Nippon Life Benefits

CL MOORE & ASSOCIATES
SARAH J WEBER ACADEMY

EFFECTIVE SEPTEMBER 1, 2018

Group Plan Booklet Certificate

Member Life Insurance
Member Accidental Death and Dismemberment Insurance

In any discrepancy between this on-line Group Plan Booklet Certificate and the master contract, the master contract will govern. This on-line Group Plan Booklet Certificate does not guarantee benefits or eligibility. All terms, provisions, conditions, limitations, and exclusions shown in the Group Plan Booklet Certificate and master policy (including any supplements) will apply. Copies of the Group Plan Booklet Certificate may be obtained from the Plan Administrator.

The Member's coverage has been designed to provide financial help for the Member when a covered loss occurs. The coverage is established through a Group Policy issued by Nippon Life Insurance Company of America ("the Company") to the Policyholder.

Members' rights and benefits are determined by the provisions of the Group Policy, but will never be less than the rights and benefits described in this booklet-certificate. This booklet-certificate outlines what the Member must do to be insured. It explains how to file claims. It is the Member's booklet-certificate while he or she is insured. Members may inspect a copy of the Group Policy upon Written request to the Company or the Policyholder. The Company certifies that the Member is insured for the benefits described in the booklet-certificate, subject to the provisions of the booklet-certificate.

The Member should keep his or her applications, enrollment forms, Proof of Good Health, if any, any change of Beneficiary or change of name forms, or other similar forms with his or her booklet-certificate after the form has been recorded by the Company and returned to him or her.

The Member is covered only for those coverages shown on the Member's application. Benefits and provisions shown in the booklet-certificate for coverages other than those marked "yes" on the Member's application are not applicable to the Member.

THIS BOOKLET-CERTIFICATE REPLACES ANY PRIOR BOOKLET-CERTIFICATE THAT THE MEMBER MAY HAVE RECEIVED. The Member should remove enrollment material from his or her prior booklet-certificate, place it with this booklet-certificate, and destroy the prior booklet-certificate. If the Member has any questions about this new booklet-certificate, he or she should contact the Policyholder. In the event of future Group Policy changes, the Member will be provided with a new booklet-certificate or a booklet-certificate rider.

PLEASE READ THIS BOOKLET-CERTIFICATE CAREFULLY. The Company suggests that the Member start with a review of the terms listed in the DEFINITIONS Section (at the back of the booklet-certificate). The meanings of these terms will help the Member understand the coverage.

The Group Policy and the Member's coverage under the Group Policy may be discontinued or altered by the Policyholder or the Company at any time without the Member's consent.

ACCELERATED BENEFITS - Benefits paid as shown in this booklet-certificate for Accelerated Benefits are an advance of a portion of the Member's Life Insurance benefit. This provision:

- **accelerates and reduces the Member's death benefit and Premium;**
- **is not intended to be used as long term care insurance.**

Effect on Government Benefits. If the Member receives payment of Accelerated Benefits, the Member may lose his or her right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. The Member should seek additional information from his or her personal tax advisor about the tax status of the accelerated death benefit payment.

The coverage provided in this booklet-certificate is subject to the laws of the state of Michigan.

NIPPON LIFE INSURANCE COMPANY OF AMERICA
7115 Vista Drive, West Des Moines, Iowa 50266
1-800-374-1835 http://www.nipponlifebenefits.com

GROUP TERM LIFE INSURANCE
RENEWABLE TERM - NONPARTICIPATING

TABLE OF CONTENTS

Page

SUMMARY OF BENEFITS....... 1

HOW TO BE COVERED - MEMBER....... 4

TERMINATION....... 7

CONTINUATION....... 8

CONVERSION - MEMBER....... 11

DESCRIPTION OF BENEFITS – MEMBER LIFE INSURANCE....... 13

DESCRIPTION OF BENEFITS – ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE 18

CLAIM PROCEDURES....... 20

Life Insurance Benefits....... 20

Accidental Death and Dismemberment Benefits....... 21

GENERAL PROVISIONS....... 22

DEFINITIONS....... 24

SUMMARY OF BENEFITS

Policyholder	CL MOORE & ASSOCIATES SARAH J WEBER ACADEMY
Policyholder's Address	530 S PINE ST LANSING, MI 48933
Policy Number	LH9200
State Of Issue	Michigan
Insurance Department Phone Number	(877) 999-6442
Effective Date	September 1, 2018

This section highlights the benefits provided under this coverage. The purpose is to give the Member quick access to the information he or she will most often want to review. **Please read the other sections of this booklet-certificate for a more detailed explanation of the Member's benefits and any limitations or restrictions that might apply.**

CONTRIBUTORY MEMBER LIFE INSURANCE

If the Member dies, his or her Beneficiary will be paid the Scheduled Benefit then in force for the Member (however, see the exception noted below). The Scheduled Benefit is based on the Member's class:

Class	***Basic Scheduled Benefit**
ALL MEMBERS	$15,000

Member Life Insurance benefits are subject to all reductions provided in the Group Policy including reductions due to salary changes, age changes, and receipt of Accelerated Benefit payment.

*The Scheduled Benefit is subject to the Proof of Good Health requirements as described in the booklet-certificate in the How to Be Covered – Members section. If, because of these Proof of Good Health requirements, the Company approves an amount of insurance that is different than the Scheduled Benefit, the Member's Beneficiary will be paid the approved amount.

For the age(s) shown below, the Member's amount of insurance will be the percentage of the Scheduled Benefit (or approved amount, if applicable) as shown below:

Age	% of Scheduled Benefit (or approved amount, whichever applies)

Under age 55...100%
Age 55, but less than age 60....................... 100%
Age 60, but less than age 65....................... 100%
Age 65, but less than age 70....................... 75%
Age 70, but less than age 75....................... ..35%
Age 75 and over.. ..25%

Any benefit reduction will begin on the first of the month in which the Member attains the listed age.

MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

If the Member is injured and otherwise qualifies, the Company will pay the following percentages of the Member's Scheduled Benefit (or approved amount, if applicable) in force:

- 13% if the toes are severed on one foot; or
- 25% if the thumb and index finger is severed on one hand; or
- 25% if four fingers are severed on one hand; or
- 50% for Loss of one hand; or
- 50% for Loss of one foot; or
- 50% for Loss of the sight of one eye; or
- 50% for Loss of Use of upper or lower limbs; or
- 75% for Loss of one arm or one leg; or
- 100% for Loss of Use of upper and lower limbs; or
- 100% for Loss of speech or hearing in both ears; or
- 100% for Loss of sight of both eyes; or
- 100% for Loss of both arms or both hands; or
- 100% for Loss of both legs or both feet; or
- 100% for Loss of life.

Payment for Loss of life will be to the Member's Beneficiary or as otherwise provided in the Death Benefit provision. Payment for any other Loss will be to the Member. The Scheduled Benefit is based on the Member's class:

CONTRIBUTORY MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Class	*Basic Scheduled Benefit
ALL MEMBERS	$15,000

*The Scheduled Benefit is subject to the Proof of Good Health requirements as described in the booklet-certificate in the How to Be Covered – Members section. If, because of these Proof of Good Health requirements, the Company approves an amount of insurance that is different than the Scheduled Benefit, the Member's Beneficiary will be paid the approved amount.

For the age(s) shown below, the Member's amount of insurance will be the percentage of the Scheduled Benefit (or approved amount, if applicable) as shown below:

Age	**% of Scheduled Benefit (or approved amount, whichever applies)**
Under age 55	100%
Age 55, but less than age 60	100%
Age 60, but less than age 65	100%
Age 65, but less than age 70	75%
Age 70, but less than age 75	35%
Age 75 and over	25%

Any benefit reduction will begin on the first of the month in which the Member attains the listed age.

HOW TO BE COVERED - MEMBERS

MEMBER LIFE INSURANCE
MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Eligibility

The Member becomes eligible on the later of the following:

- the date he or she becomes a Member who Resides in the United States;
- September 1, 2018, if he or she is a Member on that date.

If an individual is not a Member until later, he or she will be eligible on the first of the calendar month coinciding with or next following the date he or she completes 30 consecutive days of Active Work.

If the Member elects to waive coverage under the Group Policy because he or she is covered under group term life coverage or coverage provided by his or her Spouse's employer, the date such coverage terminates because the Spouse is no longer eligible under his or her employer's coverage will be considered the date the Member is eligible to request insurance as described in this section.

Enrollment

The Company will provide an enrollment form to be completed by any eligible Member electing coverage. Proof of Good Health will be required as described in the Proof of Good Health provision.

For any Contributory Insurance, the Member will be required to authorize payment of Premium.

For Noncontributory Insurance that does not exceed the guaranteed issue amount, the enrollment form requirement may be waived, and all information required to administer coverage will be provided to the Company directly by the Policyholder.

Effective Date – Initial Coverage

If the Member is required to contribute toward the cost of his or her coverage, his or her coverage will normally be in force on the latest of the following dates:

- the date the Member is eligible, if the Member makes his or her request on or before that date; or
- the first of the calendar month coinciding with or next following the date of the Member's request, if the Member makes his or her request within 31 days after the date he or she is eligible; or
- the date required Premium is paid or has been authorized to be paid; or

- the first of the calendar month coinciding with or next following the date the Member's Proof of Good Health is approved by the Company, if required.

If the Member is not required to contribute toward the cost of his or her coverage, his or her coverage will normally be in force on the date he or she is eligible.

If the Member is not Actively at Work on the date the Member's coverage would otherwise be effective, the Member's coverage will not be in force until the day the Member returns to Active Work.

The Actively at Work requirement will be waived for the Member when he or she:

- is absent from Active Work because of a regularly scheduled day off, holiday, or vacation day; and
- was Actively at Work on the last scheduled work day before the date of the absence; and
- was capable of Active Work on the day before the scheduled effective date of the coverage or change in the insurance, whichever is applicable.

Effective Date for Benefit Changes

If Proof of Good Health is not required, a change in the Member's Scheduled Benefit amount because of a change in the Member's status will normally be effective on the first of the calendar month coinciding with or next following the date of the change in status. However, if the Member is not Actively at Work on the date the change would otherwise be effective, the change will not be in force until the day the Member returns to Active Work.

If Proof of Good Health is not required, a change in Scheduled Benefits because of a change in the schedule of coverage elected by the Policyholder will normally be effective on the date of change. However, if the Member is not Actively at Work, on the date the change would otherwise be effective, the change will not be in force until the day the Member returns to Active Work.

If Proof of Good Health is required, a change in the Member's Scheduled Benefit amount will normally be effective on the later of:

- the date the change would have been effective had Proof of Good Health not been required; or
- the first of the calendar month coinciding with or next following the date Proof of Good Health is approved by the Company.

Exception: Decreases in Member Life and Member Accidental Death and Dismemberment Insurance Scheduled Benefit amounts are effective on the date noted whether or not the Member is Actively at Work.

Proof of Good Health

In some instances, Proof of Good Health will be required to place the Member's coverage in force. The type and form of required proof will be determined by the Company. The Company will pay the reasonable cost for Proof of Good Health. The Member will need to file Proof of Good Health:

- if he or she requests coverage more than 31 days after the date he or she is eligible, including any coverage he or she refuses and later requests.
- if he or she has failed to provide required Proof of Good Health or has been refused coverage under the Group Policy at any prior time.
- if he or she elects to terminate coverage and, more than 31 days later, he or she requests to be covered again.

