not paid on or before the date it is due, that premium may be paid during the 31-day period following the due date. The insurance under this policy will remain in effect during the 31-day grace period. This grace period does not apply to the first premium payment.

Can the premium be adjusted?

Yes. We will adjust the premium on each due date for insurance which was effective or terminated before the most recent due date, but not reflected in prior premium payments. We will charge the plan sponsor for any additional premium, and will refund any overpayment, excluding any overpayment made more than 12 months before the adjustment.

Death Benefit

What is the amount of the death benefit?

The amount of the death benefit is the amount of insurance shown on the specifications page attached to this group policy.

Can an insured request a change in the amount of his or her contributory insurance?

Yes. If the plan sponsor's plan of insurance, as reflected in the specifications page attached to this policy, allows for a choice of amounts of insurance for the insured's class, an insured can request an increase or a decrease in the amount of his or her contributory insurance within the limitations of the plan sponsor's plan of insurance, including any limitations on when and how often such requests may be made.

If an insured requests an increase in the amount of his or her contributory insurance, we will require evidence of insurability, unless otherwise noted on the specifications page.

When will changes in an insured's coverage amount be effective?

Requested increases in the amount of an insured's contributory insurance, if approved, are effective on the date we approve the increase. Requested decreases in the amount of an insured's contributory insurance are effective on the first day of the month following our receipt of the insured's request for a decrease, or if different, according to the administrative practices of the employer.

Requests for a change made during a special enrollment period offered by the employer will not become effective prior to the general effective date of elections made during that enrollment.

Increases and decreases in insurance amounts which result from a change in the insured's eligible class or earnings will be effective as shown on the specifications page attached to this policy.

All increases in the amount of insurance are subject to the actively at work requirement.

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us that an individual died while insured under this policy. All payments by us are payable from our home office.

The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary. We will pay interest on the death benefit from the date of the insured's death until the date of payment. Interest will be at an annual rate determined by us, but never less than 4% per year compounded annually, or the minimum required by state law, whichever is greater.

Payment of the death benefit will extinguish our liability under the certificate for which the death benefit has been paid.

To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. A beneficiary is named by an insured to receive the death benefit to be paid at the insured's death. The insured may name one or more beneficiaries. The insured cannot name you or an associated company as a beneficiary.

The insured may also choose to name a beneficiary that the insured cannot change without the beneficiary's consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless the insured has requested another method in writing. To receive the death benefit, a beneficiary must be living on the date of the insured's death. In the event a beneficiary is not living on the date of the insured's death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous

deaths of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary.

If there is no eligible beneficiary, or if the insured does not name one, we will pay the death benefit to:

- (1) the insured's lawful spouse if living; otherwise
- (2) the insured's natural or legally adopted child (children) in equal shares, if living; otherwise
- (3) the insured's parents in equal shares, if living; otherwise
- (4) the insured's siblings in equal shares, if living; otherwise
- (5) the personal representative of the insured's estate.

Can an insured add or change beneficiaries?

Yes. An insured can add or change beneficiaries if all of the following are true:

- (1) the insured's coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and
- (3) the insured has not assigned the ownership of his or her insurance.

A request to add or change a beneficiary must be made in writing. All requests are subject to our approval. A change will take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving an insured's notice.

Termination

When does an insured's coverage terminate?

The insured's coverage ends on the earliest of the following:

- (1) the date this policy ends; or
- (2) the date the employee no longer meets the eligibility requirements; or
- (3) the date the policy is amended so the employee is no longer eligible; or
- (4) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (5) the last day for which premium contributions have been paid following an employee's written request to cease participation under this policy.

If an insured's coverage under this policy terminates due to non-payment of premiums, his or her coverage may be reinstated if all premiums due are paid and received by us within 31 days of the date of termination and during the insured's lifetime.

Can insurance on the life of an insured be reinstated after termination?

Yes. When an insured's coverage terminates because he or she is no longer eligible, and the insured becomes eligible again within 30 days after the date his or her

coverage terminated, the insured's coverage under this policy may be reinstated.

Provided the insured is not then covered by an individual policy issued under the terms of the conversion right section, his or her coverage under this group policy shall be reinstated automatically, without evidence of insurability or satisfaction of any waiting period. The amount of insurance will be that which applies to the classification to which he or she then belongs, on the date he or she again becomes eligible. If the plan sponsor's plan of insurance provides for contributory insurance under this policy, an insured's amount of contributory insurance will be limited to that for which he or she was insured immediately prior to the loss of coverage.

When does this group policy terminate?

The plan sponsor may terminate its participation under this group policy by giving us 31 days prior written notice. We reserve the right to terminate this policy on the earliest of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) on any subsequent policy anniversary after the date the number of employees insured is less than any minimum established by us or as required by applicable state law; or
- (3) 31 days after we provide you with notice of our intent to terminate this policy.

