

**YOU MUST READ AND AGREE TO THE
FOLLOWING STATEMENT PRIOR TO GAINING
ACCESS TO THIS DOCUMENT:**

The Certificate of Coverage contained in the attached .pdf file is not a contract of insurance. It is provided as a convenience to you and its purpose is to help you understand the insurance coverage available to you under the group policy issued to your employer by Florida Combined Life Insurance Company, Inc. Remember that the actual coverage document(s) issued to your employer by Florida Combined Life Insurance Company, Inc. shall govern the terms and conditions of the coverage. In the event of a conflict or discrepancy between the coverage documents issued to your employer and the Certificate of Coverage contained in the attached .pdf file, please call the Customer Service number listed on the Certificate of Coverage. Since the .pdf file may change at any time, always remember to consult the actual coverage document(s) before making any coverage decisions.

FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.
5011 Gate Parkway, Bldg. 200
Jacksonville, Florida 32256
GROUP LIFE AND AD&D
CERTIFICATE OF INSURANCE

This certificate provides insurance for the employees of the employer named below and their dependents, if applicable.

Group Policyholder: FCL ALL PRODUCTS

Group Policy Number: 01980

Class: 1

The employee shall be given a copy of the group enrollment application.

The life insurance benefits, if applicable, are payable to the beneficiaries of record designated by the employee.

Premiums may change in accordance with the Premium Changes provision of this Certificate of Insurance.

This certificate provides insurance for the employees of the employer named on the Schedule of Benefits.

A copy of your group enrollment application can be obtained from the employer.

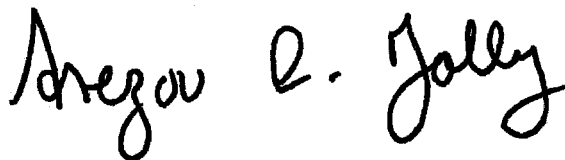
The life insurance benefits, if applicable, are payable to the beneficiaries of record designated by the employee.

We certify that a group insurance policy has been issued to the policyholder. The policy provides benefits for enrolled employees who are eligible.

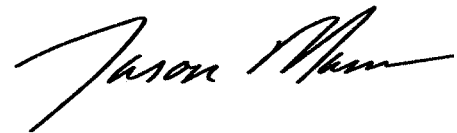
This certificate explains many provisions of the group policy, but it is not a policy. The benefits and provisions described are subject in every case to the terms and conditions of the group policy. The policy is on file and may be examined at the office of the policyholder. This is your Certificate of Insurance only while you remain insured under the group insurance policy.

To present inquiries, obtain information about coverage, or get assistance to resolve a complaint, please call us at 1-800-333-3256. To receive claims assistance, please call us at 1-800-696-8562.

Signed for Florida Combined Life at Jacksonville, FL, by:



Secretary



President

Table of Contents

	Page
Schedule of Benefits	3
Section I — Definitions	4
Section II — Eligibility and Effective Date	7A
Section III — Termination of Insurance	8A
Section IV — Claims Provisions	9
Section V — General Provisions	12
Section VI — Benefits	
Employee Life Insurance	15A
Conversion Privilege for Life Insurance	15A2
Employee Life Insurance – Waiver of Premium	15B
Group Life Accelerated Benefits	15C
Disclosure for Group Life Accelerated Benefits	15C.2
Employee Accidental Death & Dismemberment Insurance	15D
Dependent Life Insurance	15E
ERISA Information	16.1

Any extra benefits provided by riders are described in the riders attached at the back of this certificate.

SCHEDULE OF BENEFITS

CLASS DESCRIPTION	BASIC LIFE & AD&D^{1, 2, 3}	DEPENDENT LIFE (IF SELECTED)⁴
All active, full-time employees with Health	\$10,000	Spouse \$5,000 Child(ren) Under 6 Mos. \$500 6 Mos. & Older \$2,500
All active, full-time employees without Health	\$30,000	DEPENDENT LIFE (IF SELECTED)⁴ Spouse \$5,000 Child(ren) Under 6 Mos. \$500 6 Mos. & Older \$2,500

¹ Benefit reduces by 50% at age 70. All amounts are Guaranteed Issue.

² Accidental Death and Dismemberment is 24-hour coverage.