TERMINATION

Termination

Subject to any rights provided in the Continuation and Conversion provisions, the Member's coverage under the Group Policy will cease on the earliest of:

- the date the Group Policy terminates; or
- the end of the calendar month in which the Member ceases to belong to a class for which coverage is provided; or
- the end of the calendar month in which the Company receives Member's Written request to terminate insurance coverage; or
- the date the Member's coverage lapses due to non-payment of Premium; or
- the end of the calendar month in which the Member ceases to be a Member; or
- when the Covered Person is outside of the United States, subject to the conditions outlined in the Coverage While Outside of the United States provision below; or
- the end of the calendar month in which the Member ceases Active Work.

Coverage While Outside of the United States

If the Member is outside the United States, his or her coverage will automatically terminate. However, the Member will continue to be eligible for benefits provided under the Group Policy if he or she is temporarily outside of the United States for a period of six months or less for one of the following reasons:

- travel, provided the travel is for a reason other than securing health care diagnosis or treatment; or
- a business assignment; or
- Full-Time Student status, provided the Member is either:
  - enrolled and attending an accredited school in a foreign country; or
  - participating in an academic program in a foreign country, for which the institution of higher learning at which the student is enrolled in the U.S. grants academic credit.

The Company's Responsibility to Members

If the Group Policy terminates for any reason, the Policyholder must notify the Member of the effective date of the termination.

CONTINUATION

Coverage that would otherwise terminate may be continued at the Policyholder's option or reinstated as described in this section. The Policyholder must provide a plan of continuation that applies to all Members the same way.

The amount of coverage that may continue will be the same amount in effect on the day before coverage would otherwise terminate, unless otherwise noted below. Continued coverage is subject to any reductions in the Group Policy and will terminate if the Group Policy terminates. Premiums must be paid for coverage to continue.

All continuation provisions may run concurrently.

If the Member is interested in continuing his or her coverage beyond the date it would normally terminate, the Member should consult with the Policyholder before his or her coverage terminates.

If, at the end of any continuation period, the Member is no longer eligible for insurance under the booklet-certificate, he or she may purchase individual coverage as described in the Conversion provision. This does not apply when the Member's continued coverage is terminated due to nonpayment of Premium.

Continuation for Total Disability

If the Member ceases Active Work because of Total Disability, he or she may be eligible for limited continuation of coverage of not more than six consecutive months. Coverage continued will be limited to Life Insurance and Accidental Death and Dismemberment benefits that were in force for all Covered Persons on the day before Total Disability began. The Member will be responsible for payment of Premiums on the same basis as Premium was paid on the day before Total Disability began.

If a Covered Person dies while coverage is continued as described in this section, the death benefit will be payable as described in the Death Benefit provision.

FEDERAL FAMILY AND MEDICAL LEAVE ACT (FMLA)

Federal law requires that Eligible Employees be provided a continuation period in accordance with the provisions of the Federal Family and Medical Leave Act (FMLA).

This is a general summary of the FMLA and how it affects the Group Policy. Members should see their employer for details on this continuation provision, including eligibility, terms, conditions and cost for continuation of insurance during a leave.

FMLA and Other Continuation Provisions

If the Member's employer is an Eligible Employer and if the continuation portion of the FMLA applies to the Member's coverage, these FMLA continuation provisions:

- are in addition to any other continuation provisions of the Group Policy, if any; and
- will run concurrently with any other continuation provisions of the Group Policy for sickness, injury, total disability, layoff, sabbatical, labor dispute or approved leave of absence, if any.

If continuation qualifies for both state and FMLA continuation, the continuation period will be counted concurrently toward satisfaction of the continuation period under both the state and FMLA continuation periods.

Eligible Employer

Eligible Employer means any employer who is engaged in commerce or in any industry or activity affecting commerce who employs 50 or more employees for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year.

Eligible Employee

Eligible Employee means an employee who has worked for the Eligible Employer:

- for at least 12 months; and
- for at least 1,250 hours (approximately 24 hours per week) during the year preceding the start of the leave; and
- at a work-site where the Eligible Employer employs at least 50 employees within a 75-mile radius.

For this purpose, "employs" has the meaning provided by the Federal Family and Medical Leave Act (FMLA).

Mandated Unpaid Leave

Eligible Employers are required to allow 12 workweeks of unpaid leave during any 12-month period to Eligible Employees for one or more of the following reasons:

- the birth of a child of an Eligible Employee and in order to care for the child; or
- the placement of a child with the Eligible Employee for adoption or foster care; or
- to care (physical or psychological care) for the Spouse, child, or parent of the Eligible Employee, if they have a "serious health condition"; or
- a "serious health condition" that makes the Eligible Employee unable to perform the functions of his or her job; or
- because of a “qualifying exigency” arising out of a Spouse, son, daughter or parent on active duty or having been notified of a call to active duty, as applicable to retired regular armed forced members, reserve members, National Guard members, and members in contingency operations, as defined under federal law.

Eligible Employers are required to allow up to a total of 26 workweeks of unpaid leave during any 12 month period to Eligible Employees to care for a “covered service member” with a “serious injury or illness”.

Reinstatement

An Eligible Employee's terminated coverage may be reinstated in accordance with the provisions of the Federal Family and Medical Leave Act (FMLA), subject to the Actively at Work requirements of the Group Policy.

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994 ((USERRA)

Reinstatement

A longer reinstatement period may be allowed for an approved leave of absence taken in accordance with the provisions of the federal law regarding USERRA.

CONVERSION - MEMBER

The Member will have the right to buy an individual life insurance policy from Gerber Life Insurance Company without submitting Proof of Good Health if:

- The Member's coverage terminates due to one of the following:

  - he or she ceases to be in an eligible class; or
  - he or she ceases Active Work; or
  - his or her continuation of insurance, if any, ends; or
  - the Group Policy ends; or
  - the Group Policy is changed and the Member's coverage class is no longer eligible for insurance.

