Dearborn National® Life Insurance Company
(A stock life insurance company, herein called the “We” “Us” or “Our”)

Having issued Group Policy No. GFZ71778-0001
(herein called the Policy)

to

The University of Texas System
(therein called the Policyholder)

Group Insurance Certificate

CERTIFIES that You are insured, provided that You qualify under the ELIGIBILITY AND EFFECTIVE DATES provision, become insured and remain insured in accordance with the terms of the Policy. Your insurance is subject to all the definitions, limitations and conditions of the Policy. It takes effect on the effective date stated in the ELIGIBILITY AND EFFECTIVE DATES provision.

This certificate describes Your eligibility for benefits and the terms and provisions of the Policy. It replaces and cancels any other certificate previously issued to You under the Policy.

If the terms and provisions of the Certificate of Coverage (issued to You) are different from the policy (issued to the Policyholder), the Policy will govern. Your coverage may be canceled or changed in whole or in part under the terms and provisions of the Policy.

READ YOUR CERTIFICATE CAREFULLY

Signed for Dearborn National® Life Insurance Company

Secretary

President

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS’ COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS’ COMPENSATION SYSTEM.

Group Voluntary Short-Term Disability Insurance Certificate
Participating

DNL2-610-UT-0915
IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Dearborn National® Life Insurance Company’s toll-free telephone number for information or to make a complaint at

1-800-348-4512

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance

P. O. Box 149104
Austin, TX 78714-9104
FAX: (512) 490-1007
Web: http://www.tdi.texas.gov/
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Dearborn National® Life Insurance Company para informacion o para someter una queja al

1-800-348-4512

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas

P. O. Box 149104
Austin, TX 78714-9104
FAX: (512) 490-1007
Web: http://www.tdi.texas.gov/
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con al Departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.
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SCHEDULE OF BENEFITS

Policyholder: The University of Texas System
Policy Number: GFZ71778-0001
Effective Date: September 1, 2015

Annual Enrollment Period: 7/15 to 7/31

Eligibility: All active benefit eligible employees who are Actively at Work for the Policyholder who are expected to work at least 20 hours per week and to continue in the employment for a term of at least 4½ months or appointed for at least 50% of a standard full-time appointment.

Eligibility Waiting Period: The date of hire or the first day of the month following the date of hire, whichever You elect when You enroll.

Short-Term Disability
STD Benefit
60% of Your Weekly Earnings to a maximum of $693 per week subject to reduction by deductible sources of income or Disability Earnings.

Elimination Period
14 Days - Injury
14 Days – Sickness

Elimination Period is extended to the later of the period shown above or the expiration of Your Sick Leave.

Benefits are Payable on
Day 15 of Injury
Day 15 of Sickness;

Maximum Period Payable
22 weeks following the Elimination Period or until benefits become payable under the Long Term Disability plan, whichever occurs first.

For Disability caused by a Pre-Existing Condition: Up to 4 weeks following the Elimination Period or until benefits become payable under the Long Term Disability plan, whichever occurs first.

Benefits are Payable for Non-occupational disabilities only

Policyholder Contribution 0% of Premium

OTHER FEATURES

- Work Incentive Benefit
- Recurrent Disability
- FMLA Coverage Extension

THIS SCHEDULE OF BENEFITS CANCELS AND REPLACES ALL OTHER SCHEDULES PREVIOUSLY ISSUED TO YOU UNDER THE POLICY. IT OUTLINES THE POLICY FEATURES. THE FOLLOWING PAGES PROVIDE A COMPLETE DESCRIPTION OF THE PROVISIONS OF YOUR CERTIFICATE.
ELIGIBILITY AND EFFECTIVE DATE PROVISIONS

Who is eligible for this insurance?

All active benefit eligible employees who are Actively at Work for the Policyholder who are expected to work at least 20 hours per week and to continue in the employment for a term of at least 4½ months or appointed for at least 50% of a standard full-time appointment are eligible.

The Waiting Period is shown in the Schedule of Benefits.

When does Your Contributory insurance become effective?

Your Contributory coverage will become effective on the latest of the following dates, provided You are Actively at Work on that date:

1. If there is no Waiting Period, the date You are eligible for coverage, if You enroll for coverage on or before that date;

2. If You sign the Enrollment Form during the Waiting Period, the date You are eligible for coverage;

3. If You sign the Enrollment Form after the end of the Waiting Period, but within 31 days after that day, Your coverage will become effective on the first of the month that falls on or next follows the date You sign the Enrollment Form;

4. If You do not sign the Enrollment Form within this 31-day period, You will be considered a late entrant, must wait until the next Annual Enrollment to apply for coverage and must furnish Evidence of Insurability satisfactory to Us before coverage can become effective, unless You qualify because of a Change in Family Status.

a. Initial requests for coverage or requests for changes to existing coverage made during the Annual Enrollment period will become effective on the Policy anniversary date or the date We determine Evidence of Insurability is satisfactory and We provide written notice of approval, whichever is later.

b. Coverage because of a Change in Family Status will become effective on the date You sign the Enrollment Form.