³ Accelerated Living Benefit (ALB) – Benefit amount is 50% of the Term Life Insurance amount in force to a maximum of \$150,000. Administrative fee: 6% of the living benefit amount is deducted prior to payment of this benefit.

⁴ Amount of insurance may not exceed 50% of the amount of the employee's term life insurance that is in force.

POLICYHOLDER:	SCHOOL DISTRICT OF HERNANDO COUNTY 919 NORTH BROAD STREET BROOKSVILLE, FL 34601
POLICY NUMBER:	49771
CERTIFICATE EFFECTIVE DATE:	JANUARY 01, 2009, OR THE FIRST OF THE MONTH FOLLOWING 30 DAYS OF ACTIVE EMPLOYMENT OR ANY WAITING PERIOD SPECIFIED BY THE EMPLOYER, WHICHEVER IS LATER.

Section I – Definitions

Accident or Injury	Accidental bodily injury sustained by the insured person while covered under the policy, which is the direct cause of the loss, independent of disease or bodily infirmity or any other cause.
Active Work, Actively at Work, or Active Employee	<p>You are working for your employer:</p> <ol style="list-style-type: none">1. in the usual course of your employer's business and at your usual place of employment; and2. are able to perform all of the duties of your regular occupation for the entire normal work day; and for which you are paid regular earnings. <p>If you are an employee of a school or other educational institution which observes regularly scheduled paid break and vacation periods, you are actively at work if:</p> <ol style="list-style-type: none">1. you were in active employment on your last regular working day;2. you are not disabled;3. your contract of employment remains active;4. you are not on an unapproved, administrative or disciplinary leave; and5. you return to active work at the end of the paid break or vacation period.
Annual Salary	Your annual base rate of pay, excluding any overtime pay, bonuses, or other extra pay. If your pay is from commissions, your annual salary will be based on your average commissions for the prior 12 months.
Contributory Insurance	Insurance for which you must apply and agree to make the required premium contributions.
Dependent	<p>The term "Dependent", if Dependent Life is included, will include:</p> <ol style="list-style-type: none">1. your spouse, if not legally separated from you;2. any child until the end of the calendar year in which he reaches age 25 if that child:<ol style="list-style-type: none">a. is living in your household, or is a full-time or part-time student, andb. depends upon you for his support; or3. a handicapped child as defined in the Continuation of Insurance for a Handicapped Child section, over 25 years of age, who was insured under the policy before reaching age 25. <p>The term "child" also includes a legally adopted child or foster child, from the date of placement in the residence; step-child; or any child who lives with you and depends on you for more than 50% of his support.</p>

Section I – Definitions

Employee	<p>A person who is a citizen or resident of the United States or Canada and is:</p> <ol style="list-style-type: none">1. directly employed in the normal business of the employer; and2. paid for services by the employer; and3. actively at work for the employer, or any subsidiary or affiliate covered under the policy; or4. a retiree, if listed as eligible in the Group Policy. <p>No director, officer, consultant or other person not actively at work on behalf of the employer will be considered an employee unless he meets the above conditions.</p>
Employer	<p>The policyholder of this contract.</p>
Gender	<p>The use of the male pronoun also includes the female.</p>
Home Office	<p>The principal office of Florida Combined Life in Jacksonville, Florida.</p>
Insured Person	<p>You, and your dependents, if applicable, whose insurance has become and remains effective under all the conditions and provisions of the policy.</p>
Non-Contributory Insurance	<p>Insurance for which you must apply but do not have to make any premium contributions.</p>
Physician	<p>A person who is acting within the scope of his or her license; and is either:</p> <ol style="list-style-type: none">1. licensed to practice medicine and prescribe and administer drugs or to perform surgery; or is2. legally qualified as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction. <p>It does not include the insured person receiving treatment or his spouse, daughter, son, step-child, father, mother, step-parent, sister, brother, step-sister, step-brother, grandchild, grandparent, father-in-law, mother-in-law, or spouses, as applicable, of any of these.</p>
Plan	<p>The group master policy on file with your employer and this certificate of insurance.</p>
Plan Administrator	<p>Your employer, which sponsors the Plan for the benefit of its employees and their eligible dependents.</p>
Sickness	<p>A disease or illness, including pregnancy.</p>