- The Member's coverage is reduced:

  - as described in the Benefit Reduction Schedule in the Summary of Benefits; or
  - because the Member changes from one class to another; or
  - due to a change in the Group Policy.

Application/Effective Date

The Member must apply for conversion and the first Premium for the individual policy must be paid to the Company within 31 days after the date the Member's coverage terminates or is reduced under the Group Policy. This period is called the conversion period.

Notice of the conversion right must be given to the Member by the Policyholder at least 15 days prior to the date coverage under the Group Policy terminates or is reduced. The right to convert will expire on the later of 16 days after the Member is given this notice or at the end of the 31-day conversion period. However, in no event will the right to convert extend beyond 60 days after the expiration of the conversion period. Written notice will be given to the Member by the Policyholder. The notice will be mailed to the Member's last known address.

If the Member's coverage is reduced and he or she does not elect to convert the reduced amount within the 31 day time period, the Member may not convert the reduced amount on a later date.

Conversion Policy

The conversion policy will be for life insurance. No disability or other benefits will be included.

- The policy will be on one of the forms, other than term insurance, then issued by Gerber Life Insurance Company to persons in the risk class to which the Member belongs on the individual policy's effective date.
- The maximum amount the Member may convert is the Member Life Insurance amount in force on the date of termination of the Group Policy, and less any

Accelerated Benefit payment, less the amount for which the Member becomes eligible under any group policy within 31 days.

- Premium will be based on the Member's attained age, the Member's risk class and Gerber Life Insurance Company's standard rate for the policy form to be issued.

Any individual conversion policy issued will then be in force on the day after the conversion period ends.

During the conversion period, the Member's life insurance will continue under the terms of this booklet-certificate. If the Member dies within the 31 day purchase period, the Member's Beneficiary will be paid the life insurance amount, if any, the Member had the right to convert. This payment will be made whether or not the Member has applied for an individual policy. If the application and Premium payment have been received for the conversion policy, the Premiums will be refunded. In no event will the Company be liable to pay a death benefit under both this booklet-certificate and the conversion policy.

DESCRIPTION OF BENEFITS – MEMBER LIFE INSURANCE

Death Benefit

If the Member dies while insured for Member Life Insurance, the Company will pay his or her Beneficiary the Scheduled Benefit in force on the date of the Member's death less any Accelerated Benefit payment as discussed later in this section.

If the Member dies by suicide within 2 years after the effective date of his or her Member Life insurance, the Company will pay his or her Beneficiary the amount of any Premium paid by the Member to the Company during the period of time the Member's insurance was in force in lieu of the Scheduled Benefit (or approved amount, if applicable) in force on the date of the Member's death. Any such payment will discharge the Company to the full extent of such payment.

If the Member dies by suicide within 2 years after the effective date of an increase in Member Life Insurance because of a request by the Member, the Company will pay his or her Beneficiary the amount of any Premium paid by the Member to the Company for the increased amount in lieu of the increased Scheduled Benefit (or approved amount, if applicable) in force on the date of death. Any such payment will discharge the Company to the full extent of such payment.

Beneficiary

The Member should name a Beneficiary at the time he or she enrolls for insurance. If two or more Beneficiaries are designated and their shares are not specified, their shares will be divided equally. If no Beneficiary survives the Member, the Company will make payment in the following order of precedence:

- to the Member's Spouse
- to the Member's child(ren) born to or legally adopted by the Member
- to the Member's parent(s)
- to the Member's brother(s) and sister(s)
- if none of the above, to the executor or administrator of the Member's estate or other persons as provided in the Group Policy.

However, if a Beneficiary is suspected or charged with the Member's death, the Death Benefit may be withheld until additional information has been received or the trial has been held. If a Beneficiary is found guilty of the Member's death, such Beneficiary may be disqualified from receiving any benefit due. Payment may then be made to any contingent Beneficiary or to the executor or administrator of the Member's estate.

Any payment of the death benefit made in good faith shall discharge the Company from liability to the extent of such payment.

The Member may later change his or her Beneficiary by filing a Written request with the Company. See the Policyholder for change request forms. Unless the Member specifies otherwise, the change of Beneficiary will become effective as of the date signed, subject to any payments made or actions taken by the Company prior to the Company's receipt of this notice, at its Administrative Office. An irrevocable Beneficiary may not be changed without the Beneficiary's Written consent.

Waiver of Premium

If the Member ceases Active Work for any reason, his or her insurance will normally terminate. However, if the Member ceases Active Work because he or she is Totally Disabled, he or she might qualify to continue his or her Member Life Insurance and Member Accidental Death and Dismemberment Insurance. This continuation is called Waiver of Premium. This Waiver of Premium provision does not apply to the Member if he or she has continued coverage under the Conversion provisions.

To be qualified for coverage during Total Disability, the Member must:

- become Totally Disabled while insured for Member Life Insurance; and
- become Totally Disabled before the earlier of retirement or age 60; and
- return any conversion policy that was issued; and
- remain Totally Disabled continuously for a waiting period of 270 days, during which time Premiums were paid as due and remain Totally Disabled thereafter; and
- be under the regular care and attendance of a Physician; and
- send proof of Total Disability to the Company within one year of the date Total Disability starts and as often thereafter as the Company may reasonably require.

If a Total Disability starts during a grace period, the Premium due must be paid before any Premiums will be waived.

The Company has the right to require a second or third medical opinion, at the Company's expense, to confirm eligibility for Waiver of Premium. The Company may designate the Physician for the second medical opinion. In the case of conflicting opinions, eligibility for this benefit shall be determined by a third medical opinion provided by a Physician that is mutually acceptable to the Member and the Company.