You must be Actively at Work for coverage under the Policy to become effective.

Contributory means You pay all or a portion of the premium for this insurance coverage.

Enrollment Form means the application You complete to apply for coverage under the Policy.

Change in Family Status

If You experience a qualified Change in Family Status, You may enroll for Contributory coverage, apply for additional coverage, or request changes to Your current Contributory benefit program(s) without providing Evidence of Insurability. You must submit the appropriate Enrollment Form within 31 days of the Change in Family Status.

Change in Family Status means changes in the status of Your family, including but not limited to:

1. You get married;
2. You have a dependent child, or You adopt or become the legal guardian of a dependent child;
3. Your Spouse dies or You become divorced;
4. Your dependent child becomes emancipated or dies;
5. Your Spouse is no longer employed, resulting in a loss of group insurance, or;
6. You have a change in classification which results in You changing from part-time to full-time, or full-time to part-time.
7. You return to work after a leave of absence.

**What happens if You take a leave of absence?**

You have two options if You take a leave of absence:

1. You may continue Your coverage for the period of the leave of absence provided Your premium is paid; or
2. You may terminate Your coverage effective the date Your leave of absence begins.

If You continue Your coverage and return to work on the first work day following the end of Your leave of absence, Your coverage will continue.

If You do not return to work on the first work day following the date Your leave of absence ends, Your coverage will terminate on the date Your leave of absence ended.

If You terminate Your coverage when Your leave of absence begins or before the end of the approved leave of absence period, You must re-enroll when You return to work after a leave of absence. Evidence of Insurability is required if You do not re-enroll within 31 days of returning to work after a leave of absence.

**When is Evidence of Insurability required?**

Evidence of Insurability is required if:

1. You are a late entrant, which means You enroll for insurance more than 31 days after the date You are eligible for insurance; or
2. You voluntarily canceled Your insurance and are reapplying.

Evidence of Insurability means a statement of Your medical history which We will use to determine if You are approved for coverage. Evidence of Insurability will be provided at Our expense.

Evidence of Insurability Form means a form provided or approved by Us on which you provide a statement of your medical history.

You may obtain an Evidence of Insurability Form from the Policyholder.

**What is an Annual Enrollment period?**

Unless otherwise specified, Annual Enrollment Period means the period of time prior to the Policy anniversary date. Your Annual Enrollment Period is shown on the Schedule of Benefits.

Eligible Employees may enroll in the Plan, apply for additional coverage, or request changes to their current Voluntary Benefit program(s) only during the Annual Enrollment, unless they qualify because of a Change in Family Status. Employees hired after an Annual Enrollment period may enroll within 31 days following their eligibility date. If a new Employee does not elect Voluntary coverage within that time period, he must wait for the next the Annual Enrollment to enroll unless they qualify because of a Change in Family Status.

Initial requests for coverage or requests for changes to existing coverage made during the Annual Enrollment period will become effective on the Policy anniversary date or the date We determine Evidence of Insurability is satisfactory and We provide written notice of approval, whichever is later.
If You are not Actively at Work, when does coverage become effective?

If You are absent from Active Work on the date Your coverage would otherwise become effective; and Your absence is caused by an injury, illness or layoff, Your effective date for any initial coverage or increased coverage will be deferred until the first day You return to Active Work. However, You will be considered Actively at Work on any day that is not Your regularly scheduled work day (including but not limited to a weekend, vacation, or holiday) if You were Actively at Work on the immediately preceding scheduled work day and You were:

1. not Hospital Confined; or
2. disabled due to an Injury or Sickness.

Who pays for Your coverage?

You pay the entire cost of Your coverage.

What happens if We are replacing an existing policy?

Benefits are payable for a Disability caused by, contributed to, or resulting from a Pre-existing Condition. The Gross STD Weekly Benefit is equal to 60% of Your Weekly Earnings up to a maximum Gross STD Weekly Benefit of $693 and reduced by the Deductible Sources of Income or Disability Earnings. The benefit is payable for up to 4 weeks.

Eligibility after You Terminate Employment

If Your coverage ends due to termination of employment, You must meet all the requirements of a new Employee if You are rehired at a later date.

Exception: If Your coverage ends due to termination of employment and you return to Active Work in an eligible class within 6 months, we will not:

1. apply a new Eligibility Waiting Period;
2. apply a new Pre-existing Condition Exclusion;
3. require Evidence of Insurability.
SHORT-TERM DISABILITY BENEFITS

How do We define Disability?

Disability or Disabled means that You satisfy the definition of either Total Disability or Partial Disability and You are receiving Appropriate and Regular Care for Your condition from a Doctor.

Unless periods of Disability are separated by Your return to Active Work for at least 14 consecutive days, successive periods of Disability resulting from injuries received in any one Accident or from any one Sickness or related Sickneses will be considered one period of Disability.

