



LifeMap Assurance Company™
 100 SW Market Street
 P.O. Box 1271, MS E-3A
 Portland, OR 97207-1271
 (503) 721-7161 (800) 794-5390

CERTIFICATE SCHEDULE

FOR

EMPLOYER: LEWIS & CLARK COLLEGE

GROUP POLICY NUMBER: WBT 000528

CLASS: 01 - ELIGIBILITY BELOW

REVISED EFFECTIVE DATE: 04/01/2013

BENEFIT PROVISIONS

LIFE
 150% of Annual Earnings,
 rounded to the next higher
 \$1,000, to a minimum of
 \$15,000, and a maximum of
 \$250,000

AD&D
 150% of Annual Earnings,
 rounded to the next higher
 \$1,000 to a minimum of
 \$15,000, and a maximum of
 \$250,000

DEPENDENT LIFE
 \$5,000 Spouse
 \$5,000 Children
 Birth To 26 Years

LIFE AND AD&D REDUCTION: Benefits reduce to 65% at age 70 and to 50% at age 75.

ELIGIBILITY – CLASS 01: All full-time Exempt Employees working a minimum of 30 hours per week on a regular basis. Life and AD&D Insurance is provided on a noncontributory basis. Dependent Life Insurance is provided on a contributory basis. Therefore, approval of evidence of insurability is required if coverage is applied for more than 31 days after the initial eligibility date. If approved, you will receive confirmation of approval of coverage and the effective date.

WAITING PERIOD – NEW EMPLOYEES: The first of the month following the date of hire.

Certificate: This is your certificate, which:

1. is a summary of your insurance under the group policy;
2. is not a contract of insurance;
3. is subject to the terms of the group policy; and
4. voids and replaces any prior certificates issued under the group policy number shown above.

Policy: We have issued the group policy to the policyholder. This policy is a contract of insurance:

1. between your policyholder and us; and
2. through which you are insured.

Signed for LifeMap Assurance Company on the insured's effective date.

SECRETARY

PRESIDENT

CERTIFICATE FOR GROUP LIFE AND DISABILITY INSURANCE

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DEFINITIONS

"Actively at work" or "active work" - you are working for your employer:

1. in the usual course of your employer's business;
2. full time at the principal place of employment; and
3. for at least the greater of:
 - a. the number of hours per week that your employer stated on his application as the normal work week; or
 - b. 20 hours per week.

"Age" - the age at your last birthday.

"Amount" - the amount of insurance.

"Beneficiary" - the person(s) to whom we will pay the proceeds.

"Certificate" - a document given to you as proof of your coverage under the policy. It is not part of the entire contract of insurance. It contains all statements required by law.

"Children" - this term includes your:

1. natural children; or
2. legally adopted children; or
3. stepchild or foster child; or
4. a child related to you by blood or marriage for whom you are the legal guardian.

Each child must depend on you for support and either:

1. live with you and be claimed as a dependent on your federal income tax return; or
2. be a full time student at an accredited institution of higher learning.

Each child must also be:

1. unmarried; and
2. under the Maximum age shown in the policy schedule.

A disabled child can remain insured past the maximum age if such child is:

1. unmarried; and
2. incapable of self-support because of physical or mental disability; and

For newborns, "child" means a live birth which is recorded by valid birth certificate in the jurisdiction where the birth occurred.

"Class" - a grouping of insureds:

1. based on their job positions; and
2. determined by the policyholder.

"Contributory insurance" - you must pay a part of the premiums. All such payments are:

1. made directly to the policyholder; and
2. forwarded to us.

"Conversion" - you may exchange your rights under this policy for an individual policy. This only applies to: 1) term life insurance; or 2) dependent's life insurance.

"Coverage" - all the terms and provisions appearing under one of the following captions of this policy, if provided: 1) Term Life Insurance; or 2) Accidental Death and Dismemberment; or 3) Dependents' Life Insurance; or 4) Short Term Disability Insurance; or 5) other benefit riders.

"Covered" - you are insured under this policy.

"Date of death" - the date of the insured's death.

"Dependent" - your spouse and children who are not:

1. insured employees themselves under this policy; or
2. in full time military service.

A dependent can only be insured:

1. under one insured employee; and
2. **for contributory insurance** -- if the eligible employee has made a written request for dependent's insurance.

"Earnings" - wages. This term does not include:

1. overtime pay; or
2. bonuses; or
3. any other form of extra compensation.

Except for commissioned salespeople, the rate of earnings is that in effect just prior to the date the disability starts.

For commissioned salespeople, commissions will be averaged for the lesser of:

1. the 12 month period of employment just prior to the date total disability starts; or
2. the period of employment.

"Effective date" - the date this policy is put in force. It is shown on the first page of the policy.

"Eligible employee" - a person who:

1. is a member of the eligible classes shown in the policy schedule;
2. is within the age requirements shown in the policy schedule;
3. has satisfied any waiting period shown on your employer's application; and
4. is actively at work on the insured's effective date. If the employee is not actively at work on the date he would otherwise be eligible, see "Deferred effective date."

"Evidence of insurability" - evidence of good health acceptable to us.

"He," "his," and "him" - refer to both genders.

"Illness" - sickness, disease, pregnancy, or complications of pregnancy.

"In force" - this policy is in effect. Premiums are paid and all insuring conditions are met.

"Injury" - bodily injury which:

1. results directly and independently of all other causes from an accident;
2. occurs after the effective date of coverage for such injury; and
3. results in: a) disability; b) death; or c) dismemberment.

"Insured" - a person who:

1. is an eligible employee;
2. has fulfilled all conditions under this policy to become insured; and
3. has insurance in force under the policy.

"Insured's application" - includes:

1. his enrollment card; and
2. any evidence of insurability.

"Insured's effective date" - the date you become covered under this policy.

"Noncontributory insurance" - you are not required to pay any part of the premiums.

"Notice" - written notice in a form satisfactory to us for that purpose.

"Person" - is used in the singular. There may be more than one person - natural or legal.

"Physician" - a licensed physician practicing within the scope of his license.

"Proceeds" - the amount of insurance we will pay as a benefit. This amount is:

1. shown in the certificate schedule; and
2. subject to the amount that you are eligible for as shown in the policy schedule for your class.

"Proof" - a properly completed claim form, plus:

1. **for life insurance** - a) a certified copy of the death certificate; or b) death decreed by a court order;
or
2. **for disability or accidental death and dismemberment insurance** - written proof acceptable to us.

"Spouse" - your legal husband or wife.

"We", "us", and "our" - LifeMap Assurance Company.

"You" and "your" - insured employee.

BENEFIT AND BENEFICIARY PROVISIONS

Benefit: We will pay the proceeds to the beneficiary:

1. when we receive proof of your: a) disability; and/or b) death;
2. if coverage insuring the type of loss has been selected:
 - a. in the policy; and
 - b. for your class;
3. if the premiums have been paid for that coverage; and
4. subject to all policy provisions.

Beneficiary: Your enrollment card lists your choice of beneficiary.

Proceeds will be paid:

1. to you -- for proceeds paid during your lifetime; or
2. to the beneficiary (as defined); or
3. to your estate -- if no beneficiaries survive you; or
4. according to the "Facility of Payment" provision for term life insurance.

Change of beneficiary: During your lifetime, you may change the beneficiary. Notice of the change must be dated and signed by you. You should give the notice to the policyholder. The change takes effect on the date it is signed. We are not liable for any action we take before we receive the notice at our home office.

NOTE: If you are divorced and your ex-spouse is named as the beneficiary, the beneficiary designation is only valid if the beneficiary designation form is signed after the date of the divorce.

INSURING PROVISIONS

Eligibility: See definition of "Eligible employee."