If the Member dies during the waiting period, proof of Total Disability should be submitted to the Company after death. Proof of Total Disability includes supporting documentation that the Total Disability continued without interruption from the date the waiver benefit started to the date of death. If the Member had converted the continued coverage to an individual life insurance policy, the Member will qualify for continued life insurance if the individual policy is returned without claim.

The Company will send the Member notice advising whether the Member is approved for Waiver of Premium or not and the amount of Premium being waived. If the Member is approved, Premium will not be charged for Member Life Insurance and Member Accidental Death and Dismemberment Insurance while the Waiver of Premium is in force. Premiums will be refunded from the date of Total Disability, but in no event will Premiums be refunded more than one year prior to the date notice of claim is received at the Company's Administrative Office. Premiums must continue to be paid when due until the Member's claim is approved. After the initial approval, the Company may periodically request additional proof of continuing Total Disability, but will not do so more frequently than once every six months.

Premiums waived by the Company will not be deducted from any booklet-certificate proceeds.

Waiver of Premium benefits will cease on the earliest of:

- the date of the Member's death; or
- the date the Member is no longer Totally Disabled; or
- the date the Member is age for Normal Retirement if he or she is Totally Disabled prior to age 60; or
- the date the Member fails to provide required proof of Total Disability; or
- the date the Member refuses to be examined by a Physician; or
- the date the Policyholder terminates the Waiver of Premium provision under the Group Policy.

If the Member dies while Waiver of Premium is in force, the Company will pay the Member's Beneficiary the Member Life Insurance benefit, if any, that would have been paid had the Member remained insured under the benefit schedule in force on the date the Member Total Disability began. Member Life Insurance benefits are subject to all reductions provided in the Group Policy including reductions due to age change and receipt of an Accelerated Benefit payment.

On the date the Waiver of Premium ends, the Member may convert his or her Life Insurance in effect on such date, unless the Member has returned to Active Work and are covered under the Group Policy or unless the Member has already converted all or a portion of the Member's Life Insurance coverage. Conversion must be elected as described in the Conversion provision.

Note that Waiver of Premium will not be in force and NO BENEFIT WILL BE PAID if notice and Written proof of Total Disability is not sent to the Company within ONE YEAR of the date Total Disability starts. However, failure to give notice and Written proof within the time specified will not invalidate or reduce any claim if Written proof is given as soon as reasonably possible.

Accelerated Benefit

An Accelerated Benefit is an advance (before death) payment of a part of the Member's Life Insurance benefit. To qualify for an Accelerated Benefit, the Member must:

- be insured for a Member Life Insurance benefit of at least $10,000; and
- be Terminally Ill; and
- send a request for Accelerated Benefit payment to the Company; and
- send proof, satisfactory to the Company, of the Member's Terminal Illness to the Company; and
- provide a release from the assignee, if the Member's Life Insurance Benefit has been assigned.

Proof of Terminal Illness will consist of a statement from the Member's Physician, and any other medical information that the Company believes is needed to confirm the Member's status.

If the Member qualifies, the Company will pay the Member any amount he or she requests; except that:

- only one Accelerated Benefit payment will be made during the Member's lifetime; and
- the Member must request a payment of at least $5,000; and
- the Company will not pay the Member more than the lesser of: (1) 50% of the Member's Life Insurance benefit; or (2) $100,000

The Company will pay the Member the Accelerated Benefit payment in a lump sum immediately upon receipt of due Written proof of eligibility.

If an Accelerated Benefit is paid, the Member Life Insurance benefit otherwise payable to the Member's Beneficiary upon his or her death will be reduced by the Accelerated Benefit payment.

Upon the Member's request to accelerate the death benefit and payment of the Accelerated Death Benefit, the Company will provide a statement to the Member and any assignee of record or irrevocable Beneficiary of record demonstrating the effect of the acceleration on the death benefit and Premium of the booklet-certificate. The statement will disclose the Premium necessary to continue any remaining coverage following the acceleration.

Following is an EXAMPLE of how this benefit affects the final death benefit.

BENEFIT EXAMPLE	
Member Life Insurance Benefit Amount	$ 100,000
Accelerated Benefit Amount Requested	$50,000
(Member would receive $50,000)	
Accelerated Benefit paid on August 15	
Member death occurs on December 15	(92 days after payment)
Payment to Member's Beneficiary	
($100,000 - $50,000)	$ 50,000

If the Member dies after electing to receive accelerated benefits, but before any such benefits are received, the election shall be cancelled and the death benefit paid pursuant to the booklet-certificate.

The Member is free to choose not to apply for the Accelerated Benefit. The Member cannot be compelled to apply for the Accelerated Death Benefit before qualifying for Medicaid, and cannot be required by creditors to apply for the Accelerated Death Benefit. Payment of an Accelerated Death Benefit for one Covered Person will not reduce any other Covered Person’s coverage and will not reduce accidental death and dismemberment benefits, if any, provided in or with this booklet-certificate.

Termination of this booklet-certificate, and the Accelerated Benefit, will not prejudice the payment of benefits for any Terminal Illness that occurred while the booklet-certificate was in force.

DESCRIPTION OF BENEFITS - ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

This section describes additional benefits that may be payable if a Covered Person sustains death, dismemberment or other specified loss due to an accidental Injury while insured for these benefits. Certain accidental Injuries are excluded, as described in the Limitations provision.

Accidental Death

If any Covered Person dies as a result of Injury, the Company will pay the Scheduled Benefit shown in the Summary of Benefits. Death must occur within 365 days of the accident.

Payment for the Member's loss of life will be to the Beneficiary named for Member Life Insurance. Payment for all other losses will be to the Member.

Accidental Dismemberment

If a Covered Person sustains an irrevocable Loss or Loss of Use due to Injury, the Company will pay the applicable dismemberment benefit shown in the Summary of Benefits. Loss or Loss of Use must occur within 365 days of the date of the accident.