We may terminate a plan sponsor's participation under the group policy by giving the plan sponsor 31 days prior written notice.

Can this policy be reinstated?

No. We will not reinstate this policy after it terminates. The plan sponsor must submit a new application to participate under this policy after the plan sponsor has ceased participation under the policy.

Conversion Right

What is the conversion right?

An insured can convert this insurance to a new individual life insurance policy if all or part of the insured's life insurance under this policy terminates.

The insured may convert up to the full amount of terminated insurance if termination occurs because he or she moves from one existing eligible class to another, or he or she is no longer in an eligible class.

What is the limited conversion right?

Limited conversion is available if, after the insured has been insured for at least five years, insurance is terminated because:

- (1) the policy is terminated; or

- (2) the policy is changed to reduce or terminate the insurance for that individual.

The insured may convert up to the full amount of terminated insurance, but not more than the maximum. The maximum is the lesser of:

- (a) \$10,000; and
- (b) the amount of life insurance which terminated minus any amount of group life insurance for which the insured becomes eligible under any group policy issued or reinstated by us or any other carrier within 31 days of the date the insurance terminated under this policy.

Neither the conversion right nor the limited conversion right is available if the insured's coverage under this policy terminates due to failure to make, when due, required premium contributions.

Under both the conversion right and the limited conversion right, the insured may convert his or her insurance to any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits, accidental death and dismemberment benefits, or accelerated benefits.

How does an insured convert his or her insurance?

An insured converts his or her insurance by applying for an individual policy and paying the first premium within 31 days after the group insurance terminates. No evidence of insurability will be required.

How is the premium for the individual policy determined?

We base the premium for the individual policy on the plan of insurance, the insured's age, and the class of risk to which the insured belongs on the date of the conversion.

When is the individual policy effective?

The individual policy takes effect 31 days after the group insurance provided under this policy terminates.

What happens if the insured dies during the 31-day period allowed for conversion?

If the insured dies during the 31-day period allowed for conversion, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit will be the amount of insurance the insured would have been eligible to convert under the terms of the conversion right section.

We will return any premium the insured paid for an individual policy to the insured's beneficiary named under this group policy. In no event will we be liable under both this group policy and the individual policy.

Additional Information

What if an insured's age has been misstated?

If an insured's age has been misstated, the death benefit payable will be that amount to which the insured is entitled based on his or her correct age.

A premium adjustment will be made to the premium you pay for the insured's noncontributory insurance and to the premium an insured pays for contributory insurance, if any, so that the actual premium required at the insured's correct age is paid.

Is there a suicide exclusion?

The specifications page attached to this policy indicates what insurance, if any, is subject to the suicide exclusion outlined below.

When applicable, this suicide exclusion limits our liability to an amount equal to the premiums paid for an insured, if that insured, whether sane or insane, dies by suicide within two years of the effective date of his or her insurance.

If there has been an increase in the insured's amount of insurance for which he or she was required to apply or for which we required evidence of insurability, and if the insured dies by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

When does an insured's insurance become incontestable?

Except for fraud or the non-payment of premiums, after the insured's insurance has been in force during his or her lifetime for two years from the effective date of his or her coverage, we cannot contest the insured's coverage. However, if there has been an increase in the amount of insurance for which the insured was required to apply or for which we required evidence of insurability, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

Any statements the insured makes in his or her application will, in the absence of fraud, be considered representations and not warranties. Also, any statement an insured makes will not be used to void his or her insurance, nor defend against a claim, unless the statement is contained in the application and any evidence of insurability application attached to the insured's certificate.

Can an insured's insurance be assigned?

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, the insured files the original instrument or a certified copy with us at our home office, and we send the insured an acknowledged copy.

We are not responsible for the validity of any assignment. An insured is responsible for ensuring that the assignment is legal in his or her state and that it accomplishes his or her intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

Is the plan sponsor required to maintain records?

Yes. The plan sponsor is required to maintain adequate records of any information necessary for us to administer this policy. We own the records relating to the insurance provided by this policy, and can obtain them from the plan sponsor at any reasonable time.

If a clerical error is made in keeping records on the insurance under this policy, it will not affect otherwise valid insurance. A clerical error does not continue insurance which is otherwise stopped. If an error causes a change in premium payment, we will make a fair adjustment.

Will a certificate of insurance be provided for each certificate holder?

Yes. We will provide the plan sponsor with a certificate of insurance for delivery to each certificate holder. The certificate will include information regarding the principal provisions of his or her coverage.

Will this policy receive experience credits?

Each year we will determine if this policy will receive an experience credit.

Are you our agent?

No. For all purposes of this policy, neither you, an associated company, nor any administrator you appoint is our agent. We will not be liable for any of your acts or omissions or those of an associated company or administrator.