How do We define Total Disability?

If the institutions are in session, Total Disability or Totally Disabled means that due to Sickness or Injury You are continuously unable to perform the Material and Substantial Duties of Your Regular Occupation, and Your Disability Earnings, if any, are less than 20% of Your pre-disability Weekly Earnings.

If the institutions are not in session, Total Disability or Totally Disabled means that due to Sickness or Injury You would be continuously unable to perform the Material and Substantial Duties of Your Regular Occupation, and Your Disability Earnings, if any, would be less than 20% of Your pre-disability Weekly Earnings.

How do We define Partial Disability?

If the institutions are in session, Partial Disability or Partially Disabled means that:

1. During the Elimination Period You are able to perform some but not all of the Material & Substantial Duties of Your Regular Occupation; and
2. After the Elimination Period, due to Injury or Sickness, You are able to perform some but not all of the Material and Substantial Duties of Your Regular Occupation; and Your Disability Earnings, if any, are at least 20% but less than or equal to 80% of Your pre-disability Weekly Earnings.

If the institutions are not in session, Partial Disability or Partially Disabled means that:

1. During the Elimination Period You would be unable to perform some but not all of the Material & Substantial Duties of Your Regular Occupation; and
2. After the Elimination Period, due to Injury or Sickness, You would be able to perform some but not all of the Material and Substantial Duties of Your Regular Occupation; and Your Disability Earnings, if any, would be at least 20% but less than or equal to 80% of Your pre-disability Weekly Earnings.

You will no longer be considered Partially Disabled when You are able to increase Your current earnings by increasing the number of hours You work or the number of duties You perform in Your Regular Occupation but You do not do so.

Loss of Professional License or Certification

If You require a professional license or certification for Your occupation, loss of that professional license or certification does not in and of itself constitute Disability.

What is the Elimination Period and how is it satisfied?

The Elimination Period is a period of continuous Disability which must be satisfied before You are eligible to receive benefits from Us. It is shown in the Schedule of Benefits and begins on Your Date of Disability.
If you temporarily recover and return to work, we will treat your disability as continuous if you return to work for a period of less than or equal to one-half the elimination period rounded up to the next whole number, not to exceed 7 days. The days that you are not disabled will not count toward your elimination period.

If you return to work for a period greater than one-half the elimination period, or 14 days, whichever is less, and become disabled again, you will have to begin a new elimination period.

**Can you satisfy your elimination period if you are working?**

You can satisfy your elimination period if you are working, provided you meet the definition of disability.

**What disability benefit are you eligible to receive?**

If you are disabled and receiving appropriate and regular care for your condition from a doctor, you are eligible to receive one of the following at any given time:

1. an STD weekly benefit; or
2. a work incentive benefit.

While you are disabled, you might be eligible to receive one or the other of the above, but you cannot receive more than one of these benefits at the same time.

**What is your STD weekly benefit and how is it calculated?**

Your STD weekly benefit will be based on your weekly earnings as reported to us by the policyholder. An STD weekly benefit will be payable after the end of the elimination period if you are disabled.

We will calculate your gross STD weekly benefit amount as follows:

1. Multiply your weekly earnings by 60%.
2. The maximum STD weekly benefit is $693.
3. Compare the answers from item 1 and item 2. The lesser of these two amounts is your gross STD weekly benefit.
4. Subtract the deductible sources of income from your gross STD weekly benefit. The resulting figure is your net STD weekly benefit.

If a benefit is payable for less than one week, STD weekly benefit payments will be made at a daily rate of 1/7th the weekly benefit.

**Can you work and still receive benefits?**

While partially disabled, you may qualify for the work incentive benefit.

**What is the work incentive benefit and how is it calculated?**

A work incentive benefit will be payable if you are disabled and gainfully employed after the end of the elimination period, or after a period during which you received STD weekly benefits.

The work incentive benefit will be calculated while you are gainfully employed as follows:

1. We will add together the gross STD weekly benefit and your disability earnings and compare to pre-disability weekly earnings.
2. If the total amount in Item 1 exceeds 100% of pre-disability *Weekly Earnings*, the Work Incentive Benefit will be equal to the *Net STD Weekly Benefit* reduced by the amount of the excess.

3. If the total amount in Item 1 does not exceed 100% of pre-disability *Weekly Earnings*, the Work Incentive Benefit will be equal to the *Net STD Weekly Benefit* amount.

The Work Incentive Benefit will cease on the earliest of the following:

1. the date *You* are no longer *Disabled*; or
2. the end of the *Maximum Period Payable*.

The payment of a Work Incentive Benefit, combined with *Your STD Weekly Benefit*, will not extend the *Maximum Period Payable*, as shown on the *Schedule of Benefits*.

What are the Deductible Sources of Income?

The *Gross STD Weekly Benefit* under the Policy will be reduced by *Disability* benefits paid under any State Teachers Retirement System, Public Employees Retirement System or School Employees Retirement System.