Total payment for all Accidental Dismemberment losses that result from the same accident will not exceed 100% of the Covered Person's Scheduled Accidental Death and Dismemberment Benefit. Payment will be to the Member, unless he or she designates otherwise. If the Covered Person is disabled and later dies as a result of a single accident, the Accidental Death benefit is payable in lieu of the Accidental Dismemberment benefit.

Seat Belt Benefit

If a Covered Person loses his or her life as a result of an accidental injury sustained while driving or riding in an Automobile and the Accidental Death Benefit is payable, an additional benefit equal to 50% of the Scheduled Benefit will be paid provided:

- the Automobile is equipped with factory installed Seat Belts; and
- the Seat Belt was in actual use by the Member and properly fastened at the time of the accident; and
- the position of the Seat Belt is certified in the official report of the accident or by the investigating officer.

In the case of the Member's death, the benefit will be paid to the Member's Beneficiary. Otherwise, the benefit will be paid to the Member.

Limitations – Accidental Death and Dismemberment

Payment will not be made for any Injury caused or contributed to by:

- disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity; or
- suicide or attempted suicide, or any intentionally self-injury, while sane or insane; or
- active participation in a riot or insurrection; or
- committing or attempting to commit a felony or illegal occupation or activity; or
- travel in or descent from an aircraft, if the Covered Person acted in a capacity other than as a passenger; or
- participation in flying, ballooning, parachuting, parasailing, bungee jumping, or other aeronautic activity, aviation except as a passenger on a commercial aircraft or as a passenger or crew member in a Policyholder-owned or leased aircraft on company business; or
- war or act of war; or
- the Covered Person's intoxication. For purposes of this exclusion, intoxication means having a blood alcohol level in excess of that allowed by the jurisdiction where the Injury occurred; or
- the voluntary intake of any drug, including any narcotics or hallucinogens, unless prescribed or administered by a Physician and taken in accordance with the Physician's instructions or an over the counter drug, taken in accordance with the instructions; or
- driving or riding in an air, land or water vehicle in a race, speed or endurance contest.

Payment will also not be made for any Injury for which workers' compensation benefits are payable.

Termination – Accidental Death and Dismemberment

Benefits in this section will terminate under the same terms as the rest of the booklet-certificate. Termination of this benefit will not prejudice the payment of benefits for any accident that occurred while the benefit was in force.

CLAIM PROCEDURES

Life Insurance Benefits

Claim Form

The Policyholder will provide forms to assist the Member or the Member's Beneficiary, or the Member or the Member's Beneficiary may request claim forms by contacting the Company by mail, telephone or electronically at the Company's Administrative Office. The process for completing and submitting the claim form will be provided in the claim form kit.

Due Proof of Death

The claimant will be required to provide the Company with due proof of the Covered Person's death. Due proof of death means a certified copy of the Covered Person's death certificate or other lawful evidence providing equivalent information. The claimant must also provide proof of his or her interest in the proceeds.

Payment of Death Benefit

Upon receipt of due proof of death and proof of the claimant's interest, the Company will pay the death benefit in a lump sum subject to the terms of this booklet-certificate and the Group Policy.

Interest will be added to the death benefit as follows:

- Interest will accrue and be payable from the date of death. This interest will be payable at the rate applicable to funds left on deposit with the Company or, if the Company has not established a rate for funds left on deposit, at the two Year Treasury Constant Maturity Rate as published by the Federal Reserve in effect on the date of death.
- Additional interest, at a rate of 10% annually will be payable beginning 31 days from the latest of the following dates:

  - the date due proof of death is received by the Company;
  - the date the Company receives sufficient information to determine the Company's liability, the extent of liability and the appropriate payee legally entitled to the death benefit proceeds;
  - the date that all legal impediments to payment of proceeds that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments include, but are not limited to the establishment of guardianships and conservatorships, the appointment and qualification of trustees, executors and administrators, and the submission of information required to satisfy state or federal reporting requirements.

Accidental Death and Dismemberment Benefits

Notice of Claim

Written notice must be given to the Company within 20 days after the date of the loss. Failure to give notice within the time specified will not invalidate or reduce any claim if notice is given as soon as reasonably possible. Notice may be given to the Company by mail, telephonically or electronically.

Claim Forms

Claim forms and other information needed to prove loss must be filed with the Company in order to obtain payment of benefits. The Policyholder will provide forms to assist the Member in filing claims. If the forms are not provided within 15 days after the Company receives such notice, the Member will be considered to have complied with the requirements of the Group Policy upon submitting, within the time specified below for filing Proof of Loss, Written proof covering the occurrence, character, and extent of the loss.

Proof of Loss

Completed claim forms and other information needed to prove loss should be filed promptly. Written Proof of Loss should be sent to the Company within 90 days after the date of the loss. Proof required includes the date, nature, and extent of the loss. The Company may request additional information to substantiate the Member's loss or require a signed unaltered authorization to obtain that information from the provider. The Member's failure to comply with such request could result in declination of the claim.

Payment, Denial and Review

The Employment Retirement Income Security Act (ERISA) permits up to 90 days for processing claims and up to 60 days for the review of denied claims.

In actual practice, benefits will be payable sooner, provided the Company receives complete and proper Proof of Loss. Furthermore, if a claim is not payable or cannot be processed, the Company will submit a detailed explanation of the basis for the Company's denial.

A Claimant may request a review of a claim denial by Written request to the Company within 120 days of receipt of notice of the denial. The Claimant must give all additional information to the Company within one year of receipt of notice of denial. The Company will notify the Claimant of the final decision and the reasons in support of the Company's decision.

For purposes of this section, "Claimant" means the Member, the Member's Dependent, or Beneficiary.