Will the provisions of this policy conform with state law?

Yes. If any provision in this policy, or in the certificates issued under this policy, is in conflict with the laws of the state governing the policy or the certificates, the provision will be deemed to be amended to conform to such laws.

Accelerated Benefits Policy Rider

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Benefits received under this Accelerated Benefits Policy Rider may be taxable. Certificate holders should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

General Information

This rider amends the group policy to which it is attached and is subject to every term, condition, exclusion, limitation, and provision of the group policy unless otherwise expressly provided for herein.

What does this rider provide?

This rider provides for the accelerated payment of either the full or a partial amount of an insured's death benefit provided under the group policy. If the insured has a terminal condition as defined in this rider, an accelerated payment of the death benefit may be requested.

Definitions

accelerated benefit

The amount of the death benefit we will pay if the insured is eligible under this rider.

death benefit

The amount of the insured's life insurance as shown on the specifications page attached to the certificate holder's certificate.

immediate family

The certificate holder's spouse, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

insured

For purposes of this rider, an insured employee, an insured spouse, or an insured dependent child.

physician

An individual who is licensed to practice medicine or treat illness in the state in which treatment is received. This does not include the certificate holder, or a member of the certificate holder's immediate family.

Terminal Condition

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of twelve months or less.

What evidence do we require of the insured's terminal condition?

We must be given evidence that satisfies us that the insured's life expectancy, because of sickness or accident, is twelve months or less. That evidence must include certification by a physician.

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have the insured medically examined at our own expense to verify the insured's medical condition. We may do this as often as reasonably required while accelerated benefits are being considered or paid.

Payment of Accelerated Benefit

How do we calculate the accelerated benefit?

We will multiply the death benefit by the accelerated benefit factor to determine the accelerated benefit available.

How do we calculate the accelerated benefit factor?

The accelerated benefit factor will be stated as a percentage of the insured's death benefit. When we calculate this factor, we will consider the insured's age and gender.

We will also base our calculation on certain assumptions, which we may change from time to time, including but not limited to assumptions about:

- (1) expected future premiums; and
- (2) the insured's life expectancy.

What are the conditions for the payment of an accelerated benefit?

We will consider the payment of an accelerated benefit, subject to all of the following conditions:

- (1) coverage must be in force and all premiums due must be fully paid; and

- (2) application must be made in writing and in a form which is satisfactory to us. We will tell a certificate holder what form is required; and
- (3) the certificate holder must be the sole owner of the certificate; and
- (4) the insured's insurance must not have an irrevocable beneficiary.

Who may request an accelerated payment of the death benefit?

A certificate holder may request an accelerated payment of the insurance on his or her life or on the life of a spouse or dependent child insured under his or her certificate.

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this rider is not intended to cause an involuntary reduction of the death benefit ultimately payable to the named beneficiary. Therefore, payment of the death benefit cannot be accelerated under this rider if the insured:

- (1) is required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
- (2) is required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

Is there a minimum or maximum death benefit eligible for an accelerated benefit?

Yes. The minimum death benefit to be eligible for an accelerated benefit under this rider is \$10,000. The maximum death benefit to be eligible for an accelerated benefit is \$1,000,000.

Does a certificate holder have to take the entire accelerated benefit?

No. The certificate holder may choose to receive a partial accelerated benefit. If he or she does so, the insured's remaining coverage will stay in force.

If a certificate holder elects to receive only a partial accelerated benefit amount available under this rider, the remaining death benefit under the certificate must be at least \$25,000.

The certificate holder may reapply for the payment of the remaining amount of insurance at any time. However, we may ask for further satisfactory evidence that the insured meets all requirements for the accelerated benefit.

What is the effect on an insured's coverage of the receipt of an accelerated benefit?

If a certificate holder elects to accelerated the full amount of an insured's death benefit, the insured's coverage and all other benefits under the certificate and any certificate supplements which apply to that insured will end. If the insured is a certificate holder, any other individual insured under his or her certificate will be allowed to convert any such insurance to a policy of individual life insurance according to the conversion right section of the group policy to which this rider is attached.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under the certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

How will we pay the accelerated benefit?

We will pay the accelerated benefit in one lump sum or in any other mutually agreeable manner.

To whom will we pay accelerated benefits?

All accelerated benefits will be paid to the certificate holder who requested the accelerated payment unless the certificate holder validly assigns them otherwise. If such certificate holder dies before all payments have been made, we will pay the remainder to the insured's beneficiary named under the certificate. Payment will be made in one lump sum which will be the present value of the payments that remain, using the interest rate we use to determine the payments.

Termination

When does an insured's coverage under this rider terminate?

An insured's coverage ends on the date the insured is no longer covered for life insurance under the group policy.

When does this rider terminate?