Section I – Definitions

Terminal Illness	A medical condition: <ol style="list-style-type: none">1. which is expected to result in your death within 12 months; and2. from which you are not expected to recover.
Total Disability or Totally Disabled	<ol style="list-style-type: none">1. You are totally disabled if you are completely unable to perform all of the material duties of your regular occupation at your customary place of work and are under the regular care of a physician.2. A dependent is totally disabled if he is unable to perform any work or occupation for which he is reasonably qualified or trained.
Waiting Period	The period of time specified in the Group Application that must pass before you are eligible to enroll in the insurance program.
Weekly Earnings	Your normal weekly rate of pay, excluding any overtime pay, bonuses or any other extra pay. If your pay is from commissions, your weekly earnings will be based on the average commissions for the prior 12 months.
We, Our, or Us	These terms refer to Florida Combined Life.
You or Your	These terms refer to the insured employee.

Section II – Eligibility and Effective Date

Employee Eligibility

If you are working on a full-time basis for the employer, you are eligible for insurance after completion of the required waiting period, provided you are in a class of employees who are included. You will be considered to work on a full-time basis if you customarily work at least the minimum number of hours shown in the policy.

You will become eligible for insurance on the latest of the following dates:

1. the effective date of the policy;
2. the end of the specified waiting period;
3. the date the policy is changed to include the employee's class; or
4. the date you become a member of a class eligible for insurance.

If you were insured under the policy and your insurance terminated due to termination of employment or eligibility, and you again become an eligible employee within 12 months, there is no waiting period.

Effective Date of Employee Insurance

You must use forms provided by us when applying for insurance.

1. Your insurance will be effective at 12:01 a.m.:
 - a. if it is non-contributory, on the first day of the policy month following the date you become eligible for coverage, regardless of when you apply; or
 - b. if it is contributory and you make application within 31 days after the date you first became eligible, on the first day of the policy month following your eligibility date. (Except in the case of item number 2c below.)
2. If you are applying for contributory insurance, you must furnish evidence of insurability at your expense if:
 - a. you do not apply for insurance within 31 days after the date you first became eligible; or
 - b. you have previously terminated your insurance while in an eligible class; or
 - c. you are applying for optional insurance coverages which are subject to Home Office approval.

The effective date will be the first day of the policy month following the date your application is approved by us.

Deferred Effective Date

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, it will take effect on the day you return to active work. If your insurance is scheduled to take effect on a non-working day, your active work status will be based on the last working day before the scheduled effective date of your insurance.

Section II – Eligibility and Effective Date

Dependent Eligibility

Dependents are eligible for insurance on the latest of the following dates:

1. the date you become eligible for dependent insurance;
2. the date a person becomes a dependent; or
3. the date the policy is amended to include your class as being eligible for dependent insurance.

Your spouse or child will not be eligible for dependent insurance if they are insured under the policy as an employee.

If both you and your spouse are insured as employees, your eligible children may be insured as dependents of only one of you.

Effective Date of Dependent Insurance

You must use forms provided by us when applying for dependent insurance.

Dependents will not be insured until you are insured.

1. Dependent insurance will be effective at 12:01 a.m.:
 - a. if it is non-contributory, on the date the dependent becomes eligible for coverage regardless of when application was made; or
 - b. if it is contributory and you make application within 31 days after the date the dependent first became eligible, on the first day of the policy month following his eligibility date. (Except in the case of item number 2c below.)
2. When you apply for contributory dependent insurance, you must furnish evidence of the dependent's insurability at your own expense if:
 - a. you do not apply for dependent insurance within 31 days following the date the dependent first becomes eligible; or
 - b. you have previously terminated dependent insurance while in an eligible class; or
 - c. you are applying for optional insurance coverages which are subject to Home Office approval.

The effective date will be the first day of the policy month following the date the application is approved by us.

Deferred Effective Date

Coverage for any dependent who is totally disabled on the date dependent insurance is scheduled to take effect will not become effective until the dependent has fully recovered from the condition(s) causing the disability.

A dependent is totally disabled if he is unable to perform any work or occupation for which he is reasonably qualified or trained.