Evidence of insurability:

1. may be required by us if the amount of insurance exceeds our underwriting limitation; and
2. must be sent to us if:
 - a. your enrollment is made more than 31 days after you or your dependent were first eligible; or
 - b. you or your dependent have converted insurance under the policy:
 - 1) from prior employment; and
 - 2) to an individual policy which is in force. You must submit evidence before you and your dependent are eligible after the re-employment.

Evidence of insurability, if required, delays the effective date until we approve the evidence.

Evidence of insurability will be at the employee's expense for late enrollees.

Insured's effective date: Subject to the "Deferred effective date," you become insured:

1. **for noncontributory insurance** -- when you become an eligible employee; or
2. **for contributory insurance:**
 - a. **if you enroll on or prior to being an eligible employee** -- when you become an eligible employee; or
 - b. **if you enroll within 31 days after you become an eligible employee** -- when you enroll; or
 - c. **if you enroll more than 31 days after you become an eligible employee** -- when we accept evidence of insurability.

The date you enroll is deemed to be the date:

1. you completed the enrollment card to our satisfaction and signed it; and
2. you gave the card to the policyholder.

If you do not give evidence of insurability as required:

1. your eligibility ends; and
2. you will be subject to the same requirements if you become eligible at a later date.

Deferred effective date: Your effective date or an increase in coverage will be deferred:

1. if on the date you would otherwise become insured or receive the increase in coverage:
 - a. you are absent from active work; and
 - b. your absence is caused by an injury or illness; and
2. until the date you return to active work.

Termination of employee's insurance: Your coverage ends when:

1. this policy terminates; or
2. you stop paying the required premiums -- for contributory insurance; or
3. the employer does not remit premiums -- for noncontributory insurance; or
4. you cease to be in an eligible class; or
5. you cease to be an employee; or
6. you enter military service -- except temporary duty of less than 30 days.

Changes to this policy: No agent can:

1. change this policy; or
2. waive any of its terms.

Changes can be made only:

1. if your employer and we agree; and
2. by a written endorsement executed by us.

In performing any duties in connection with this policy, your employer is:

1. your agent; and
2. not our agent.

Incontestability: No statement made by you about your or your dependents' insurability will be used to contest the validity of this insurance, unless:

1. the coverage has been in force prior to the contest for less than two years during:
 - a. **for the insured's coverage** -- your lifetime; or
 - b. **for the dependents' coverage** -- your dependent's lifetime.
2. it is in the insured's application signed by you; and
3. a copy of the insured's application is or has been given to:
 - a. you; or
 - b. the beneficiary.

Except in the case of fraud, all statements made by you are deemed to be:

1. representations; and
2. not warranties.

Misstatement of age or class: We will pay based on the amount of insurance:

1. **if your age or class is misstated** -- that you are entitled to at your true age or class; or
2. **if your dependent's age is misstated** -- that your dependent is entitled to at his true age.

Physical exams and autopsy: We will have the right and opportunity to examine you:

1. by a physician of our choice;
2. at our own expense;
3. while a claim is pending or being paid; and
4. as often as we may reasonably require.

We also have the right to make an autopsy:

1. in the case of death;
2. where it is allowed by law; and
3. at our expense.

This provision also applies to dependents -- if dependent's life insurance is included.

Time of payment of claims: We will pay the proceeds for insured losses as soon as we receive proof.

Other insurance: This insurance is not in lieu of worker's compensation; it does not affect any requirement for worker's compensation coverage.

Assignment: You may assign any of your rights. We are not liable for the assignment's: 1) validity; or 2) sufficiency. We are not bound by an assignment until we receive it.

GENERAL PROVISIONS ACCIDENT AND HEALTH ONLY

Legal proceedings: A claimant may not file suit unless:

1. proofs of loss are filed within 3 years of the time required by this policy; and
2. at least 60 days have passed since the required proofs of loss were filed.

Notice of claims: Written notice of claim must be given to us:

1. within 60 days after the date of a loss covered by this policy; or
2. as soon thereafter as reasonably possible.

Claim forms: We will furnish the claimant with forms for filing proofs of loss within 15 days after we receive notice of the claim. If we do not do so, the claimant can comply with the requirements for filing proof of loss by giving us this proof:

1. within the term fixed in the "Proof of loss" provision; and
2. covering the losses': a) occurrence; b) character, and c) extent.

Proofs of loss: Written proof of loss:

1. must be furnished to us at our home office; and
2. should be furnished within 90 days after the date of loss.

Failure to furnish proof within such time will not invalidate nor reduce any claim if proof is furnished as soon as is reasonably possible; however, in no event, except in the absence of legal capacity of the claimant, may proof be given later than one year from the time proof is otherwise required.

Proof of continuing disability must be given within 90 days of the date such proof is requested.

COVERAGE 1 - Term Life Insurance (only available to employees)

Term life benefit: We will pay the proceeds to the beneficiary:

1. if this coverage has been selected:
 - a. in the policy;
 - b. for your class; and
 - c. as shown in the policy schedule;
2. if the premiums have been paid for this coverage;
3. subject to all policy provisions; and
4. when we receive proof of your death.

Term life proceeds: The amount we will pay is that amount for which your life is insured at the date of death.

Facility of payment

The following paragraphs describe to whom we will pay the proceeds when an insured dies. Our liability for the payment ends if we make it in good faith.

Payment to beneficiaries: We will pay proceeds to the designated beneficiary or beneficiaries as listed on your enrollment application in the highest category, with the categories ranking in the following order: primary, first contingent, second contingent, etc.

If one or more beneficiaries in the same category dies before the insured, the deceased beneficiaries and their estates have no right to the proceeds except as provided in the next paragraph. Two or more surviving beneficiaries in the same category will share equally, unless otherwise specified.

In the event a child of the insured who is designated as a beneficiary dies before the insured, that child's proceeds will be divided into equal portions and made available to the child's children (the insured's grandchildren), if any.

When there is no surviving beneficiary: If there is no designated beneficiary, or if the designated beneficiary does not survive the insured, we will pay the proceeds in equal shares to the insured's surviving relatives of the highest rank of the following:

1. spouse;
2. children;
3. grandchildren;
4. parents;
5. siblings;
6. the insured's estate.

If the beneficiary is a minor or incompetent: If a beneficiary is a minor or not competent, we have the right to pay up to \$500 to the person or institution who appears to us to have assumed the beneficiary's custody and principal support. We will take this action until or unless a formal complaint is made by a legal representative of the beneficiary.

We will pay remaining benefits upon proof acceptable to us, of guardianship or conservatorship to the legal estate of the minor child or incompetent beneficiary.

Additional payment of proceeds: We may pay up to \$500 of the proceeds, according to law, to any person who appears to us to have incurred costs from the insured's last illness, death or funeral.

REPATRIATION BENEFIT

We will pay a Repatriation Benefit in addition to the Life Insurance Proceeds if your death occurs more than 100 miles from your primary place of residence.

The Repatriation Benefit payable is the lesser of:

1. the expense incurred for:
 - a. preparation of your body for burial or cremation; and
 - b. transportation of your body to the place of burial or cremation; or
2. 10% of the Life Insurance Proceeds; or
3. \$5,000.

Optional modes of settlement: The proceeds may be paid on a monthly basis for a fixed term of years:

1. if you send us your written request;
2. if we agree; and
3. if each payment will be at least \$25.00.

The amount of the payments is figured from this table:

TABLE OF MONTHLY PAYMENTS PER \$1,000 OF PROCEEDS

Years Payable	Monthly Payments	Years Payable	Monthly Payments
1	\$84.28	5	\$17.00
2	\$42.66	10	\$ 9.39
3	\$28.79	15	\$ 6.64
4	\$21.86	20	\$ 5.27

These payments are based on an interest rate:

1. of 2 1/2% per year, and
2. compounded yearly.

We will also pay an excess interest that we may declare from year to year.