This rider will terminate on the earlier of:

- (1) the date we receive a written request to cancel this rider; or
- (2) the date the group policy is terminated.



Secretary



President

Accidental Death and Dismemberment
Policy Rider

MINNESOTA LIFE

Minnesota Life Insurance Company, a Securian Financial Group affiliate
400 Robert Street North • St. Paul, Minnesota 55101-2098

General Information

This rider is issued in consideration of the required premium and amends the group policy to which it is attached. This rider is subject to every term, condition, exclusion, limitation, and provision of the group policy unless otherwise expressly provided for herein.

What does this rider provide?

This rider provides accidental death and dismemberment coverage subject to all terms, conditions, and exclusions herein.

Who is eligible for insurance under this rider?

Physicians Surgery Center employees who are insured under the provisions applicable to life insurance coverage under the group policy are eligible for insurance under this rider.

When does insurance under this rider become effective?

Insurance becomes effective on the date that the employee becomes insured for life insurance under the group policy.

Accidental Death and Dismemberment (AD&D) Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death or dismemberment by accidental injury as used in this rider means that the certificate holder's death or dismemberment results, directly and independently of all other causes, from an accidental bodily injury which is unintended, unexpected, and unforeseen.

The injury must occur while the certificate holder's coverage under this rider is in force. The certificate holder's death or dismemberment must occur within 180 days after the date of the injury.

In no event will we pay the accidental death or dismemberment benefit where the certificate holder's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:

- (1) suicide or intentionally self-inflicted injury, whether sane or insane; or
(2) the certificate holder's participation in or attempt to commit a felony; or
(3) bodily or mental infirmity, illness or disease; or
(4) drugs (unless used as prescribed by a doctor), poisons, gases or fumes, voluntarily taken,

- administered, absorbed, inhaled, ingested or injected; or
(5) bacterial infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; or
(6) travel or flight in or on, or descent from or with any type of aircraft while acting as a pilot or crew member; or
(7) service in the military of any country or government; or
(8) war or any act of war, whether declared or undeclared.

What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page attached to the group policy. The percentage is determined by the type of loss as shown in the following table:

Table with 2 columns: FOR LOSS OF, PERCENT OF AMOUNT OF BENEFIT. Rows include Life (100%), Both Hands or Both Feet (100%), Sight of Both Eyes (100%), Speech and Hearing (100%), One Hand and One Foot (100%), One Foot and Sight of One Eye (100%), One Hand and Sight of One Eye (100%), Sight of One Eye (50%), One Hand or One Foot (50%), Speech or Hearing (25%), Thumb and Index Finger of One Hand (25%).

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means. Loss of thumb or index finger means complete severance of both the thumb and the index finger at or above the metacarpophalangeal joints (the joints closest to the palm of the hand).

A benefit is not payable for both loss of one hand and the loss of thumb and index finger of one hand for injury to the same hand as a result of any one accident. Under no circumstance will more than one payment be made for the loss of the same limb, eye, finger, thumb, hand, foot, sight, speech, or hearing if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss but the total amount of AD&D insurance payable under this rider for all of an insured's losses due to any one accident,

not including any amount paid according to the terms of the Additional Benefits section of this rider, will never exceed the full amount of AD&D insurance shown on the specifications page attached to the group policy.

When will the accidental death and dismemberment benefit be payable?

We will pay the accidental death and dismemberment benefit upon receipt at our home office of written proof satisfactory to us that the certificate holder died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office.

The benefit will be paid in a single sum. We will pay interest on the benefit from the date of the certificate holder's death or dismemberment until the date of payment. Interest will be at an annual rate determined by us, but never less than 4% per year compounded annually or the minimum required by state law, whichever is greater.

To whom do we pay the benefit?

A certificate holder's accidental death benefit will be paid to the person or persons entitled to receive a death benefit under the terms of the group policy. The benefit for other losses sustained by a certificate holder will be paid to the certificate holder, if living, otherwise to his or her estate.

Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any AD&D benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. All provisions of this rider, including but not limited to the exclusions listed under the "What does accidental death or dismemberment by accidental injury mean?" section, shall apply to these additional benefits.

Airbag/Seatbelt Benefit

What is the airbag/seatbelt benefit?

We will pay an additional accidental death benefit equal to the lesser of 10% of the employee's full amount of AD&D insurance or \$10,000 if the employee dies as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, provided:

- (1) the private passenger car is equipped with seatbelts; and
- (2) a seatbelt was in proper use by the employee at the time of the accident as certified in the official accident report or by the investigating officer; and
- (3) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

If the above requirements are met and, in addition, the seat in which the employee was seated was equipped with

a properly installed airbag at the time of the accident, then the additional benefit paid under this provision will be the lesser of 15% of the employee's full amount of AD&D insurance or \$15,000.