Section III – Termination of Insurance

Termination of Employee Insurance

Your insurance will terminate at 12:00 midnight on the earliest of the following dates:

1. the last day of the period for which a premium payment is made, if the next payment is not made;
2. the date the policy terminates, or the date a specified benefit terminates;
3. the date you cease to be a member of a class eligible for insurance; or
4. the date you cease to be actively at work; or
5. if your coverage is continued under the Waiver of Premium provision, the date specified under “Termination of the Extended Insurance Benefit.”

(See “Conversion Privilege for Life Insurance” provision.)

However, your insurance may be continued for the period shown below, until the employer notifies us of the date that insurance is to be terminated. The employer must act so as not to discriminate unfairly among employees in similar situations.

1. If you stop active work due to layoff or leave of absence, your insurance may be continued for up to 3 months.
2. If you stop active work due to total disability, your insurance may be continued up to 12 months while you remain totally disabled.

(See “Employee Life Insurance – Waiver of Premium” provision.)

Premiums for continuation of coverage must be paid by or through the employer. Coverage will also terminate on the date determined by 1 through 3 above.

Termination of Dependent Insurance

Insurance on a dependent will terminate at 12:00 midnight in the state where the policy was delivered on the earliest of the following dates:

1. the date he ceases to be a dependent as defined in the Definitions section;
2. the date you cease to be a member of a class eligible for dependent insurance;
3. the date your insurance under the policy terminates;
4. the last day of the period for which a required dependent premium payment is made, if the next payment is not made; or
5. the date the policy terminates, or a specific benefit terminates.

(See “Conversion Privilege for Life Insurance” provision.)

Section III – Termination of Insurance

Continuation of Insurance for a Handicapped Dependent Child

If an unmarried dependent child is not capable of self-sustaining employment due to mental or physical handicap, his insurance will not terminate at age 25. The insurance will continue as long as the child remains handicapped, unless coverage terminates as described in the Termination of Dependent Insurance section, if you give us proof that the child is:

1. incapable of self-sustaining employment; and
2. chiefly dependent on you for support and maintenance.

To keep this coverage in force, we may require proof at our expense of the child's incapacity and dependence. We may require proof from time to time, but not more than once a year after the two years that follow the date the child reaches age 25.

Section IV – Claims Provisions

Notice of Loss

Written notice of claim must be given to us at our Home Office or to any of our authorized agents within 30 days after a loss occurs or begins, or as soon after the loss as is reasonably possible to do so. The notice should identify the insured person and the nature of the loss. When we receive written notice of claim, we will furnish proof of loss forms within 15 days.

Proof of Loss

If the policy provides periodic payments for a continuing loss, written proof of loss must be given to us within 90 days after the end of each period for which we are liable. For any other loss covered by the policy, written proof of loss must be given to us within 90 days after the date of loss. Failure to furnish proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time. Such proof must be furnished as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

Physical Examination and Autopsy

We have the right to have a physician of our choice examine the insured person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.

Payment of Claims

Benefits for any loss covered by the policy will be payable immediately upon receipt of due written proof of loss. If a claim or a portion of a claim requires additional investigation or is denied, we will advise the claimant in writing no later than 45 calendar days following receipt of due written proof of such loss. Such notification will state the reasons we are not paying the claim, either in whole or in part. This notice will include a written itemization of any documents or other information needed to process the unpaid portion of the claim.

If we dispute a portion of the claim, any undisputed portion will be paid within 60 days of receipt of due written proof of loss. When all of the required documents or other information has been received, we shall have 120 days from the date we first receive your claim, within which to process the claim, and either mail payment for the claim or a letter denying it. (See "Claim Review" provision.) Payment will be considered made on the date we deposit the notice of the claims processing decision in the United States mail in a properly addressed, postpaid envelope, or on the date of delivery, if not so posted.

Dependent Life and Dismemberment benefits will be paid to you. Employee Life insurance and Accidental Death benefits will be paid to the person(s) named by you to receive them.

If you failed to name a beneficiary or if no named beneficiary is living at your death, refer to the "Beneficiary" provision below. At our option, up to \$2,000 may be paid to any person who incurred funeral or other expenses related to the last illness or death of the insured person.

Life claims are incontestable beginning two years after the effective date of the life coverage, except for non-payment of premium.