*Act or Law* means the original enactment of the law or act and all amendments.

Proration of Lump Sum Awards

If any Deductible Source of Income described above is paid in a single sum through compromise settlement or as an advance on future liability, *We* will determine the amount of reduction to *Your Gross STD Weekly Benefit* as follows:

1. *We* will divide the amount paid by the number of weeks for which the settlement or advance was provided; or
2. If the number of weeks for which the settlement or advance is made is not known, *We* will divide the amount of the settlement or advance by the expected remaining number of weeks for which *We* will provide benefits for *Your Disability* based on the *Proof of Disability* which *We* have, subject to a maximum of 26 weeks.

What other sources of income are not deductible?

*We* will not reduce *Your Gross STD Weekly Benefit* under the Policy by any of the following:

1. deferred compensation arrangements such as 401(k), 403(b) or 457 plans;
2. credit disability insurance;
3. pension plans for partners;
4. military pension and Disability income plans;
5. franchise disability income plans;
6. individual disability income plans;
7. a retirement plan from another Employer;
8. profit sharing plans;
9. thrift or savings plans;
10. individual retirement account (IRA);
11. tax sheltered annuity (TSA);
12. stock ownership plan.
What happens if Your Deductible Sources of Income increase?

The Net STD Weekly Benefit will not be further reduced for subsequent cost-of-living increases which are paid, payable, or for which You or Your dependents are eligible under any Deductible Source of Income shown above.

How long will You receive benefits under the Policy?

We will send You a payment for each week of Disability up to the Maximum Period Payable as shown in the Schedule of Benefits. Payment of benefits is also subject to any benefit duration limitation pertaining to Your Disability.

What happens if Your Disability recurs?

If Disability for which benefits were payable ends but recurs due to the same or related causes less than 14 days after the end of a prior Disability, it will be considered a resumption of the prior Disability. Such recurrent Disability shall be subject to the provisions of the Policy that were in effect at the time the prior Disability began.

Disability which recurs more than 14 days after the end of a prior Disability is subject to:

1. a new Elimination Period;
2. a new Maximum Period Payable; and
3. the other provisions of the Policy that are in effect on the date the Disability recurs.

Disability must recur while Your coverage is in force under the Policy.
EXCLUSIONS AND LIMITATIONS

What are the exclusions and limitations under the Policy?

The Policy does not cover any loss or Disability caused by, resulting from, arising out of or substantially contributed to, directly or indirectly, by any one or more of the following:

1. a Pre-Existing Condition, except as provided under the “What happens if We are replacing an existing policy?” section;
2. commission of, participation in, or an attempt to commit an assault or felony;
3. Intentionally self-inflicted injuries;
4. attempted suicide, regardless of mental capacity;
5. Occupational Injury or Sickness;
6. participation in a war, declared or undeclared, or any act of war.

Furthermore:

1. Benefits are not payable if Your Disability Earnings exceed 80% of Your pre-disability Weekly Earnings.
2. Benefits are not payable if You are able to return to work in Your Regular Occupation on a part-time basis but You do not.
3. Benefits are not payable for any period during which You are confined to a penal or correctional institution if the period of confinement exceeds 30 days.

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TERMINATION OF COVERAGE

When will Your insurance terminate?

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

1. the date on which the Policy is terminated;
2. the date at the end of the period for which premium has been paid if the Employer fails to pay the required premium for You within 90 days after the premium due date, except for an inadvertent error; or
3. the date You:
   a. are no longer a member of a class eligible for this insurance,
   b. request termination of coverage under the Policy,
   c. are retired or pensioned, or
   d. cease work because of a leave of absence (see Extension of Coverage below), furlough, layoff, or temporary work stoppage due to a labor dispute, unless We and the Policyholder have agreed in writing in advance of the leave to continue insurance during such period. Orders to active military service for 2 months or less will be covered subject to continued payment of premium.

Termination will not affect Your claim for a covered loss which began while the coverage was in force.

Extension of Coverage

Subject to payment of the required premium when due, Your coverage under the Policy will be extended until the end of the period shown for each of the following reasons:

1. leave of absence, agreed to in writing by Your Employer: 24 months
2. sabbatical leave, agreed to in writing by Your Employer: 24 months

Will coverage be continued if You are eligible for leave under FMLA?

In the event You are eligible for and the Policyholder approves a leave under the Family and Medical Leave Act of 1993 (FMLA), or any applicable state family and medical leave law (State FML), provided the required premium continues to be paid, Your insurance will continue for a period of up to the later of:

1. the leave period permitted by the federal Family and Medical Leave Act of 1993 and any amendments; or
2. the leave period permitted by applicable state law.

You are eligible for leave under this Act in order to provide care:

1. After the birth of a child; or
2. After the legal adoption of a child; or
3. After the placement of a foster child in Your home; or
4. To a spouse, child or parent due to their serious illness; or
5. For Your own serious health condition.