Airbag means a passive restraint device in a vehicle which inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt, lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency.

Dependent Child Education Benefit

What is the dependent child education benefit?

We will pay an education benefit on behalf of the employee's dependent children if an insured employee dies as a result of a covered accident and is survived by one or more dependent children, provided that:

- (1) at the time of the employee's death, the dependent child is enrolled as a full-time student at an accredited post-secondary educational institution; or
- (2) the dependent child enrolls on a full-time basis in an accredited post-secondary educational institution within one year of the employee's death.

The benefit payable will be the lesser of:

- (1) 5% of the insured employee's amount of insurance; or
- (2) \$3,000.

The benefit payable to each eligible dependent child will be the lesser of 5% of the employee's full amount of AD&D insurance or \$3,000. The benefit will be payable at the beginning of each school year for a maximum of four consecutive years, but not beyond the date the child attains age 26. The benefit will be payable to the eligible dependent student or to the dependent's legal guardian, if applicable.

Occupational Benefit

What is the occupational benefit?

We will pay an additional accidental death and dismemberment benefit if an employee suffers a covered loss due to a covered accident and:

- (1) the loss is due to an intentional and unlawful act of physical violence directed at the employee by another person; and
- (2) the employee is actively at work, performing his or her assigned duties on behalf of the plan sponsor at the time of the assault; and
- (3) a report of criminal activity has been filed on the employee's behalf with the appropriate law enforcement authority within 48 hours of the assault.

The benefit payable shall be 100% of the amount payable due to the covered loss subject to a maximum of \$10,000.

Termination

When does certificate holder's coverage under this rider terminate?

A certificate holder's coverage ends on the earliest of:

- (1) the date the certificate holder is no longer covered for life insurance under the group policy; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) when the total amount of insurance paid under this rider due to a certificate holder's accidental injuries equals the full amount of his or her insurance.

When does this rider terminate?

This rider will terminate on the earlier of:

- (1) the date we receive a written request from the plan sponsor to cancel this rider; or
- (2) the date the group policy is terminated.

Additional Information

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have the certificate holder medically examined at our expense whenever a claim is pending and, where not forbidden by law, we reserve the right to have an autopsy performed in case of death.



Secretary



President

Dependents Term Life Insurance Policy Rider

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

General Information

This rider is issued in consideration of the required premium and amends the group policy to which it is attached. This rider is subject to every term, condition, exclusion, limitation, and provision of the group policy unless otherwise expressly provided for herein. Any Accidental Death and Dismemberment coverage provided by a rider to the group policy will not apply to dependents coverage provided by this rider.

What does this rider provide?

This rider provides insurance on the lives of the insured employee's eligible dependents.

What members of the insured employee's family are eligible for insurance under this rider?

The following members of the insured employee's family are eligible for insurance under this rider:

- (1) the insured employee's lawful spouse who is not legally separated from the insured and who is not eligible for insurance as an employee under the policy to which this rider is attached nor insured under this policy with portability status; and
- (2) the insured employee's natural children, legally adopted children, and stepchildren. To be eligible a child needs to be unmarried, however the child does not need to be a full-time student or dependent on the insured employee for financial support. Children are eligible from 14 days old to the attainment of age 26. Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support and insured under the policy prior to age 26 and are financially dependent on the employee for more than one-half of their support and maintenance.

A child is not eligible if in the military or like forces of any country or of any subdivision of a country.

If both parents of a child qualify as eligible employees under the group policy, the child shall be considered a dependent of only one parent for purposes of this rider. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child.

Any dependent child who, subsequent to the effective date of the insured employee's child life insurance, meets the requirements of this provision will become insured on the date he or she so qualifies.

When will we require evidence of insurability?

Evidence of insurability will be required if:

- (1) the specifications page attached to the group policy states that evidence of insurability is required; or
- (2) the insurance is contributory and the employee does not enroll for coverage under this rider within the enrollment period shown on the specifications page attached to the group policy; or
- (3) dependents insurance for which the employee previously enrolled did not go into effect or was terminated because the employee failed to make a required premium contribution; or
- (4) during a previous period of eligibility, the employee failed to submit evidence of insurability that was required for a dependent or that which was submitted was not satisfactory to us; or
- (5) the dependent is insured by an individual policy issued under the terms of the conversion right of this rider.

When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

- (1) the dependent meets all eligibility requirements; and
- (2) if required, the insured employee applies for dependents coverage on forms which are approved by us; and
- (3) we are satisfied with the dependent's evidence of insurability, if we require evidence; and
- (4) we receive the required premium.

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. However, in no event will insurance on a dependent be effective before the insured employee's insurance under the group policy is effective.

Death Benefit

What is the amount of life insurance on each insured dependent?

The amount of life insurance on each insured dependent is shown on the specifications page attached to the group policy.