The first payment will be paid:

1. on the date the proceeds would have been paid in one sum; or
2. on the date you request.

If all beneficiaries under this mode die, we will:

1. pay the unpaid proceeds plus the earned interest in one sum; and
2. pay this one sum to:
 - a. the beneficiary's estate; or (at our option)
 - b. to one or more of the beneficiary's surviving relatives.

Other modes of settlement: Other modes of settlement may be arranged if you and we agree. We will furnish data on these other modes upon request.

Extension of employee life insurance during total disability

(Accidental death and dismemberment, short term disability and dependent's life benefits are not included.)

Definition (for this provision only)

"Totally disabled" or "total disability" - you are unable to work at any employment or occupation for which you are or become qualified by reason of education, training or experience and are not in fact engaged in any employment or occupation for wage or profit because of disability:

1. caused by injury or illness;
2. that started while your life is insured under this coverage; and
3. that has existed for a continuous term of at least 6 months.

Your life insurance will extend beyond the date it would otherwise end:

1. if you become totally disabled prior to age 60 while you are insured under this policy;
2. if the required life premiums have been paid for the first 6 months of total disability;
3. while your total disability is continuous;

4. if you give us written notice of your total disability within one year from the date the total disability began; and
5. if you give us proof of your continuous total disability:
 - a. **first proof** -- between the 6th and 12th month after the date the total disability began; and
 - b. **subsequent proof** -- during the last 3 months of each subsequent 12 month term after the first.

If notice of proof of your continuous total disability can't be given within these times:

1. it must be given as soon as is reasonably possible; and
2. it must be given within 3 months after the time it is otherwise required.

When we are satisfied with the proof, life insurance will be extended:

1. without further premiums after the first 6 months is paid; and
2. while your total disability continues.

We will still pay the life proceeds even though you did not give us the first proof:

1. if you die within one year of the start of your total disability; and
2. if we are given proof of:
 - a. your continuous total disability from the day it began; and
 - b. your death.

The amount of life insurance extended will be the lesser of:

1. the amount shown in the policy schedule; or
2. the amount in force on the last day of active work.

These provisions apply if they are in effect on the last day of active work:

1. reduction provisions;
2. termination provisions; and
3. retirement provisions.

Extended life insurance will end at the earliest date you:

1. are no longer totally disabled; or
2. fail to give us the required proof of your continuous total disability; or
3. refuse to be examined as required; or
4. retire at the normal age according to each company's requirements -- unless retiree coverage is provided.

If extended life insurance ends, you become entitled to the rights under "Conversion," unless:

1. you return to work; and
2. you are insured again under the policy.

We are not liable for a death claim under this coverage unless we receive proof of your death.

CONVERSION

You may convert all or part of the insurance under this coverage without evidence of insurability to an individual life policy :

1. if insurance ends because:
 - a. of termination of your: 1) employment; or 2) membership in an eligible class; or
 - b. of your retirement; or

- c. you reach a specified age; or
- d. of a policy change affecting your class; or
- e. this policy or the employer's participation ends or is amended; and
- 2. if within 31 days after termination you:
 - a. give us a written request to convert; and
 - b. pay the first premium on the new policy.

The new policy may be on any individual plan of life insurance, except term, issued by us:

- 1. at the age and for the amount applied for; and
- 2. without disability or other supplemental benefits.

The new policy:

- 1. face amount may not exceed:
 - a. the amount of insurance in force on the conversion date; or
 - b. **for "1.e." above --** the lesser of:
 - 1) the amount which terminated -- less the amount of any life insurance for which you are or become eligible under any group policy issued or reinstated:
 - a) by us or any company; and
 - b) within 31 days after the termination of your coverage; or
 - 2) \$10,000.00;
- 2. premium rate will be based on:
 - a. your age on its effective date;
 - b. the rates then in use by us; and
- 3. effective date will begin at the end of the 31 day conversion period after termination.

If you die during the 31 day conversion period, the amount we will pay:

- 1. will be paid under the group policy; and
- 2. will be the maximum amount which could have been converted, whether or not:
 - a. the application to convert was made; or
 - b. the first premium was paid.

Any life conversion policy must be surrendered without claim. We will refund any premium paid for it.

Conversion to an individual policy will not stop any right under extended insurance if:

- 1. all conditions of that provision are met within the time required; and
- 2. the individual policy is given to us:
 - a. for cancellation; and
 - b. without a claim under it -- except for a refund of premiums paid.

COVERAGE 2 - Accidental Death, Dismemberment, Paralysis and Loss of Sight
(only available to employees)

Definition (for this coverage only)

"Loss" - means with regard to:

1. **life** -- death;
2. **hands and feet** -- complete severance through or above the wrist or ankle joint;
3. **sight** -- loss of sight which is: a) entire and b) irrecoverable;
4. **quadriplegia** -- complete and irreversible paralysis of both upper and both lower limbs;
5. **paraplegia** -- complete and irreversible paralysis of both lower limbs; or
6. **hemiplegia** -- complete and irreversible paralysis of the upper and lower limbs on one side of the body.

Benefit: We will pay the proceeds to the beneficiary:

1. if this coverage has been selected:
 - a. in the policy;
 - b. for your class; and
 - c. as shown in the policy schedule;
2. if the premiums have been paid for this coverage;
3. subject to all policy provisions;
4. when we receive proof of your loss shown below:
 - a. that was caused by injury while you were insured under this coverage; and
 - b. that occurs within 365 days from the date of the injury; and
5. if the loss is not excluded below.

The principal sum that applies to the insured is shown in the policy schedule.

Table of Losses

We will pay the Proceeds for a Covered Loss as shown in the following table:

<u>For Accidental Loss of</u>	<u>Amount Payable</u>
Life	Principal Sum
Quadriplegia	Principal Sum
Triplegia or Paraplegia.....	Three-quarters of the Principal Sum
Hemiplegia.....	One-half of the Principal Sum
One hand, one foot or sight of one eye	One-half of the Principal Sum
Speech or Hearing.....	One-half of the Principal Sum
Uniplegia	One-quarter of the Principal Sum
Thumb and Index finger on either hand.....	One-quarter of the Principal Sum
Two or more of the above losses resulting from the same accident	Principal Sum or the sum of the Proceeds payable for each loss, whichever is less

Note: Cerebrovascular accident (CVA), commonly called "stroke", is not an injury as defined in the policy.

No more than 100% of the Principal Sum will be paid for all covered losses resulting from any one accident, except as specifically provided in the provision titled Seat Belt Benefit below.

Exclusions: We will not pay the proceeds for any loss resulting from:

1. intentionally self-inflicted injury -- or any attempt to injure oneself while sane or insane; or
2. taking part in a riot; or
3. any war or act of war -- declared or undeclared; or
4. military service; or
5. taking part in an assault or a felony; or
6. the voluntary use or consumption of any poison, chemical compound or drug except as prescribed by a physician; or
7. bodily infirmity or disease from bacterial infections (except accidental ingestion of contaminated foods) -- other than infection caused from an injury covered under this coverage.

Adaptive Home and Vehicle Benefit

Subject to all conditions and limitations of this AD&D Benefit, if you suffer an Accidental Bodily Injury which results in a Covered Loss, an Adaptive Home and Vehicle Benefit will be payable in addition to the Covered Loss. For this benefit to be payable:

1. Such home alterations must be:
 - a. made by a person or persons with experience in such alterations; and
 - b. recommended by a recognized organization associated with the injury;
2. such vehicle modifications must be:
 - a. carried out by a person or persons with experience in such matters; and
 - b. approved by the Motor Vehicle Department.

The Adaptive Home and Vehicle Benefit payable is the lesser of:

1. 5% of the Principal Sum; or
2. \$5,000; or
3. the actual one-time cost,

for such alterations and/or modifications, incurred within two years from the date of the accident, to your:

1. principal residence; and/or
2. Private Automobile,

to make the residence accessible to you, or the Private Automobile driveable or rideable for you.