While granted a Family or Medical Leave of Absence:

1. The Policyholder must remit the required premium according to the terms of the Policy; and
2. coverage will terminate if You do not return to work as scheduled according to the terms of Your agreement with the Policyholder.
FILING A CLAIM

What are the Claim Filing Requirements?

Initial Notice of Claim

We ask that You notify Us of Your claim as soon as possible, so that We may make a timely decision on Your claim. The Policyholder can assist You with the appropriate telephone number and address of Our Claim Department. You must send Us written notice of Your Disability within 30 days of the Date of Disability, or as soon as reasonably possible. Notice may be sent to Our Claim Department at the address shown on the claim form or given to Our Agent.

Written Proof of Loss

Within 15 days of Our being notified in writing of Your claim, We will supply You with the necessary claim forms. The claim form is to be completed and signed by You, the Policyholder and Your Doctor. If You do not receive the appropriate claim forms within 15 days, then You will be considered to have met the requirements for written proof of loss if We receive written proof, which describes the occurrence, extent and nature of loss as stated in the Proof of Disability provision.

Time Limit for Filing Your Claim

You must furnish Us with written proof of loss within 91 days after the end of Your Elimination Period. The length of the Elimination Period is shown in the Schedule of Benefits. If it is not possible to give Us written proof within 91 days, the claim is not affected if the proof is given as soon as possible. However, unless You are legally incapacitated, written proof of loss must be given no later than 1 year after the time proof is otherwise due.

No benefits are payable for claims submitted more than 1 year after the time proof is due. However, You can request that benefits be paid for late claims if You can show that:

1. It was not reasonably possible to give written proof during the 1 year period, and
2. Proof of loss satisfactory to Us was given as soon as was reasonably possible.

Proof of Disability

The following items, supplied at Your expense, must be a part of Your proof of loss. Failure to provide complete proof of loss may delay, suspend or terminate Your benefits.

1. The date Your Disability began;
2. The cause of Your Disability;
3. The prognosis of Your Disability;
4. Proof that You are receiving Appropriate and Regular Care for Your condition from a Doctor, who is someone other than You or a member of Your immediate family, whose specialty or expertise is the most appropriate for Your disabling condition(s) according to Generally Accepted Medical Practice.
5. Objective medical findings which support Your Disability. Objective medical findings include but are not limited to tests, procedures, or clinical examinations standardly accepted in the practice of medicine, for Your disabling condition(s).
6. The extent of Your Disability, including restrictions and limitations which are preventing You from performing Your Regular Occupation.
8. If You were contributing to the premium cost, the Policyholder must supply proof of Your appropriate payroll deductions.
9. The name and address of any hospital or health care facility where You have been treated for Your Disability.
10. If applicable, proof of incurred costs covered under other benefit provisions in the Policy.
Continuing Proof of Disability

You may be asked to submit proof that You continue to be Disabled and are continuing to receive Appropriate and Regular Care of a Doctor. Requests of this nature will only be made as often as reasonably necessary but not more frequently than once every 3 months. If required, this will be at Your expense and must be received within 45 days of Our request. Failure to comply with such a request may delay, suspend or terminate Your benefits.

Examination

At Our expense, We have the right to have You examined as often as reasonably necessary while the claim continues. Failure to comply with this examination may result in denial, suspension or termination of benefits, unless We agree You have a valid and acceptable reason for not complying.

Authorization and Documentation You will be asked to supply

1. You will be required to provide signed authorization for Us to obtain and release all reasonably necessary medical, financial or other non-medical information in support of Your Disability claim. Failure to submit this information may deny, suspend or terminate Your benefits.
2. You will be required to supply proof that You have applied for other Deductible Sources of Income such as Workers’ Compensation or Social Security Disability benefits, when applicable.
3. You will be required to notify Us when You receive or are awarded other Deductible Sources of Income. You must tell Us the nature of the Deductible Source of Income, the amount received, the period to which the benefit applies, and the duration of the benefit if it is being paid in installments.

Time of Payment of Claim

As soon as We have all necessary substantiating documentation for Your Disability claim, We will pay Your benefit at least as frequently as once every two weeks, as long as You continue to qualify for it.

We will pay benefits to You unless otherwise indicated. If You die while Your claim is open, any due and unpaid Disability benefit will be paid, at Our option, to the surviving person or persons in the first of the following classes of successive preference beneficiaries: Your: 1) Spouse; 2) children including legally adopted children; 3) parents; or 4) Your estate.

If any benefit is payable to an estate, a minor or a person not competent to give a valid release, We may pay up to $1,000 to any relative or beneficiary of Yours whom We deem to be entitled to this amount. We will be discharged to the extent of such payment made by Us in good faith.

Can You assign Your benefits?

Your benefits are not assignable, which means that You may not transfer Your benefits to anyone else.

What will happen if a claim is overpaid?

A claim overpayment can occur when You receive a retroactive payment from a Deductible Source of Income, when We inadvertently make an error in the calculation of Your claim; or if fraud occurs. The overpayment amount equals the amount We paid in excess of the amount We should have paid under the Policy.