To whom will we pay the death benefit?

The death benefit payable under this rider will be paid to the insured employee if living, otherwise to his or her estate.

Termination

When does an insured dependent's coverage under this rider terminate?

An insured dependent's coverage ends on the earliest of the following:

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the last day for which premium contributions have been made following an employee's written request that insurance on his or her eligible dependents be terminated; or
- (4) the date the employee is no longer covered under the group policy.

The employee must notify us or the employer when a dependent is no longer eligible for coverage under this rider so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this rider will be refunded without any payment of claim.

When does this rider terminate?

This rider will terminate on the earlier of:

- (1) the date we receive a written request to cancel this rider; or
- (2) the date the group policy is terminated.

Additional Information

What is the conversion right under this rider?

If an insured dependent's coverage under this rider terminates because he or she is no longer eligible, or because of the death of the insured employee, or because of termination or amendment of this rider, the insurance may be converted to a policy of individual insurance with Minnesota Life.

Conversion may be requested by the insured employee, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. All other conditions and provisions of the conversion right section of the group policy to which this rider is attached will apply.

Does the Waiver of Premium rider to the group policy apply to insured dependents?

The Waiver of Premium rider to the group policy will not apply to disabilities for dependents covered under this rider.

However, if, due to the insured employee's disability, his or her insurance is continued in force without further payment of premiums due to the Waiver of Premium rider to the group policy, any dependents insurance provided by this rider shall also continue in force without further payment of premiums until the dependent's eligibility terminates or until the insured employee's insurance is no longer continued in force due to the Waiver of Premium rider to the group policy.

This provision is not applicable if the dependent's insurance has been converted under the conversion right section of this rider, unless the converted policy is surrendered without claim except for refund of premiums.



Secretary



President

Term Life Insurance Portability Policy Rider

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

General Information

This rider is issued in consideration of the required premium and amends the group policy to which it is attached. This rider is subject to every term, condition, exclusion, limitation and provision of the group policy unless otherwise expressly provided for herein.

What does this rider provide?

This rider provides for continuation of group life insurance for insureds who no longer meet the eligibility requirements of the group policy except as provided for herein.

To continue coverage under the provisions of this rider, an eligible insured must make a written request and make the first premium contribution within 31 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this rider will then be deemed effective retroactive to the beginning of the 31-day period. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

Who is eligible to continue insurance under this rider?

An employee or spouse is eligible to continue insurance under this rider if he or she, except as provided by this rider, no longer meets the eligibility requirements of the group policy due to any of the following:

- (1) the employee terminates employment, including retirement; or
- (2) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
- (3) the spouse is no longer the lawful spouse of, or is legally separated from, the employee; or
- (4) the employee dies; or
- (5) an amendment to the group policy, provided that less than 25% of the total number of insureds under the group policy lose eligibility due to that amendment.

The employee or spouse will not be eligible to request coverage under this rider if he or she:

- (1) has attained the age of 80; or
- (2) has converted his or her insurance to an individual life policy under the terms of the group policy's conversion right section; or
- (3) is an employee and was not actively at work due to sickness or injury on the day immediately preceding his or her portability date; or
- (4) loses eligibility due to termination of the group policy.

What insurance can be continued under this rider?

Both noncontributory and contributory life insurance may be continued under this rider. If the employee or spouse elects to continue his or her own coverage according to the provisions of this rider, he or she may also elect to continue contributory insurance for any other individual insured under his or her certificate. The employee or spouse may also continue coverage under all supplements to such certificate which apply to contributory insurance and by which he or she was insured immediately preceding his or her portability date. Note that Accidental Death and Dismemberment coverage is not portable.

Death benefits will be paid in accordance with the provisions of the policy and applicable riders with the following exception: Death benefits for a former spouse porting his or her own coverage (not being continued as a rider to the employee's coverage) shall be payable according to the Death Benefit section of the policy and not the Death Benefit section of the Dependents Term life Insurance Policy Rider. Therefore a former spouse may choose to name a beneficiary or beneficiaries to receive his or her death benefit proceeds, subject to all provisions of the Death Benefit section of the policy, including the provisions related to payment when there are no eligible named beneficiaries.

The amount of insurance continued under this rider for any individual will be subject to any applicable state law or regulation relating to allowable amounts of insurance.

What is the minimum amount of insurance that can be continued under this rider?

The minimum amount of insurance that can be continued on the life of an employee under this rider is the lesser of the employee's total amount of life insurance or \$10,000. This minimum does not apply to any other insureds covered under this supplement.

What is the maximum amount of insurance that can be continued under this rider?