Private Automobile means a four-wheeled, private passenger car, station wagon, pick-up truck, van or jeep-type automobile which is not being used as a Common Carrier.

Common Carrier means a conveyance operated by a concern, other than the Employer, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

Air Bag Benefit

If a Seat Belt Benefit is payable, we will pay an additional 50% of the Seat Belt Benefit, not to exceed \$5,000, as an Air Bag Benefit, provided that:

1. you were positioned in a seat that was equipped with a factory installed Air Bag; and
2. you were properly strapped in the Seat Belt when the Air Bag inflated; and
3. the police report establishes that the Air Bag inflated properly upon impact.

Air Bag means an inflatable supplemental passive restraint system installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications, that inflates upon collision to protect an individual from injury and death. An Air Bag is not considered a Seat Belt.

Child Education Benefit

Subject to all conditions and limitations of this AD&D Benefit, if you die as a result of an Accidental Bodily Injury, a Child Education Benefit is payable in addition to the Principal Sum. This benefit is payable to each Dependent child who qualifies as a Student.

Student, for the purpose of this Child Education Benefit, means a person who is your Dependent on the date of your death and who:

1. is a post-high school student who attends a school for higher learning on a full time basis on the date of your death; or
2. became a full time post-high school student in a school for higher learning within 365 days after your death and was a student in the 12th grade on the date of your death.

The term "full time" student shall mean registered for not less than 12 course credit hours per semester. If the institution establishes full time student status by a method other than semester credit hours, we reserve the right to determine whether the student qualifies as full time.

No benefit is payable to any Dependent child who has not furnished proof to us of his or her Student status.

The Child Education Benefit payable is the lesser of:

1. the actual tuition expense for any one school year; or
2. 5% of the Principal Sum; or
3. \$5,000.

We will not pay more than one Child Education Benefit per Student during any one school year.

If the Student is a minor, we will pay benefits to the Student's legal representative.

The Child Education Benefit will no longer be payable on the first to occur of:

1. the date on which the 4th Child Education Benefit is paid; or
2. the end of the 12th consecutive month during which the Dependent has not furnished satisfactory proof to us that he or she is a Student.

If no Dependent child qualifies as a Student, we will pay \$2,500, in accordance with your beneficiary designation.

Coma Benefit

Subject to all conditions and limitations of this AD&D Benefit, if as a result of an Accidental Bodily Injury you:

1. become Comatose within 31 days from the date of the accident; and
2. remain continuously Comatose for at least 30 days,

we will pay a Coma Benefit.

Coma means complete and continuous:

1. unconsciousness; and
2. inability to respond to external or internal stimuli.

The Coma Benefit is a monthly amount equal to 1% of the Coma Maximum Benefit Amount and is payable for each month after the 30-day waiting period in which you remain in a Coma.

The Coma Maximum Benefit Amount equals the Principal Sum under the AD&D Benefit, less all other payments under the AD&D Benefit for all losses which are due to the same accident.

The Coma Benefit will no longer be payable on the earliest of:

1. the end of the month in which you die;
2. the end of the month in which you recover from the Coma;
3. the date on which the total of Coma Benefit payments equals the Coma Maximum Benefit Amount;
or
4. the date on which 100 Coma Benefit payments have been made.

Day Care Benefit

Subject to all conditions and limitations of this AD&D Benefit, if you die as a result of an Accidental Bodily Injury, a Day Care Benefit is payable in addition to the Principal Sum. The Day Care Benefit is payable for each Dependent if:

1. such Dependent is less than age 7 at the time of your death; and
2. proof of such Dependent's enrollment in a Day Care Program is provided as described below.

The Day Care Benefit payable is the lesser of:

1. 5% of the Principal Sum; or
2. \$5,000.

One Day Care Benefit is payable each year for each Dependent who qualifies for Day Care Benefits. No more than four Day Care Benefits will be payable for each Dependent. Payment will be made to the person who has primary responsibility for such Dependent's expenses.

Proof of a Dependent's enrollment in a Day Care Program may be in the form of, but will not be limited to, the following:

1. a copy of the Dependent's approved enrollment application in a Day Care Program;
2. canceled check(s) which prove payment for a Day Care Program; or
3. a letter from the Day Care Program stating that the Dependent:
 - a. is attending a Day Care Program; or
 - b. has been enrolled in a Day Care Program and will be attending within 365 days of your death.

Proof of enrollment must be sent to us prior to the last day of the 12th month on or next following the date of your death.

Day Care Program means a program of child care which:

1. is operated in a private home, school or other facility;
2. provides and charges a fee for the care of children; and
3. is licensed as a Day Care Center or is operated by a licensed Day Care Provider, if such licensing is required by the state or jurisdiction in which it is located; or
4. if licensing is not required, provides child care on a daily basis for 12 months a year.

A Day Care Program will not mean a program of child care which is provided by an immediate relative of the child receiving the care. An immediate relative is a sibling, parent, step-parent, grandparent, aunt or uncle.

If no Dependent qualifies for Day Care Benefits, we will pay \$2,500, in accordance with your beneficiary designation.

Exposure and Disappearance Benefit

Exposure to the elements which results in a Covered Loss will be presumed to be an Accidental Bodily Injury if:

1. it results from the forced landing, stranding, sinking or wrecking of a conveyance in which you were an occupant at the time of the accident; and
2. the Policy would have covered an Accidental Bodily Injury resulting from the accident.

We will presume that you suffered Loss of Life if:

1. your body has not been found within one year after the disappearance of a conveyance in which you were an occupant at the time of its disappearance;
2. the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
3. the Policy would have covered an Accidental Bodily Injury resulting from the accident.

Felonious Assault Benefit

Subject to all conditions and limitations of this AD&D Benefit, if:

1. you suffer an Accidental Bodily Injury as the result of a Felonious Assault; and
2. the Accidental Bodily Injury results in a Covered Loss within 180 days after the date of the Accidental Bodily Injury,

a Felonious Assault Benefit is payable in addition to the Principal Sum.

The Felonious Assault Benefit payable is an amount equal to 10% of the Principal Sum.

Felonious Assault means a violent or criminal act directed at you during the course of:

1. a robbery, hold-up, kidnapping or criminal assault; or
2. an attempt at any of the above,
which constitutes a felony under the law.

Such Felonious Assault must not be committed by an Employee of the Employer, or by your family member, or by a member of the household in which you live.

Rehabilitation Benefit

Subject to all conditions and limitations of this AD&D Benefit, if you suffer an Accidental Bodily Injury which results in a Covered Loss, a Rehabilitation Benefit will be paid in addition to the Principal Sum.

The Rehabilitation Benefit payable is the lesser of:

1. the Expense Incurred for Rehabilitative Training; or
2. 5% of the Principal Sum; or
3. \$5,000.

Rehabilitative Training means any training which:

1. is required due to your injury; and
2. prepares you for an occupation in which you would not have engaged except for the injury.

Expense Incurred means the actual cost of the:

1. training; and
2. materials needed for the training.

The expense must be incurred during the two-year period that begins on the date of your accident.

Seat Belt Benefit

Benefit: We will pay an extra benefit, called the Seat Belt Benefit, if all of the following conditions are met:

1. an Accidental Death benefit is payable as part of the death proceeds of this policy; and
2. we receive proof that:
 - a. you died as the result of an automobile accident; and
 - b. at the time of the accident you were wearing a seat belt.

Definitions (For this provision only)

"Seat Belt" means a seat belt or lap and shoulder restraint properly installed in the automobile.

"Automobile" means a motor powered land vehicle licensed for use on public highways, with four or more wheels and with seats designed for two or more persons.