We have the right to recover from You any amount that is an overpayment of benefits under the Policy. You must refund to us the overpaid amount. We may also, without forfeiting our right to collect an overpayment through any means legally available to Us, recover all or any portion of an overpayment by reducing or withholding future benefit payments, including the Minimum Weekly Benefit.
In an overpayment situation, *We* will determine the method by which the repayment is made. *You* will be required to sign an agreement with *Us* which details the source of the overpayment, the total amount *We* will recover and the method of recovery. If *STD Weekly Benefits* are suspended while recovery of the overpayment is being made, suspension will also apply to the minimum *STD Weekly Benefits* payable under the Policy.

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*Subrogation – Right of Reimbursement*

When any claim payment is made, *We* reserve any and all rights to subrogation and/or reimbursement to the fullest extent allowed by statute and customary practice. Any party to this contract shall not perform any act that will prejudice such rights without prior agreement with *Us*. *We* will bear any expenses associated with *Our* pursuit of subrogation or recovery.

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UNIFORM PROVISIONS

Entire Contract; Changes
The Policy, the Policyholder’s application, the Employee's certificate of coverage, and Your application, if any, and any other attached papers, form the entire contract between the parties. Coverage under the Policy can be amended by mutual consent between the Policyholder and Us. No change in the Policy is valid unless approved in writing by one of Our officers. No agent has the right to change the Policy or to waive any of its provisions.

Statements on the Application
In the absence of fraud, all statements made in any signed application are considered representations and not warranties (absolute guarantees). No representation by:
1. the Policyholder in applying for the Policy will make it void unless the representation is contained in the signed application; or
2. any Employee in applying for insurance under the Policy will be used in defense to claim under the Policy unless it is contained in a written application signed by the Insured and a copy of such application is or has been given to him or to his personal representative.

Legal Actions
Unless otherwise provided by federal law, no legal action of any kind may be filed against Us:
1. until 60 days after proof of claim has been given; or
2. more than 3 years after proof of Disability must be filed, unless the law in the state where You live allows a longer period of time.

Clerical Error
Clerical error or omission by Us to the Policyholder will not:
1. Prevent You from receiving coverage, if You are entitled to coverage under the terms of the Policy; or
2. Cause coverage to begin or coverage to continue for You when the coverage would not otherwise be effective.

If the Policyholder gives Us information about You that is incorrect, We will:
1. Use the facts to decide whether You have coverage under the Policy and in what amounts; and
2. Make a fair adjustment of the premium.

Misstatement of Age
If Your age has been misstated, an equitable adjustment will be made in the premium.

Note: A refund of premium will not be made for a period more than twelve months before the date the Company is advised of the error.

Incontestability
The validity of the Policy shall not be contested, except for non-payment of premiums, after it has been in force for two years from the date of issue. The validity of the Policy shall not be contested on the basis of a statement made relating to insurability by any person covered under the Policy after such insurance has been in force for two years.
during such person's lifetime, and shall not be contested unless the statement is contained in a written instrument signed by the person making such statement.

**Conformity with State Statutes and Regulations**

If any provision of the Policy conflicts with the statutes and regulations of the state in which the Policy was issued or delivered, it is automatically changed to meet the minimum requirements of the statute.

**Workers' Compensation or State Disability Insurance**

The Policy is not in place of, and does not affect the requirements for coverage by any workers’ compensation or state disability insurance.

**Premium Provisions**

The **Policyholder** has agreed to deduct from **Your** pay any premiums payable for **Your Contributory** insurance coverage and to remit such premiums for the entire time coverage under the Policy is in effect.

Premium charges will begin on the premium due date which coincides with or follows the addition of coverage. Premium charges for termination of coverage will end on the premium due date which coincides with or next follows the termination. If **Your Weekly Earnings** increase during the plan year (any time other than September 1) the premium adjustment will take effect on the following September 1.

This method of charging premium is for accounting purposes only. It will not extend any insurance coverage beyond the date it would otherwise have terminated.

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**DEFINITIONS**

The following are key words and phrases used in this certificate. When these words and phrases, or forms of them, are used, they are capitalized and italicized in the text. As **You** read this certificate, refer to these definitions.

**Accident** or **Accidental** means a sudden, unexpected event that was not reasonably foreseeable.

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**Actively at Work** or **Active Work** means that **You** must be:

1. working for the **Policyholder** on an active basis; or
2. working at least the minimum number of hours shown in the Schedule of Benefits: and either:
   a. working at the **Policyholder’s** usual place of business; or
   b. working at a location to which the **Policyholder’s** business requires **You** to travel;
3. are paid regular earnings by the **Policyholder**.

If the institutions are not in session, **Actively at Work** means **You** would be working for the **Policyholder** for earnings that are paid regularly and **You** would be able to perform the **Material and Substantial Duties of Your Regular Occupation**.