GENERAL PROVISIONS

Assignments

Only assignments of Member Life Insurance will be allowed under this Group Policy, to the extent allowed by law. To do so, the Member must provide the Company a Written notice of assignment in a form acceptable to the Company. The assignment must be signed by the Member, the assignee, and any irrevocable Beneficiary. The Company is not responsible for the validity of any assignment. Unless the Member indicates otherwise, an assignment will become effective on the date it is signed, subject to any actions the Company takes or payments the Company makes prior to receipt of the Assignment.

Autopsy

The Company reserves the right to make a reasonable request for an autopsy at the Company's expense where permitted by law if payment for loss of life is claimed.

Conformity with Interstate Insurance Product Regulation Commission (IIPRC) Standards, State Law and Federal Law

This booklet-certificate and the Group Policy were approved under the authority of the IIPRC and issued under IIPRC standards. The booklet-certificate and Group Policy are also subject to state and federal law. Any provision of the Group Policy or this booklet-certificate that, on the provision's effective date, is in conflict with IIPRC standards, state law or federal law for this product type is hereby amended to conform to the IIPRC standards or law applicable to this product type as of the provision's effective date.

Entire Contract

Insurance for all Covered Persons is provided under the Group Policy and the entire contract includes the policy, the Policyholder's application, the booklet-certificates, Member enrollment forms, and any riders, endorsements or amendments to the policy or the booklet-certificates will constitute the entire contract.

Individual Incontestability

All statements made by any Covered Person will be representations and not warranties. In the absence of fraud when permitted by applicable law in the state where the booklet-certificate is delivered or issued for delivery, these statements may not be used to contest the Covered Person's coverage unless:

- the coverage has been in force for less than two years during the Covered Person's lifetime; and
- the statement is in Written form signed by the Covered Person; and
- the statement is material to the risk accepted or the hazard assumed by the Company; and

- a copy of the form which contains the statement is given to the Covered Person or the Covered Person’s Beneficiary at the time coverage is contested.

Legal Action

Legal action with respect to a claim may not be started earlier than 90 days after Proof of Loss has been filed. Further, no legal action may be started later than the time limit on legal actions for loss based on applicable law of the state with jurisdiction over this booklet-certificate.

Medical Examinations

The Company may have the Member whose loss is the basis for claim examined by a Physician. The Company will pay for these examinations and will choose the Physician to perform them.

Misstatement of Age

If a person's age is misstated, the Company may, at any time, adjust Premiums and benefits to reflect the correct age.

Time Limits

Any time limits in this section will be adjusted as required by law.

DEFINITIONS

Several words and phrases used to describe the Member's coverage are capitalized whenever they are used in this booklet-certificate. These words and phrases have special meanings as explained in this section.

Active Work; Actively at Work means the active performance of all of the Member's usual and customary job duties on a full time basis at the Policyholder's usual place or places of business, any alternate place of business approved by the Policyholder or any place the Policyholder's business requires the Member to travel.

Administrative Office means the Company's office at P.O. Box 25951, Shawnee Mission, KS 66225-5951.

Automobile means a four-wheel passenger vehicle, station wagon, pick-up truck, or van-type vehicle, but excludes recreational-type vehicles such as "dune-buggy" or an "all-terrain" vehicle.

Beneficiary means the person(s) to whom the Company will pay the life insurance benefits in accordance with the Beneficiary provision of the booklet-certificate.

Company means Nippon Life Insurance Company of America.

Contribution means the amount the Policyholder may require the Member to pay towards the total Premium that the Company charges for the insurance provided under the Group Policy.

Contributory Insurance means insurance for which the Policyholder requires the Member to pay any part of the Premium.

Covered Person means all persons insured by this booklet-certificate under the Group Policy and includes the Member .

Date of Issue means the date the Group Policy is placed in force: September 01, 2018.

Full-Time Employee means any person who is regularly scheduled to work for the Policyholder for at least 30 hours a week. Work must be at the Policyholder's usual place or places of business or at another place to which an employee must travel to perform his or her regular duties.

Full Time Student means the Member's Dependent Child attending a school that has a regular teaching staff, curriculum and student body and who:

- attends school on a full-time basis, as determined by the school's criteria; and
- is dependent on the Member for principal support.

Group Policy means the policy of group insurance issued to the Policyholder by the Company which describes benefits and provisions for insured Members.

Injury means a bodily injury sustained by a Covered Person as a direct result of an accident, independent of Sickness, disease or bodily or mental illness or infirmity or any other cause, and which occurs while this booklet-certificate is in force. See the Exclusions provision for injuries not covered.

Insurance Month means Calendar month.

Loss means:

- for Loss of a finger or thumb, the finger or thumb is permanently severed at or above the metacarpophalangeal joints;
- for Loss of a toe, the permanent severance of one entire phalanx of the big toe or all phalanges of any other toes;
- for Loss of a hand, the hand is permanently severed at or above the wrist, but below the elbow;
- for Loss of an arm, the arm permanently severed at or above the elbow;
- for Loss of foot, the foot is permanently severed at or above the ankle, but below the knee;
- for Loss of leg, the leg is permanently severed at or above the knee;
- for Loss of sight, permanent and uncorrectable loss of sight in the eye that continues for 180 days after the accident. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees;
- for Loss of hearing, the entire and irrecoverable loss of hearing in both ears that continues for at least 180 days following the date of the accident;
- for Loss of speech, the entire and irrecoverable loss of speech that continues for at least 180 days after the accident; and
- for Loss of life, death.

Loss of Use means total and permanent impairment of voluntary movement and sensory function of arms or legs without severance. A Physician must determine the Loss of Use to be permanent, complete and irreversible.

Member means any person (other than PART-TIME, SUBSTITUTE TEACHERS) who Resides in the United States and is a Full-Time Employee of the Policyholder.

Noncontributory Insurance means insurance for which the Policyholder does not require the Member to pay any part of the Premium.

Normal Retirement Age means the Social Security Normal Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

Year of Birth	Full (normal) Retirement Age
1937 or earlier	65
1938	65 and 2 months

1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

Physician means a licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.).