The maximum amount of insurance that can be continued under this rider is the amount of insurance that was in force on the insured's portability date, but not more than \$500,000 for an employee. However, for an insured who is age 70 or older but less than 75 on his or her portability date, the amount will not be more than \$250,000 for an employee or, for a spouse, 50% of the amount in force on the spouse's portability date. For an insured who is age 75 or older on his or her portability date, the amount will not be more than \$125,000 for an employee or, for a spouse, 25% of the amount in force on the spouse's portability date.

Will the amount of insurance continued under this rider change?

Yes. When an employee or spouse attains age 70, the amount of insurance on his or her life continued under this rider will reduce to 50% of the amount of insurance in force on the day prior to his or her attainment of age 70. When an employee or spouse attains age 75, the amount of insurance will be reduced to 25% of that amount. All coverage terminates at age 80.

Can an employee or spouse request a change in his or her amount of insurance continued under this rider?

Yes. An employee or spouse may elect to reduce the amount of insurance provided under his or her certificate. The remaining amount of insurance on the life of an employee must be at least \$10,000.

The amount of insurance continued under this rider will never increase.

How will premium contributions be paid?

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

Can the premium rate change?

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future but will not change more often than once per year.

Can insurance continued under this rider be converted to a policy of individual insurance?

Yes. At any time after insurance has been continued under the provisions of this rider, it may be converted to a policy of individual insurance with Minnesota Life. All other conditions and provisions of the conversion right section of the group policy to which this rider is attached will apply.

What happens if an employee or spouse again becomes eligible under the group policy?

If an employee or spouse who is continuing coverage under the provisions of this rider again meets the eligibility requirements of the group policy, not including the terms of this rider, he or she shall no longer be considered to have portability status. Insurance for that employee or spouse may be provided only under the terms of the group

policy, not including this rider, unless and until he or she no longer meets the eligibility requirements of the group policy and again returns to portability status as provided for herein.

What happens to insurance provided under this rider when the group policy terminates?

Anything in the group policy notwithstanding, termination of the group policy by the policyholder or us will not terminate life insurance then in force for any person under the terms of this rider. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder or plan sponsor.

Any insurance continued under the terms of this rider will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this rider terminate?".

No individual may elect coverage under this rider on or after the date of termination of the group policy.

When will insurance continued under this rider terminate?

Insurance continued under this rider will terminate on the earliest of the following:

- (1) the employee or spouse's 80th birthday; or
- (2) the date the employee or spouse again meets the eligibility requirements of the group policy, not including the terms of this rider; or
- (3) in the case of a dependent child or a spouse who is insured by a rider to the employee's coverage, the date the employee's coverage is no longer being continued under this rider, or the date the spouse or child ceases to be eligible as defined under the terms of the group policy; or
- (4) in the case of a dependent child who is insured by a rider to the spouse's coverage, the date the spouse's coverage is no longer being continued under this rider, or the date the child ceases to be eligible as defined under the terms of the group policy; or
- (5) 31 days after the due date of any premium contribution which is not made.



Secretary



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Term Life Waiver of Premium Policy Rider

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

General Information

This rider is issued in consideration of the required premium and amends the group policy to which it is attached. The specifications page attached to the group policy indicates whether this rider applies to contributory insurance or noncontributory insurance. This rider is subject to every term, condition, exclusion, limitation, and provision of the group policy unless otherwise expressly provided for herein. Coverage under this rider will not be included in any insurance issued under the conversion right section of the group policy.

What does this rider provide?

This rider provides for waiver of premium for certificate holders who become totally and permanently disabled, as defined herein, while under age 60. Upon approval of proof of such disability, a certificate holder's insurance, including all riders applicable to such certificate holder which are in force on the date of the onset of the certificate holder's disability, will be continued in force without payment of premiums during the uninterrupted continuance of the total and permanent disability.

What is total disability?

Total disability is a disability which occurs while a certificate holder's insurance is in force and which results from an accidental injury or an illness that continuously prevents the certificate holder from engaging in any occupation for which he or she is reasonably suited by education, training, or experience. The certificate holder must be under the care of a licensed physician. The licensed physician cannot be the certificate holder or a member of the certificate holder's immediate family. For purposes of this rider, the certificate holder's immediate family consists of his or her spouse, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

What is permanent disability?

Permanent disability is a total disability which has existed continuously for at least nine months.

Are there any limitations?

Yes. Insurance will not be continued if a certificate holder's disability results from intentionally self-inflicted injury, participation in or any attempt to commit a felony, or war or any act of war, whether declared or undeclared.

What if a certificate holder recovers and again becomes totally disabled?

If a certificate holder who has been approved for waiver of premium subsequently recovers, returns to work for the employer and, due to the same accidental injury or illness and while insured under this rider, again becomes totally disabled within six months of the recovery, the two periods of total disability will be considered as one period of total disability and the certificate holder will not be required to satisfy a new nine month waiting period before the waiver of premium resumes. However, premiums will not be waived during any such recovery period.