Amount payable: The amount of Seat Belt Benefit payable equals the lesser of:

1. \$10,000; or
2. the amount of the Accidental Death Benefit.

Police report: A true copy of any police accident report must be submitted with the claim.

Spouse Education Benefit

Subject to all conditions and limitations of this AD&D Benefit, if you die as a result of an Accidental Bodily Injury, a Spouse Education Benefit is payable in addition to the Principal Sum. This benefit is payable to your Spouse.

To qualify for this benefit, your Spouse must be enrolled in an Occupational Training program:

1. for the purpose of obtaining an independent source of income; and
2. within one year of the date of your death.

The Spouse Education Benefit payable is the lesser of:

1. the Expense Incurred for Occupational Training; or
2. 5% of the Principal Sum; or
3. \$5,000.

We will pay the Spouse Education Benefit immediately after we receive proof that your Spouse has enrolled in an Occupational Training Program.

If there is no surviving Spouse, we will pay \$2,500, in accordance with your beneficiary designation.

Occupational Training means any:

1. education;
2. professional; or
3. trade training

program which prepares the Spouse for an occupation for which he or she otherwise would not have been qualified.

Expense Incurred means:

1. the actual tuition charged, exclusive of room and board; and
2. the actual cost of the materials needed

for the Occupational Training program. The expense must be incurred during the two year period that begins on the date of your death.

COVERAGE 3 - Dependent Life Insurance

Definition (for this coverage only)

"Dependent's effective date" -- the date the dependent becomes insured under this policy.

Dependent life benefit: We will pay the proceeds to the beneficiary:

1. if this coverage has been selected:
 - a. in the policy;
 - b. for your class; and
 - c. as shown in the policy schedule;
2. if the premiums have been paid for this coverage;
3. subject to all policy provisions; and
4. when we receive proof of the dependent's death.

Dependent life benefits are not payable in the event of miscarriage or stillbirth.

Dependent life proceeds: We will pay the amount:

1. that your dependent's life is insured for at the date of death; and
2. shown in the policy schedule for dependents in your class on the date of death.

Beneficiary: We will pay the proceeds to:

1. you -- if you are living; otherwise
2. your estate; or (at our option)
3. your spouse -- if living.

Deferred effective date: The dependent's effective date of coverage or an increase in coverage will be deferred:

1. if on such date he is confined to home or a hospital because of: a) an injury; or b) an illness; and
2. until he is discharged from confinement.

Termination of employee's dependent insurance: A dependent's coverage ends on the earliest date:

1. the person ceases to be a dependent; or
2. you stop paying premiums -- if premiums are required; or
3. your coverage ceases under this policy; or
4. all dependent coverage ceases under this policy; or
5. the dependent becomes an insured employee; or
6. the day you are eligible for extended insurance; or
7. the day a final decree of divorce is rendered, for Spouse coverage only.

Conversion

Your dependent may convert his insurance if:

1. it ends because:
 - a. the policy terminated; or
 - b. the policy was amended; or
 - c. you die -- the surviving dependent may convert only the insurance under the policy that would end because of your death; or
 - d. he ceases to be a qualified dependent; and

2. if within 31 days after termination he:
 - a. gives us a written request to convert; and
 - b. pays the first premium on the new policy.

The new converted individual life policy:

1. may be on any form issued by us except for term insurance:
 - a. that has a level: 1) premium; and 2) amount of insurance; and
 - b. that he selects from among those forms we then issue for: 1) his age; and 2) the amount applied for;
2. premium rate will be based on:
 - a. his age on its effective date; and
 - b. the rates then in use by us;
3. effective date will begin at the end of the 31 day conversion period; and
4. amount may not exceed the lesser of:
 - a. the amount of his insurance being terminated -- less any amount that he is or becomes eligible for under any group policy issued or reinstated:
 - 1) by us or any company; and
 - 2) within 31 days after his insurance terminates; or
 - b. \$10,000.

If the dependent dies during the 31 day conversion period, the proceeds we will pay:

1. will be paid under the group policy; and
2. will be the maximum amount which could have been converted, whether or not:
 - a. the application to convert was made; or
 - b. the first premium was paid.

Any life conversion policy must be surrendered without claim. We will refund any premium paid for it.

Receipt of Accelerated Benefits may adversely affect eligibility for Medicaid or other government benefits or entitlements.

**Receipt of Accelerated Benefits may be taxable.
Assistance should be sought from a personal tax advisor.**

ACCELERATED BENEFIT FOR TERMINAL ILLNESS RIDER

The following Accelerated Benefit for Terminal Illness will apply to the Life Insurance Benefits of this Policy only.

DEFINITIONS

For the purposes of this Rider, the following definitions will apply:

"Accelerated Benefit" means the amount of life insurance that will be paid in advance of a Covered Employee's death if the Covered Employee is Terminally Ill. The amount of the Accelerated Benefit will be determined as shown in the Benefit Amount and Benefit Cost section below.

"Covered Employee" means the employee insured under this Accelerated Benefit Rider.

"Physician" means a medical or osteopathic physician, other than the Covered Employee's spouse, parent, child, brother or sister, and other than a hospital resident or intern, who is licensed to practice medicine in the United States or Canada.

"Terminally Ill" or **"Terminal Illness"** means that while insured under this Rider the Covered Employee is diagnosed as having a medical condition that causes the Covered Employee's life expectancy to be six months or less. The Covered Employee must at his or her expense provide proof satisfactory to LifeMap Assurance Company of such limited life expectancy. Such proof includes, but is not limited to, clinical, radiological and laboratory evidence.

We may require at our expense an examination by a physician of our choice.

BENEFIT AMOUNT AND BENEFIT COST

If the Covered Employee is Terminally Ill and voluntarily requests payment of an Accelerated Benefit, we will pay such benefit to the Covered Employee. The Accelerated Benefit amount will be as chosen by the Covered Employee, except that the benefit may not exceed the lesser of:

1. 80% of the life insurance in force on the Covered Employee's life under this Policy; or
2. \$250,000.

There is no cost for this Rider unless the Accelerated Benefit is exercised. If the Accelerated Benefit is exercised, the cost of the Rider will be the interest, in advance, of the Accelerated Benefit for six months. In no event will the interest rate be higher than the greater of:

1. The current yield on 90-day Treasury bills; or
2. The current maximum statutory adjustable policy loan interest rate.

The following formula will be used to calculate the interest charged:

Let A = amount of Accelerated Benefit the Covered Employee requested
 i = annual interest rate charged
 I = amount of interest charged

$$I = A - \frac{A}{1 + (i)}$$

An administrative fee of \$200 will also be charged.

The cost of the Rider as defined above and the administrative fee will be deducted from the Accelerated Benefit proceeds.

The Accelerated Benefit will be paid in one lump sum. Only one Accelerated Benefit may be paid per Covered Employee.

CONDITIONS

Payment of an Accelerated Benefit is subject to the following conditions:

1. The Terminal Illness diagnosis must be made:
 - a. after the Covered Employee's effective date for coverage under this Rider; and
 - b. while this Rider is in effect as to the Covered Employee.
2. The written consent of any assignee or irrevocable beneficiary must be given to us.
3. The Covered Employee must send the Group Life Certificate to us.
4. The Accelerated Benefit is available on a voluntary basis only, therefore:
 - a. if a Covered Employee is required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
 - b. if a Covered Employee is required by a government agency to use this option in order to apply for, obtain or keep a government benefit or entitlement,the Covered Employee is not eligible for this benefit.
5. In the event the Covered Employee dies after a request is made, but before the Accelerated Benefit is paid:
 - a. the Accelerated Benefit is not payable; and
 - b. the life insurance proceeds of the Group Policy will be paid to the beneficiary as if no request had been made.