Section IV – Claims Provisions

Assignment

You have all ownership rights of life insurance. You may transfer the rights to someone else by assignment. An assignment will affect us only if it is in writing on a form acceptable to us, and is received at our Home Office. When we record it, the assignment will take effect as of the date you made it. The assignment will be subject to any action we may have taken before we record it. We take no responsibility for the validity of any assignment.

Beneficiary

Your beneficiary will be the person(s) you name in writing to receive any amount of insurance payable due to your death. The beneficiary's name is on record in our Home Office, or in the policyholder's office if the group is self-administered. You are the beneficiary of the Dependent Life Insurance if you are living. If you and your dependent die in the same accident, the dependent benefit will be paid to your estate.

You may name or change a beneficiary by giving us written notice at our Home Office (or by giving the policyholder written notice if the group is self-administered) on a form acceptable to us. When we receive the notice, it will be effective on the date made, subject to any payment we may have made before we receive it.

If you name more than one beneficiary, those who survive will share equally unless you specify otherwise. If there is no named beneficiary living at your death, we may pay, at our discretion, any amount due to one of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother and/or father; (4) your brother and/or sister; or (5) your estate.

Claim Review

If a claim is denied, you will be given written notice of:

1. the reason for the denial; and
2. the policy provision that relates to the denial; and
3. your right to ask for a review of your claim; and
4. any additional information that might allow us to change our decision.

You may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports for your use.

Section IV – Claims Provisions

The following applies only when the interpretation of the Policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

Florida Combined Life shall have authority and full discretion to determine all questions arising in connection with the Plan benefits, including but not limited to eligibility, beneficiaries, interpretation of Plan language, and findings of fact with regard to any such questions. The actions, determinations, and interpretations of Florida Combined Life with respect to all such matters shall be conclusive and binding. This means that should there be any question concerning how the Plan applies:

1. to any claim for benefits;
2. concerning an employee's eligibility for Plan benefits;
3. concerning the determination of beneficiaries; or
4. to any other question or issue, whether one of fact or one of Plan interpretation;

Florida Combined Life is deemed to have the exclusive right and authority to resolve all such questions in the exercise of Florida Combined Life's sole discretion. If you do not agree with our interpretation, you still have a right to legal action as described in the Legal Actions provision below.

You may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports for your use.

Appeals Procedure

Prior to filing any lawsuit and no later than 60 days after notice of denial of your claim, you or your beneficiary must appeal any denial of benefits under the policy by making a written request for review of the denial, directed to "Appeals Coordinator," at our Home Office, Florida Combined Life, P.O. Box 45132, Jacksonville, FL 32232.

Legal Actions

You or your beneficiary may not bring suit to recover until 60 days after written proof of loss is furnished. No suit may be brought after the expiration of the applicable statute of limitations from the time written Proof of Loss is required to be given.

Section V – General Provisions

Entire Contract

The entire contract of insurance is made up of the policy and the application of the policyholder. The individual applications also become a part of the contract. In the absence of fraud, all statements made by the policyholder or by persons insured are representations and not warranties.

Time Limit on Certain Defenses

Except for nonpayment of premium, the policy will not be contested after it has been in force for two years. Statements an insured employee makes about his insurability or statements made by the policyholder will not be used to void insurance or deny a claim unless:

1. the statements are contained in a written document signed by such insured employee or policyholder, a copy of which has been given to the person who made it or his beneficiary; and
2. the loss on which the claim is based occurs within two years after the effective date of the coverage.

Individual Certificates

We will provide each policyholder with certificates which summarize important provisions of the policy. It is the policyholder's duty to deliver these to each insured employee. The certificates will describe the amount of benefits, to whom they will be paid, and how to convert coverage. Certificates are not part of the policy. If the terms of a certificate and the policy differ, the policy will govern.

Changes to Policy

The policy may be amended with our consent and the consent of the policyholder. No amendment will affect any loss incurred prior to the amendment's effective date. No change or waiver of any provision of the policy is valid unless made in writing. It must be signed by our President, a Vice President, Secretary or Assistant Secretary and be requested or accepted by the policyholder. The change must be endorsed on or attached to the policy. No agent may change or waive any provision of the policy.