**You** will be considered **Actively at Work** if **You** were actually at work on the day immediately preceding:

1. a weekend (except for one or both of these days if they are scheduled days of work);
2. holidays (except when such holiday is a scheduled work day);
3. paid vacations;
4. any non-scheduled work day;
5. excused leave of absence (except medical leave and lay-off); and
6. emergency leave of absence (except emergency medical leave); and
You were not *Hospital Confined* or disabled due to an *Injury* or *Sickness*.

**Accumulated Sick Leave or Salary Continuation** means continued payments to *You* by *Your* Employer of all or part of your *Weekly Earnings* after *You* become *Disabled* as defined by the Policy. This continued payment must be part of an established plan maintained by your Employer for the benefit of all Employees covered under the Policy. *Accumulated Sick Leave or Salary Continuation* does not include compensation paid to *You* by *Your* Employer for work *You* actually perform after *Your* *Disability* begins. Such compensation is considered *Disability Earnings*.

**Act** or **Law** means the original enactment of the law or act and all amendments.

**Annual Enrollment Period** means a period of time during which eligible Employees may apply for Voluntary STD coverage or request changes to their STD benefit plan. The *Annual Enrollment Period* is shown on the *Schedule of Benefits*.

**Application** means the document which sets forth the eligible classes, the amounts of insurance, and other relevant information pertaining to the plan of insurance for which the *Policyholder* applied.

**Appropriate and Regular Care** means that *You* are regularly visiting a *Doctor* as frequently as medically required to meet *Your* basic health needs. The effect of the care should be of demonstrable medical value for *Your* disabling condition(s) to effectively attain and/or maintain *Maximum Medical Improvement*.

**Contributory** means you pay all or a portion of the premium for this insurance coverage.

**Date of Disability** means the date *We* determine that *You* are *Disabled*.

**Disability Earnings** means the wage or salary *You* earn from *Gainful Employment* after a *Disability* begins. Any lump sum payment will be prorated, based on the time over which it accrued or the period for which it was paid.

If *Your* *Disability Earnings* routinely fluctuate widely from week to week, *We* may average *Your* *Disability Earnings* over the most recent three weeks to determine if *Your* claim should continue. If *We* average *Your* *Disability Earnings*, *We* will not terminate *Your* claim unless the average of *Your* *Disability Earnings* from the last three weeks exceeds 20% of *Your* *Weekly Earnings*.

**Doctor** means a person legally licensed to practice medicine, psychiatry, psychology or psychotherapy, who is neither *You* nor a member of *Your* immediate family. A licensed medical practitioner is a *Doctor* if applicable state law requires that such practitioners be recognized for purposes of certification of *Disability*, and the treatment provided by the practitioner is within the scope of his or her license.

**Elimination Period** means the number of calendar days at the beginning of a continuous period of *Disability* for which no benefits are payable. The *Elimination Period* is shown in the *Schedule of Benefits*.

**Employee** means an *Actively at Work* employee whose principal employment is with the Employer, at the Employer’s usual place of business or such place(s) that the Employer’s normal course of business may require, who
is *Actively at Work* for the minimum hours per week as stated in the Application and is reported on the Employer’s records for Social Security and withholding tax purposes.

**Employer** means the *Policyholder* and includes any division, subsidiary, or affiliated company named in the Policy.

**Evidence of Insurability** means a statement of *Your* medical history which *We* will use to determine if *You* are approved for coverage. **Evidence of Insurability** will be provided at *Our* expense.

**Evidence of Insurability Form** means a form provided or approved by Us on which you provide a statement of your medical history.

**Gainful Employment** or **Gainfully Employed** means the performance of any occupation for wages, remuneration or profit, for which *You* are qualified by education, training or experience on a full-time or part-time basis.

**Generally Accepted Medical Practice** means care and treatment which is consistent with relevant guidelines of national medical, research and health care coverage organizations and governmental agencies.

**Gross STD Weekly Benefit** means that benefit shown in the *Schedule of Benefits* which applies to *You*.

**Hospital** means either of the following:

1. A licensed hospital which
   a. maintains on the premises all facilities necessary for major surgical treatment,
   b. provides such treatment on an inpatient basis for compensation under the full-time supervision of licensed physicians, and
   c. provides 24-hour service by registered graduate nurses.
2. A free-standing surgical facility which maintains on the premises all facilities necessary for major surgical treatment.

The term *Hospital* does not include an institution which is primarily a place for rest or convalescence, a place for the aged, a nursing home, a place for the treatment of alcohol or drug abuse or any facility primarily affording custodial, educational, or rehabilitative care.

**Injury** means bodily injury that is the direct result of an *Accident* and not related to any other cause. The *Injury* must occur, and *Disability* resulting from the *Injury* must begin while *You* are covered under the *Policy*. *Injury* that occurs before *You* are covered under the *Policy* will be treated as a *Sickness*.