MEDICAL REFEREE

If the Covered Employee and we do not agree on the diagnosis of Terminal Illness, either may request, in writing, the opinion of a medical referee. The procedure will be as follows:

1. Each party will select an independent physician.
2. Both physicians will:
 - a. examine the Covered Employee and all medical records; and
 - b. submit an opinion.
3. If the two physicians do not agree, they will choose a third disinterested physician acceptable to both.
4. The third physician will:
 - a. examine the Covered Employee and the medical records; and
 - b. serve as a medical referee.
5. If the opinion of the medical referee is in favor of the Covered Employee, we will:
 - a. accept the decision as binding; and
 - b. pay the expenses of the physicians involved.
6. If the opinion is in our favor:
 - a. we will pay the expenses of our physician and the third referee; and
 - b. the Covered Employee will pay the expenses of his or her physician.
7. A decision by the referee in our favor is not binding on the Covered Employee, who may appeal further as provided by law.

EFFECT ON LIFE AMOUNT

We will send the Covered Employee a statement showing what effect payment of the Accelerated Benefit will have on the Covered Employee's life insurance amount.

Upon the death of the Covered Employee, the beneficiary will receive the amount of life insurance provided under this Policy, less:

1. the cost of the Rider (as defined in the Benefit Amount and Benefit Cost section of this Rider);
2. the administrative fee; and
3. the Accelerated Benefit paid to the Covered Employee.

WAIVER OF PREMIUM

At the time the Accelerated Benefit is paid, we will waive the life insurance premium for the amount of life insurance which remains in force.

INCONTESTABILITY

This Rider will be incontestable after it has been in force during the Covered Employee's lifetime for two years from its effective date.

POLICY PROVISIONS

This Rider is subject to the terms and conditions of the Group Policy which are not in conflict with the terms of this Rider.

TERMINATION

This Rider will terminate as to all Covered Employees on the earlier of:

1. termination of the Group Policy; or
2. cancellation of this Rider by the employer.

This Rider will terminate as to any Covered Employee on the earlier of:

1. lapse or termination of the Covered Employee's coverage under the Group Policy; or
2. the Covered Employee's death.

This Rider does not change, waive or extend any part of the Group Policy other than as specifically set forth in this Rider.

LIFEMAP ASSURANCE COMPANY

President



PORTABILITY

This provision does not apply to Accidental Death and Dismemberment Insurance.

If your coverage would otherwise end, you may elect to continue Life Insurance under the Group Policy for yourself and your insured Dependents if you meet the following eligibility requirements.

A. ELIGIBILITY

To qualify for Portability, you and/or your Spouse must:

1. be insured for Life Insurance under the Policy immediately before electing Portability; and
2. be under age 70; and
3. be terminating coverage for reasons other than:
 - a. your disability; or
 - b. a military leave of absence that extends beyond the period provided under G. When Insurance Ends; or
 - c. your retirement; or
4. cease to be in an eligible class for reasons other than disability; and
5. submit a Request for Portability of Life Insurance form with payment of the first premium within 31 days of the date coverage ends under the Group Policy.

In addition, your Spouse may elect to continue Life Insurance coverage for himself/herself and his/her Dependent Child(ren) without the continuation of your Life Insurance coverage if your Spouse is widowed, divorced, legally separated from you or your domestic partnership is terminated.

Please contact LifeMap Assurance Company at 1-800-794-5390 or (503) 721-7161 to obtain a Request for Portability of Life Insurance Form and Premium Calculation Sheet.

If a Portability request form and premium payment are received as specified in Item 5. above, confirmation of Portability coverage will be sent to you and/or your Spouse.

Portability is not available to any person opting for coverage under a Conversion Policy.

B. LIFE BENEFIT

The amount of Life Insurance that may be ported is the amount in force on the day coverage would otherwise have ended under the Policy. However, the maximum amount that may be ported in combination with any Voluntary Life Insurance is limited to \$500,000. You may choose to continue a lesser amount in multiples of \$1,000; however, the minimum amount available to port is \$10,000.

The amount of insurance that may be ported for your insured Dependents is the amount in force on the day coverage would otherwise have ended under the Policy. However, the maximum amount that may be ported in combination with any Voluntary Spouse Life Insurance is limited to \$500,000.

C. LIMITATIONS

The provision in the Policy entitled EXTENSION OF LIFE INSURANCE DURING TOTAL DISABILITY is not available for any disability that begins after coverage under Portability becomes effective. Once Portability becomes effective, the ACCELERATED BENEFIT FOR TERMINAL ILLNESS is not available.

D. PREMIUM

The premium for Portability coverage will be the same as the premium paid for Life Insurance under the group Policy, except that an administration fee will be added to each bill. Premium may be paid on a quarterly, semi-annual or annual basis.

To determine premium for Portability, see the Request for Portability of Life Insurance Form and Premium Calculation Sheet.

E. TERMINATION OF PORTABILITY COVERAGE

Portability coverage will terminate on the earliest of the following dates:

1. the date the Group Policy terminates;
2. the date your coverage becomes effective under the same Group Policy after returning to work for the Policyholder or an Employer insured under the Policyholder;
3. the day after the last period for which premiums were paid;
4. the premium due date next following the date you reach age 70;
5. if you ported coverage, the date you are subsequently approved for Extension of Life Insurance;
6. for your Spouse, the premium due date next following the date your Spouse reaches age 70;
7. for a Dependent Child, the date the child ceases to qualify under the terms "Child(ren)" or "Dependent" as defined in the Group Policy.

If you and/or your insured Dependents cease to qualify for Portability Insurance, you and/or your insured Dependents may purchase a Conversion Policy as stated under the Conversion provision.



LifeMap Assurance Company™
100 SW Market Street
P.O. Box 1271, MS E-3A
Portland, OR 97207-1271
(503) 721-7161 (800) 794-5390

**VOLUNTARY ACCIDENTAL DEATH
AND DISMEMBERMENT RIDER**

POLICYHOLDER: LEWIS & CLARK COLLEGE

POLICY NUMBER: WBT 000528

This Voluntary Accidental Death and Dismemberment Rider is not valid unless accompanied by a Confirmation Statement from LifeMap. The Confirmation Statement is a letter that verifies the benefit level and plan you have been approved for and your effective date of coverage. Your coverage will begin on the effective date shown provided you are Actively at Work on that date and the required premium has been paid. This Voluntary Accidental Death and Dismemberment Rider must also be attached to your GROUP LIFE AND DISABILITY INSURANCE CERTIFICATE OF COVERAGE. The insurance provided under this Rider is subject to the terms and conditions of the CERTIFICATE OF COVERAGE except as specifically set forth in this Rider.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

The Group Policy or Certificate to which this Rider is attached is amended to provide Voluntary Accidental Death and Dismemberment Insurance, subject to the terms and conditions which follow.

A. BENEFIT

An eligible Employee may enroll for Voluntary Accidental Death and Dismemberment Insurance in increments of \$25,000 up to a maximum of \$300,000. The amount of insurance the Employee purchases on his or her life is called the "Principal Sum". The Employee may select Employee Only Coverage or may choose to also enroll his or her family by selecting Employee and Family Coverage.

The Voluntary Accidental Death and Dismemberment Benefit is payable for Covered Loss resulting from Accidental Bodily Injury:

- 1. if the Accidental Bodily Injury occurs while this coverage is in force;
- 2. if the Covered Loss occurs within 365 days of the date of the Accidental Bodily Injury; and
- 3. subject to all of the exceptions, limitations and provisions of this Rider and the Policy or Certificate to which it is attached.

The Voluntary Accidental Death and Dismemberment benefit we will pay in one sum is:

- 1. **For an Insured Employee**, the portion of the Principal Sum indicated in the Table of Covered Losses below; or
- 2. **For an Insured Dependent (if Family Coverage has been elected)**, the portion of the Principal Sum indicated in the Table of Covered Losses below times the applicable percentage of the Employee's Principal Sum shown in Item B. FAMILY COVERAGE.