Premium Payments

All premiums are payable at our Home Office. The policyholder must make the first premium payment on or before the date the insurance is scheduled to take effect. Future premiums are due and payable on the premium due date.

Grace Period

Any premium for this insurance, which is not paid on or before the date it becomes due, is in default. After the first premium payment, the policyholder will be allowed a 31-day grace period. During the 31-day grace period, there is no interest charge and the insurance will remain in force. The policyholder is liable, however, for the payment of any premium while coverage remained in force.

Section V – General Provisions

Premium Changes

The premiums charged for insurance under the policy may be changed with 45 days notice:

1. on any premium due date after the policy has been in force for 12 months; or
2. if the policy's terms have been changed.

Non-Participation

The policy is non-participating. That means we do not refund any portion of the underwriting profits from the policy.

Records and Reports

The policyholder will keep records and furnish information to us upon request regarding:

1. insured employees and dependents, and the employees' beneficiaries;
2. changes in the amounts of insurance; and
3. termination of insurance.

Clerical Errors

A clerical error will not affect the amount of insurance to which the insured employee or dependent is entitled. Delay or failure to report termination of any insurance will not continue the insurance in force beyond the date it would terminate under the termination provisions of the policy. A retroactive adjustment of premium, for up to 12 months, will be made if clerical error is found.

Misstatement of Age

We will make adjustments if the insured employee's or dependent's age was misstated in the application. The amount of insurance shown in the Policy Schedule will be adjusted to the amount the premiums paid would have bought at the correct age.

Termination of Group Policy

The policy will terminate at the end of the grace period if the premium due is not paid within the grace period. The policyholder may terminate the policy by advance written notice delivered to us at least 31 days prior to the termination date. But, the policy will not terminate during any period for which premium has been paid. The policyholder will be liable to us for all premiums due and unpaid for the full period for which the policy is in force. If the insurance has extended into the grace period, prior to termination, the policyholder will be charged a pro-rated premium.

We may terminate the policy on any premium due date by giving the policyholder written notice at least 45 days in advance. We may not terminate the policy prior to the first anniversary date of the effective date of the policy except for non-payment of premium or failure to meet continued underwriting standards.

Termination of the policy will be without prejudice to any claims, accrued liabilities, and/or benefit continuations that arise prior to the termination date.

Section V – General Provisions

Workers' Compensation Insurance

The policy is not in lieu of and does not affect or fulfill any requirement for coverage under any Workers' Compensation insurance laws.

Conformity with Statutes

On the effective date if any provision does not comply with the laws of the state it is issued in, the policy is deemed amended to meet the minimum requirements of the law.

Affiliated or Subsidiary Organizations

We will insure the employees of the policyholder's affiliates and subsidiaries. They must, however, fall within the eligible covered classes described in the policy.

Newly Acquired Organizations

The policy applies only to the policyholder as composed on the Effective Date of the policy or as thereafter amended.

New employees acquired through merger, stock purchase, exchange of stock, or otherwise may be covered under the policy. Their coverage is subject to the following conditions:

1. that the policyholder pay the correct additional premium; and
2. that he report to us the name of the newly acquired organization along with any underwriting data we may need to determine the correct premium.

Coverage will start in accordance with policy Eligibility and Effective Date provisions. In no case, however, will coverage continue for more than 60 days unless:

1. the required report has been made; and
2. the additional premium has been agreed on and paid.

The policyholder must pay for any period in which coverage is in effect.

Insurance Fraud

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Section VI – Benefits Employee Life Insurance

Death Benefit

We will pay the amount of insurance in force on the date of death when we receive proof of your death.

Suicide

This provision applies to the Supplemental Life benefit only. If you, whether sane or insane, die by suicide within one year of your original effective date of insurance, the Supplemental Life death benefit will be limited to the amount of premiums paid for this insurance.

After having been insured for one year, if you, whether sane or insane, die by suicide within one year of the effective date of an increase in coverage, the death benefit will be limited to the amount of insurance in effect prior to the increase in Supplemental Life coverage, plus the amount of premiums paid for the increase in coverage.