Do premiums have to be paid for a certificate holder after he or she becomes disabled?

Yes. Premiums have to be paid after a certificate holder becomes disabled, but only until we approve his or her total and permanent disability claim. Continued payment prevents the possible loss of the certificate holder's coverage and eligibility if the claim is not approved.

What if a certificate holder converts his or her group life insurance to a policy of individual insurance prior to the approval of his or her disability claim?

If a certificate holder's coverage has been converted in accordance with the conversion right section of the group policy, benefits under this rider will apply only if the converted policy is surrendered without claim, except for refund of premiums.

What will be considered due proof of total and permanent disability?

A certificate holder must furnish evidence satisfactory to us that his or her disability:

- (1) commenced while his or her insurance under the group policy was in force; and
- (2) meets the definition of total disability; and
- (3) commenced before his or her 60th birthday; and
- (4) was continuous for nine months or more.

We will, from time to time, also require additional proof satisfactory to us that the certificate holder continues to be totally and permanently disabled. We may also require that the certificate holder submit to one or more medical examinations at our expense.

If a certificate holder dies within one year of the date of onset of his or her disability, the certificate holder's beneficiary may claim benefits under this rider even if the certificate holder's premium payments were discontinued and he or she had not submitted due proof satisfactory to us of his or her total disability or was continuously disabled for less than nine months. The certificate holder's beneficiary must submit due proof satisfactory to us that the certificate holder's total disability, which began before the certificate holder's premium payments were discontinued and before his or her 60th birthday, continued without interruption until his or her death.

When must we be notified of a certificate holder's disability or death?

We must receive written notice at our home office of a certificate holder's total disability within one year of the date of onset of such disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

We must receive written notice at our home office within one year of death that a certificate holder died during a period of continuance provided by this rider. Proof must be furnished that he or she continued to be totally disabled during the entire period of continuance until death. If such notice and proof are not provided within the required time frame there shall be no liability for any payment under this rider.

What is the amount of insurance to be continued without payment of premium under this rider?

The amount of a certificate holder's insurance continued at any given time shall be the amount of insurance then available under the group policy for a certificate holder of his or her age and eligible class or, if less, the amount for which he or she was insured under the group policy when the last premium contribution was made on his or her behalf.

The amount of insurance for any other individual insured under the certificate holder's certificate will be the amount of insurance then available under the group policy for such insured or, if less, the amount for which he or she was insured under the group policy when the last premium contribution was made on his or her behalf.

If the group policy provides for reductions in amounts of insurance based on age, such reductions shall apply to the insurance of the disabled certificate holder. If the group policy provides for reductions in amounts of insurance at retirement, the retirement date for an insured employee whose insurance is being continued by the terms of this rider shall be the earlier of:

- (1) the date he or she actually retires; or
- (2) his or her presumed normal retirement date as established by the employer's applicable retirement plan. If no such date has been established, the insured employee's presumed retirement date shall be age 65.

How long will insurance be continued without payment of premium?

If a certificate holder becomes totally and permanently disabled, insurance will be continued, without payment of premium, until the earliest of:

- (1) the certificate holder's 65th birthday; or
- (2) the date the certificate holder recovers so that he or she is no longer totally and permanently disabled; or
- (3) the date the certificate holder fails to furnish proof of continued disability when requested or refuses to submit to a required medical examination.

However, if the group policy provides for termination of insurance at retirement, insurance provided under this rider will also terminate when the insured employee retires, including normal or early retirement. The retirement date for an employee whose insurance is being continued by the terms of this rider shall be the earlier of:

- (1) the date he or she actually retires; or
- (2) his or her presumed normal retirement date as established by the employer's applicable retirement plan. If no such date has been established, the insured employee's presumed retirement date shall be age 65.

What happens to a certificate holder's insurance when the waiver of premium benefit ends?

When the benefits under this rider end according to the provisions of the section entitled "How long will insurance be continued without payment of premium?," the following will apply:

- (1) If the certificate holder is then eligible for coverage under the group policy, his or her insurance may be continued under the group policy provided that premiums are paid. The first such premium payment must be made within 31 days of the date the waiver of premium benefit ends.
- (2) If the certificate holder is no longer eligible for coverage under the group policy, he or she may convert coverage to an individual policy, as provided for under the conversion right section of the group policy.

Insurance will end for a certificate holder unless, within 31 days of the date benefits under this rider end, premium payment is resumed or the insured applies to convert his or her coverage.

When does this rider terminate?

This rider will terminate on the earlier of:

- (1) the date we receive a written request to terminate this rider; or
- (2) the date the group policy is terminated.

Insurance being continued without further payment of premiums in accordance with the provisions of this rider will not end due solely to the termination of this rider or of the group policy.



Secretary



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