TABLE OF COVERED LOSSES

LOSS OF:

Life.....	The Principal Sum
Both Hands or Both Feet.....	The Principal Sum
Sight of Both Eyes.....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
One Hand or One Foot and Sight of One Eye.....	The Principal Sum
Speech and Hearing.....	The Principal Sum
Quadriplegia.....	The Principal Sum
One Leg or One Arm.....	One-Half the Principal Sum
One Hand or One Foot.....	One-Half the Principal Sum
Sight of One Eye.....	One-Half the Principal Sum
Speech or Hearing.....	One-Half the Principal Sum
Paraplegia or Hemiplegia.....	One-Half the Principal Sum
Thumb and Index Finger of the Same Hand.....	One-Quarter of the Principal Sum

Under no circumstances will Proceeds be paid under this Rider for more than one of the Covered Losses, the greatest, sustained by any one Insured Person in any one accident.

Benefit Reduction: The Principal Sum reduces to 65% at age 70 and to 50% at age 75.

Accidental Bodily Injury means immediate traumatic physical damage to the body which:

1. results directly from an unexpected and unintentional event; and
2. is independent of disease, bodily infirmity or any other cause.

Loss means with regard to:

1. **Life** - death;
2. **Hands or feet** - complete severance through or above the wrist or ankle joint;
3. **Sight** - entire and unrecoverable loss of sight;
4. **Leg or arm** - complete severance through or above the knee or elbow joint;
5. **Quadriplegia** - complete and irreversible loss of the use (paralysis) of both upper and both lower limbs;
6. **Paraplegia** - complete and irreversible loss of the use (paralysis) of both lower limbs;
7. **Hemiplegia** - complete and irreversible loss of the use (paralysis) of the upper and lower limbs on one side of the body;
8. **Thumb and Index Finger** - complete severance through or above the metacarpophalangeal joints;
9. **Speech or Hearing** - entire and unrecoverable loss of speech or hearing.

Insured Employee means an Employee who is enrolled for coverage under this Rider.

Insured Dependent means a Spouse or Dependent Child who is enrolled for coverage under this Rider.

B. FAMILY COVERAGE

If the Employee elects Family coverage and one of his or her dependents suffers a Covered Loss as defined in this Rider, the Dependent Principal Sum will be a percentage of the Employee Principal Sum as follows:

1. If spouse and eligible children are covered:

Spouse Benefit..... 40% of Employee Principal Sum

Child Benefit..... 10% of Employee Principal Sum

2. If there is no spouse:

Child Benefit..... 15% of Employee Principal Sum

3. If there are no eligible dependent children:

Spouse Benefit..... 50% of Employee Principal Sum

C. BENEFICIARY CRITICAL PERIOD

If the family plan has been chosen, an additional benefit will be paid for the accidental loss of life of the Insured or the Insured's spouse. The Covered Person's beneficiary will receive an additional ½% of the deceased person's Principal Sum each month. It will be paid for 12 consecutive months.

No other policy provision or condition is changed in any way by this rider.

D. CHILD CARE CENTER BENEFIT

We will pay this benefit if the Insured and/or the Insured Spouse:

- a) Die(s) as the result of a covered accident; and
- b) Family Plan coverage has been elected; and
- c) Is/are survived by a dependent child who:
 - 1) On the date of the covered accident was enrolled in a legally licensed Child Care Center; or
 - 2) Is enrolled in a legally licensed Child Care Center within 365 continuous days from the date of the covered accident; and
 - 3) Is under 13 years old.

The Child Care Center Benefit is payable for each child who qualifies:

- a) In an amount equal to 2% of the Insured's Principal Sum, but not more than **\$5,000** per year; and
- b) Only while the dependent child continues to be enrolled in a legally licensed Child Care Center.

We will pay this benefit once a year for not more than five straight years, or until the dependent child's 13th birthday, whichever happens first.

This benefit will be payable to the surviving spouse, if the spouse has custody of the child. If there is no surviving spouse, or the child does not live with the spouse, then the benefit will be paid to the child's legally appointed guardian.

If, at the time of the accident, coverage for a dependent child is in force, but there is no dependent child who qualifies, we will pay an additional benefit of **\$1,500** to the Insured's designated beneficiary.

Child Care Center means a facility which:

- a) Is run according to law, including laws and regulations applicable to child care facilities; and
- b) Provides care and supervision for children in a group setting, on a regular, daily basis.

A Child Care Center does not include:

- a) A hospital; or
- b) The child's home; or
- c) Care provided during normal school hours while a child is attending grades one through twelve.

At the end of each twelve-month period following an Insured's death, we will reimburse the claimant. Bills must be submitted to us at the end of the twelve-month period. A twelve-month period starts when the dependent child enters a Child Care Center for the first time after an Insured's death.

No other policy provision or condition is changed in any way by this rider.

E. COMA

If as a result of a covered accident a Covered Person is injured, we will pay an additional benefit if the Covered Person becomes Comatose within 365 days of the accident, and remains Comatose beyond the Waiting Period.

A person is considered "Comatose" or in a Coma, if he is in a profound stupor or state of complete and total unconsciousness, as the result of an accident.

The "Waiting Period" is the **31-day period** from the day the Covered Person becomes Comatose.

We will pay this benefit at the rate of **1% of the Covered Person's Principal Sum per month or 1% of the difference between the Principal Sum and the amount of any benefits paid for loss arising out of the same accident, whichever is less**, from the end of the Waiting Period. We will cease payment on the earliest of:

- a) the end of the month in which the Covered Person dies;
- b) the end of the 11th month for which this benefit is payable;
- c) the end of the month in which the Covered Person recovers from the Coma.

Monthly coma benefit payments will be payable to the Covered Person's legal guardian, or in the event no legal guardian is appointed, to the person, who in the opinion of the Company, is responsible for care of the Covered Person. In the event of the covered person's death, any Accidental Death benefits payable will be paid to the Covered Person's beneficiary.

If the Covered Person dies as a result of the covered accident while the monthly Coma Benefit is payable, benefits will be paid under the policy for Accidental Death; however, in no event shall the total amount paid for all benefits exceed the Covered Person's Principal Sum Amount.

If the Covered Person remains Comatose after this Coma Benefit is payable for **11 straight months**, benefits will be paid under the policy for Accidental Death; however, in no event shall the total amount paid for all benefits exceed the Covered Person's Principal Sum Amount.

If Coma Benefits are payable, benefits will not be payable under any Permanent Total Disability Benefit or Paralysis Benefit in the policy, if any.

ADDITIONAL EXCLUSIONS

In addition to the General Exclusions of the policy the following exclusion is added. Benefits will not be paid for loss caused by or resulting from sickness, disease, bodily infirmity or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

Except for the above, all other terms and conditions shall remain unchanged.

F. CONTINUATION CLAUSE

If the Family Plan is selected, the following benefit will apply at time of loss of life of the Insured Employee:

The Company shall continue coverage for the Insured Employee's dependents for six (6) months. This continuation of coverage shall be at no charge to the dependents and at the Principal Sum percentages applicable prior to the loss of the Insured Employee.

No other policy provision or condition is changed in any way by this rider.

G. EDUCATION BENEFIT

If Proceeds become payable under this Rider for the accidental loss of life of an Insured Employee, who, at the date of the accident had also insured his or her Spouse and Dependent Child(ren) under this Rider, we will pay an additional amount equal to the **lesser** of the following amounts:

1. The actual annual tuition, exclusive of room and board, charged by an Institution of Higher Learning per school year or;
2. 5% of the Insured Employee's Principal Sum; or
3. \$3,750.00 per school year;

to or on behalf of any Insured Dependent Child who, on the date of the accident:

1. was enrolled as a full-time student in any Institution of Higher Learning beyond the 12th grade level; or
2. was at the 12th grade level and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days following the date of the accident.