With respect to employees insured on the effective date of the policy:

1. if the policy replaces another group life policy, the one year limitation on death by suicide shall be reduced by the number of months you were continuously insured by the prior policy; and
2. the benefit payable shall be the lesser of the amount otherwise payable under the policy or the amount provided by the prior policy.

Replacement of Life Insurance

If you would not become insured under the policy on its effective date due to terms in the Deferred Effective Date provision of “Section II – Eligibility and Effective Date,” you will be insured for life insurance as follows. If, immediately prior to the effective date of the policy, you were:

1. totally disabled;
2. covered under a life insurance benefit extension of the prior plan; and
3. deprived of the benefit extension due to the termination of the prior plan, you will be entitled to be insured under the Extended Insurance Benefit (Waiver of Premium) provision of the policy.

The level of benefits will be the benefits you were entitled to under the prior plan, reduced by any benefits payable by that plan. However, in no event will the level of benefits provided be greater than the benefits you would be insured for under the policy if you were not disabled.

The coverage will continue until the earlier of:

1. the date you would otherwise become insured under the policy;
2. the date specified in the Extended Insurance Benefit provision of the policy;
3. the date your insurance would otherwise terminate under the prior plan’s Extended Insurance Benefit; or
4. the date your insurance would terminate under the provisions of the policy.

Section VI – Benefits

Conversion Privilege for Life Insurance

Conversion Upon Termination of Employment or Eligibility

For Employees

You may convert all or part of your life insurance to an individual policy of life insurance, other than Term,

1. if all or part of it stops for any reason; unless
2. it stops because you did not pay any required premiums.

The amount you may apply for may not be more than:

1. the life amount then in force; or
2. that part of the life amount which has stopped, whichever is less.

For Dependents, if Applicable

Your insured dependent spouse or child may convert all or part of his life insurance to an individual life policy, other than Term, if the insurance on his life ends because:

1. you stopped working full-time for your employer; or
2. you ceased to be a member of a class eligible for insurance; or
3. the dependent ceased to be an eligible family member; or
4. of your death.

Conversion Upon Termination or Amendment of Group Policy

Any insured person may convert a limited amount of life insurance if he has been continuously insured under the policy for not less than five years and his insurance ends due to termination or amendment of the policy.

The amount you may convert in this case is the smaller of the following:

1. the amount of life insurance which terminates, less the amount you became eligible for under any group policy within 31 days after the insurance terminated; or
2. \$10,000.

Conversion Coverage

Any insured person may convert his life insurance to any policy we are issuing for the purpose of conversions other than Term. The conversion policy will not have disability or other supplementary benefits. No evidence of insurability will be required. The premium will be based on the amount and the form of the conversion policy, and on the insured person's class of risk and age on the date the conversion takes effect.

A conversion policy is in lieu of all other benefits under the policy. If you qualify for the Extended Insurance Benefit, any conversion policy issued will be canceled. Premiums paid for the converted policy will be returned.

The conversion policy will take effect on the 32nd day after the insurance terminates.

Section VI – Benefits

Conversion Privilege for Life Insurance

Notice and Application Required

Written application and the first premium payment for the conversion policy must be received in our Home Office within 31 days after the insured person's insurance terminates. If you are not given notice of the right to convert by the 16th day of the 31-day conversion period, you will have an additional period in which to apply for conversion. The additional period will end 15 days after you are given notice, but not more than 61 days after the date the insurance under the policy ended.

Nothing in the policy will continue coverage for more than 31 days following the date coverage ends under the policy. Written notice, contained in this certificate of insurance and given to you at any time, or mailed by the policyholder to your last known address will be considered sufficient written notice to you. It is the responsibility of the policyholder to give such notice to you.

Conversion Period Death Benefit

If the insured person dies within the 31 days allowed for making application to convert, we will pay the amount he was entitled to convert. We will do this whether or not application was made.

Section VI – Benefits
Employee Life Insurance – Waiver of Premium

Extended Insurance Benefit (Waiver of Premium)

We will continue your group life insurance in force without premium payment if you become totally disabled provided:

1. you are insured under this plan and are actively at work on or after the effective date of the plan; and
2. your total disability begins before age 60; and
3. total disability has continued without interruption for at least six months during which time premiums have been paid; and
4. you provide us with proof of total disability as required; and
5. you are still totally disabled when you submit the proof of disability.