**Male pronoun**, whenever used, includes the female.

**Material and Substantial Duties** means duties that:

1. are normally required for the performance of *Your Regular Occupation*; and
2. cannot be reasonably omitted or modified, except that if *You* are required to work on average in excess of 40 hours per week, *We* will consider *You* able to perform that requirement if *You* have the capacity to work 40 hours.
**Maximum Medical Improvement** is the level at which, based on reasonable medical probability, further material recovery from, or lasting improvement to, an *Injury* or *Sickness* can no longer be reasonably anticipated.

**Maximum Period Payable**, as shown in the Schedule of Benefits, means the longest period of time that *We* will make payments to *You* for any one period of *Disability*.

**Net STD Weekly Benefit** means the *Gross STD Weekly Benefit* less the Deductible Sources of Income.

**Policyholder** means the person, firm, or institution named in the Policy, including any covered subsidiaries or affiliates named in the Policy.

**Pre-existing Condition** means a condition which;

1. was caused by, or results from a *Sickness* or *Injury* for which *You* received medical treatment, or advice was rendered, prescribed or recommended whether or not the *Sickness* was diagnosed at all or was misdiagnosed within 3 months prior to *Your* effective date; and
2. results in a *Disability* which begins in the first 12 months after *Your* effective date.

**Prior Policy** means the group disability insurance policy issued to the *Policyholder* whose coverage terminated immediately prior to the Policy Effective Date.

**Regular Occupation** means the occupation that *You* are routinely performing when *Your* *Disability* begins. *We* will look at *Your* occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific *Policyholder* or at a specific location.

**Schedule of Benefits** means the schedule which is a part of this certificate.

**Sickness** means sickness or disease causing *Disability* which begins while *You* are covered under the Policy.

**STD** means Short-Term Disability.

**STD Weekly Benefit** means the *STD Weekly Benefit* shown in the Schedule of Benefits which applies to *You*.

**Waiting Period** as shown in the Schedule of Benefits means the continuous length of time immediately before *Your* Effective Date during which *You* must be in an Eligible Class. Any period of time prior to the Policy Effective Date *You* were *Actively at Work* for *Your* Employer will count towards completion of the *Waiting Period*.

**Weekly Earnings** will equal the greater of:

1. 1/52nd of *Your* last reported gross annual income from *Your Employer* in effect on the day immediately prior to *Your Date of Disability*; or
2. 1/52nd of *Your* gross annual income from *Your Employer* in effect on the September 1 immediately prior to *Your Date of Disability*.
It includes:
1. hazardous duty pay;
2. longevity pay;
3. employee contributions made through a salary reduction agreement with *Your* Employer to an IRC Section 401(k), 403(b), 501(c)(3), 457 deferred compensation plan, or any other qualified or non-qualified employee Retirement Plan or deferred compensation arrangement; and
4. amounts contributed to *Your* fringe benefits according to a salary reduction arrangement under an IRC Section 125 plan.

It does not include:
1. commissions;
2. bonuses;
3. overtime pay;
4. *Your* Employer’s contribution on *Your* behalf to a Retirement Plan or deferred compensation arrangement; or
5. any other extra compensation.

*We, Our* and *Us* mean the Dearborn National® Life Insurance Company, Chicago, Illinois.

*You, Your* and *Yours* means the Employee to whom this certificate is issued and whose insurance is in force under the terms of the Policy.
IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE
TEXAS LIFE, ACCIDENT, HEALTH AND HOSPITAL SERVICE INSURANCE GUARANTY
ASSOCIATION
(For insurers declared insolvent or impaired on or after September 1, 2011)

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association (“the Association”) administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the Texas Insurance Code, Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (regardless of where the policyholder lived when the policy was issued)
- Residents of other states, ONLY if the following conditions are met:
  1. The policyholder has a policy with a company domiciled in Texas;
  2. The policyholder’s state of residence has a similar guaranty association; and
  3. The policyholder is not eligible for coverage by the guaranty association of the policyholder’s state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:
- For each individual covered under one or more policies: up to a total of $500,000 for basic hospital, medical-surgical, and major medical insurance, $300,000 for disability or long term care insurance, and $200,000 for other types of health insurance.

Life Insurance:
- Net cash surrender value or net cash withdrawal value up to a total of $100,000 under one or more policies on any one life; or
- Death benefits up to a total of $300,000 under one or more policies on any one life; or
- Total benefits up to a total of $5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:
- Present value of benefits up to a total of $250,000 under one or more contracts on any one life.

Group Annuities:
- Present value of allocated benefits up to a total of $250,000 on any one life; or
- Present value of unallocated benefits up to a total of $5,000,000 for one contractholder regardless of the number of contracts.

Aggregate Limit:
- $300,000 on any one life with the exception of the $500,000 health insurance limit, the $5,000,000 multiple owner life insurance limit, and the $5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life and Health insurance Guaranty Association
515 Congress Avenue, Suite 1875
Austin, Texas 78701
800-982-6362 or www.txlifega.org

Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104
800-252-3439 or www.tdi.texas.gov

TX Guaranty Association Notice 1114
Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National®, Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.