This benefit is payable annually for a maximum of four consecutive annual payments, but only if the Dependent Child continues his or her education as a full-time student in an Institution of Higher Learning.

If the surviving Spouse enrolls in a professional or trades training program for the purpose of obtaining an independent source of income, we will pay, in addition to all other benefits payable, the actual cost of such training incurred within 30 months from the date of death, up to a maximum of \$3,000.

<p>Dependent Child means any unmarried child under 23 years of age who was dependent upon the Insured Employee for at least 50% of his or her maintenance and support at the time of the Employee's death.</p>

<p>Institution of Higher Learning includes, but is not limited to, any state university, private college or trade school.</p>
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H. TERMINATION OF RIDER

This Rider may be terminated by the Policyholder by giving 31 days written notice to us. We may refuse renewal of this Rider if:

1. The Policyholder fails to furnish promptly any information reasonably requested by us; or
2. The Policyholder fails without good and sufficient cause to perform in good faith obligations pertaining to this Rider; or
3. The Policyholder carries a plan or plans of insurance similar to the coverage provided by this Rider.

This Rider will automatically terminate on the termination date of the Policy to which it is attached.

I. LIMITED AIR TRAVEL COVERAGE.

Insurance provided under this Rider includes riding as a passenger in, boarding or alighting from any aircraft being used for the transportation of passengers, except as follows:

1. if the Insured Person is a pilot or crew member, or if the Insured Person is giving or receiving training or instruction; or
2. while an Insured Person is riding as a passenger or otherwise in an aircraft owned, operated or leased by or on behalf of the Policyholder, or by the employer of the Insured Person if other than the Policyholder, unless a specific written agreement has been obtained from us to provide such coverage.

J. EXCLUSIONS

Even though a loss results from Accidental Bodily Injury, no payment will be made under this Rider if either the Accidental Bodily Injury or the loss are caused by, or incurred as a result of, any of the following:

1. suicide, intentionally self-inflicted injury, or any attempt to injure oneself, while sane or insane;
2. active participation in a riot. "Active participation" does not include being at the scene of a riot during the performance of official duties;
3. war or any act of war, whether declared or undeclared;
4. injury suffered while serving in the military forces of any country;
5. committing or attempting to commit an assault or felony;
6. any sickness or pregnancy existing at the time of the Accidental Bodily Injury;
7. voluntary use or consumption of any poison, chemical compound or drug, except a prescription drug used or consumed in accordance with the directions of the prescribing Physician;
8. heart attack (including but not limited to myocardial infarction) or stroke (including but not limited to cerebrovascular accident);
9. bodily infirmity or disease from bacterial or viral infections, other than infection caused from an Accidental Bodily Injury sustained while the Insured Person was covered under this Rider; or
10. diagnostic test, medical or surgical treatment.

K. INDIVIDUAL TERMINATIONS

The insurance of any Insured Person shall immediately terminate on the earliest of the following dates:

1. on the date this Rider terminates;
2. on the last day of the period for which the Employee has made the required contribution;
3. on the date the Employee's insurance ends under the Group Policy to which this Rider is attached;
4. with respect to a dependent, on the premium due date next following the date he or she ceases to be an eligible dependent.

L. PAYMENT OF CLAIMS

In the event of the Insured Employee's death, we will pay the Proceeds in accordance with the Beneficiary Designation. If no such designation is effective, the Proceeds will be paid in accordance with the Facility of Payment provision of the Group Life Insurance Policy. Any accrued Proceeds unpaid at the Insured Employee's death may, at our option, be paid to the Beneficiary. If there is no surviving Beneficiary, the Proceeds will be paid in accordance with the Facility of Payment provision. All other Proceeds will be payable to the Insured Employee.

M. RATES

<u>Principal Sum</u>	<u>Employee Only Coverage Monthly Cost</u>	<u>Employee and Family Coverage Monthly Cost</u>
\$250,000	\$7.50	\$12.50
\$225,000	\$6.75	\$11.25
\$200,000	\$6.00	\$10.00
\$175,000	\$5.25	\$8.75
\$150,000	\$4.50	\$7.50
\$125,000	\$3.75	\$6.25
\$100,000	\$3.00	\$5.00
\$75,000	\$2.25	\$3.75
\$50,000	\$1.50	\$2.50
\$25,000	\$0.75	\$1.25

LIFEMAP ASSURANCE COMPANY

President





LifeMap Assurance Company™
100 SW Market Street
P.O. Box 1271, MS E-3A
Portland, OR 97207-1271
(503) 721-7161 (800) 794-5390

This Endorsement is effective April 1, 2008.

STATE CERTIFIED DOMESTIC PARTNER ENDORSEMENT

The Policy or Certificate to which this endorsement is attached is amended as follows:

Definition Change. The Definition of “Spouse” shall include state certified domestic partners.

Eligibility for Children of State Certified Domestic Partners. If your Policy provides coverage for Dependents, the children of state certified domestic partners shall be eligible for coverage under the same terms and conditions as children of a Spouse.

Termination of Domestic Partnership. In the event the domestic partnership terminates, the same termination rules that apply for divorce shall apply for termination of the domestic partnership.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

LIFEMAP ASSURANCE COMPANY

Secretary

A handwritten signature in black ink, appearing to read 'Michael D. Johnson'.

President

A handwritten signature in black ink, consisting of a stylized 'L' and 'S'.



LifeMap Assurance Company™
 100 SW Market Street
 P.O. Box 1271, MS E-3A
 Portland, OR 97207-1271
 (503) 721-7161 (800) 794-5390

This Endorsement is effective April 1, 2013.

NON-STATE CERTIFIED DOMESTIC PARTNER ENDORSEMENT

The Definition for “Spouse” shall include non-state certified domestic partners if *all* of the following criteria are met:

- a) you and your domestic partner are in a partnership consisting of two persons in which the same regular and permanent residence has been jointly shared for the preceding six months with the intent to continue doing so indefinitely;
- b) you and your domestic partner are age 18 or older;
- c) you and your domestic partner share a close, personal relationship with each other and are jointly responsible for each other's common welfare, including financial obligations;
- d) you and your domestic partner are each other's sole domestic partner and intend to remain so indefinitely;
- e) neither you nor your domestic partner is legally married to anyone else nor has any other domestic partner;
- f) you and your domestic partner are not more closely related by blood than would bar marriage in your state of residence;
- g) you and your domestic partner were mentally competent to contract when the domestic partnership began; and
- h) you and your domestic partner have completed, signed, and submitted an Affidavit of Non-State Certified Domestic Partnership and understand that:
 - 1) any companies or person, including but not limited to the Employer, who suffer any loss due to any false statement contained in the Affidavit may bring a civil action against either domestic partner to recover their losses, including reasonable attorney's fees; and
 - 2) the information in the Affidavit was provided to the Employer for the sole purpose of determining eligibility for domestic partner benefits.

Eligibility for Children of Non-State Certified Domestic Partners: The children of covered non-state certified domestic partners are eligible under the same terms and conditions as children of a covered Spouse.

Termination of Domestic Partnership

In the event the domestic partnership terminates (including any change in status such that the domestic partners no longer meet any of the requirements outlined above), eligibility ends for the domestic partner and the domestic partner's children (unless such children remain eligible by virtue of their continuing relationship to you) on the last day of the monthly period following the date of termination of the domestic partnership. The domestic partners are required to complete and submit a Termination of Non-State Certified Domestic Partnership form within 30 days of the termination of the domestic partnership. You may not file another Affidavit of Non-State Certified Domestic Partnership within 90 days after a request for termination of a domestic partnership has been received.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

LIFEMAP ASSURANCE COMPANY

Secretary

President