Policy Anniversary means September 1, and the same day of each following year.

Policyholder means CL MOORE & ASSOCIATES SARAH J WEBER ACADEMY.

Premium means the amount the Policyholder shall pay to the Company for the insurance provided under the Group Policy.

Proof of Good Health means Written evidence that a person is insurable under the Company's underwriting standards. This proof must be provided in a form satisfactory to the Company.

Proof of Loss means Written evidence satisfactory to the Company that a Covered Person has satisfied the conditions and requirements for any benefit described in the booklet-certificate. The Proof of Loss shall establish:

- the nature and extent of the loss or condition; and
- the Company's obligation to pay the claim; and
- the claimant's right to receive payment.

Reside(s) in the United States means the Member must:

- maintain a home in the United States; and
- live in that home in the United States; and
- not leave the United States for more than six consecutive months.

Seat Belt means a factory installed device that forms an occupant restraint and injury avoidance system.

Terminal Illness, Terminally Ill means a medical condition that a Physician certifies is reasonably expected to result in death in 12 months or less.

Totally Disabled, Total Disability means the Covered Person's inability, due to sickness or injury, to perform the material duties of his or her regular job and inability to perform for remuneration or profit any other job for which the Covered Person is fit by education, training, or experience.

Written, Writing means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law.

NIPPON LIFE INSURANCE COMPANY OF AMERICA

A Stock Company
7115 Vista Drive, West Des Moines, Iowa 50266
1-800-374-1835
http://www.nipponlifebenefits.com

Statement of Rights Booklet-Certificate Rider

STATEMENT OF RIGHTS

Federal law requires that this section be included in the booklet-certificate:

As a participant in this plan the Member is entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA).

ERISA provides that all plan participants shall be entitled to:

Receive Information About the Plan and Benefits

- Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate the plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of Members and other plan participants and beneficiaries. No one, including the employer, union, or any other person, may fire the Member or otherwise discriminate against the Member in any way to prevent him or her from obtaining a welfare benefit or exercising rights under ERISA.

Enforce the Member’s Rights

If the Member’s claim for a welfare benefit is denied or ignored, in whole or in part, the Member has a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps the Member can take to enforce the above rights. For instance, if the Member requests a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, the Member may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay the Member up to $110 a day until the Member receives the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If the Member has a claim for benefits which is denied or ignored, in whole or in part, the Member may file suit in a state or Federal court. In addition, if the Member disagrees with the plan's decision or lack thereof concerning the qualified status of a domestic relations order, the Member may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if the Member is discriminated against for asserting his or her rights, the Member may seek assistance from the U.S. Department of Labor, or the Member may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If the Member is successful the court may order the person the Member has sued to pay these costs and fees. If the Member loses, the court may order the Member to pay these costs and fees, for example, if it finds the Member’s claim is frivolous.

Assistance with the Member’s Questions

If the Member has any questions about his or her plan, the Member should contact the plan administrator. If the Member has any questions about this statement or about his or her rights under ERISA, or if the Member needs assistance in obtaining documents from the plan administrator, the Member should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in the telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. The Member may also obtain certain publications about his or her rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

SUPPLEMENT
TO YOUR BOOKLET-CERTIFICATE

The Employee Retirement Income Security Act (ERISA) requires that certain information be furnished to each participant in an employee benefit plan. Planholders may use this booklet-certificate in part in meeting Summary Plan Description requirements under ERISA.

1. **Employer Plan Identification Number:**

   EIN: 38-3016622
   PIN: 501

2. **Type of Administration:**

   Group Term Life: Insurance Contract.

3. **Plan Administrator:**

   CL MOORE & ASSOCIATES SARAH J WEBER ACADEMY
   530 S PINE ST
   LANSING, MI 48933

   See your employer for the business telephone number of the Plan Administrator.

4. **Plan Sponsor:**

   CL MOORE & ASSOCIATES SARAH J WEBER ACADEMY
   530 S PINE ST
   LANSING, MI 48933

   A complete list of the employers and/or employee organizations sponsoring the plan may be obtained upon written request to the plan administrator and is also available for examination at the business office of the plan administrator.

   Upon written request, participants may receive from ERISA Plan Administrator, information as to whether a particular employer or employee organization is a sponsor of the ERISA plan and, if the employer or employee organization is a plan sponsor, their address.

5. **Agent for Service for Legal Process:**

CL MOORE & ASSOCIATES SARAH J WEBER ACADEMY
530 S PINE ST
LANSING, MI 48933
Telephone: 5173717876

Legal process may also be served upon the plan administrator.

6. **Type of Participants Covered Under the Plan:**

All active Full-Time Employees of CL MOORE & ASSOCIATES SARAH J WEBER ACADEMY, and provided that, for each employee, he or she also meets the definition of a Member as defined in the DEFINITIONS section of the booklet-certificate.

7. **Sources and Methods of Contributions to the Plan:**

Employee pays part of employee's contribution for Basic Life Insurance.

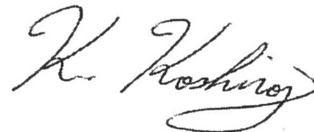
8. **Ending Date of Plan's Fiscal Year:**

August 31

NOTHING CONTAINED IN THIS BOOKLET-CERTIFICATE RIDER SHALL VARY, ALTER, OR EXTEND ANY PROVISIONS OR CONDITIONS OF THE PLAN OTHER THAN AS STATED IN THIS BOOKLET-CERTIFICATE RIDER.

NIPPON LIFE COVERAGE COMPANY OF AMERICA

Aimee Averill
Senior Vice President, Service, IT Strategy & Project Management



Kenji Koshiro
President and Chief Executive Officer

Nippon Life Insurance Company of America
P. O. BOX 25951
SHAWNEE MISSION, KS 66225-5951