Amount of Life Insurance

The amount of insurance continued will be the amount in force on the date you became totally disabled. This amount will be reduced or terminated based on the Schedule of Benefits in effect on the date of total disability. This amount will not be increased while you remain totally disabled.

Definition of Total Disability

For the purposes of waiver of premium, “total disability” means, during the first 12 months of disability, you are unable to perform the material and substantial duties of your occupation because of a disability:

1. caused by injury or sickness;
2. that started while insured under this plan.

After 12 months of total disability, you will be totally disabled if you are unable to perform the material and substantial duties of your own or any other occupation for which you are or become reasonably qualified or trained.

Proof of Total Disability

Upon receipt of Notice of Loss, we will provide forms which you must use when giving us proof of total disability. (See “Notice of Loss” provision.) You must give us proof, at your own expense, no later than 12 months after the date you became totally disabled. We may at any time require proof that total disability continues. You must give us proof of continuing disability within 60 days after our request. After you have been totally disabled for more than two years from the date of total disability, we will not request proof more than once a year. We may require that you be examined at our expense by a physician of our choice.

Section VI – Benefits
Employee Life Insurance – Waiver of Premium

Death While Totally Disabled

If you die while your life insurance is being continued under this provision, we will pay the amount of insurance if we receive proof:

1. of your death; and
2. that total disability was continuous from the date it began to the date of death.

Termination of the Extended Insurance Benefit

You will no longer be eligible for the Extended Insurance Benefit and your life insurance will terminate on the earliest of the following dates:

1. the date you cease to be totally disabled. But, if you are still eligible for life insurance when you return to active work, your life insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of life insurance you may then be eligible for will take effect as described in the Effective Date of Insurance provision; or
2. the last day of the 60 day period following our request for proof of total disability, if you do not give us proof or you refuse to take a medical exam; or
3. the date you attain age 65; or
4. five years from the date Florida Combined Life approves the continuation.

If your insurance terminates while you are covered under this provision, you will be eligible to convert that coverage as of the termination date. You may convert no more than the amount of life insurance that was in force on you on that date. (See “Conversion Privilege for Life Insurance” provision.)

Section VI – Benefits

Group Life Accelerated Benefits

Notice of Possible Tax Consequences

Please be advised that receipt of the accelerated benefits may be taxable. Any person who receives accelerated benefits should consult his personal tax advisor.

The receipt of accelerated benefit payments may adversely affect the insured's eligibility for Medicaid or other government benefits or entitlements.

Eligibility

All insured employees under age 70 who are insured for a minimum of \$10,000 of life insurance under the policy are eligible.

An insured employee is eligible for the accelerated benefit on the date he is eligible for life insurance under the policy.

Accelerated Benefit

The accelerated benefit is an advance payment to the insured employee who:

1. is terminally ill; and
2. elects to receive part of his life insurance benefit payable under the group policy, subject to the maximum benefit amounts stated on the Schedule of Benefits.

We will pay an accelerated benefit to you when we receive the following:

1. a written request for payment of the accelerated benefit; and
2. proof that you are terminally ill.

The accelerated benefit will be paid once and in one lump sum to you before death occurs.

Cost of Providing the Accelerated Benefit

There is no cost associated with providing the accelerated benefit.

Amount of Accelerated Benefit

The accelerated benefit will be paid once and in one lump sum to you. The maximum accelerated benefit will be the lesser of:

1. 50% of your life insurance amount as shown in the Schedule of Benefits of your certificate; or
2. \$150,000.

If your life insurance amount is scheduled for a reduction within 12 months after the date you request the payment of the accelerated benefit, the maximum accelerated benefit will be limited to the lesser of:

1. 50% of the life insurance amount which will be in effect after the scheduled reduction; or
2. \$150,000.

The minimum accelerated benefit for the insured member or insured dependent will be \$5,000.

Section VI – Benefits

Group Life Accelerated Benefits

Irrevocable Beneficiary

For the purpose of the Accelerated Benefit provision, an irrevocable beneficiary is a named beneficiary whose rights to the employee's life insurance proceeds are vested and whose rights cannot be cancelled by the employee unless the irrevocable beneficiary consents.

Conditions and Requirements for Payment of the Accelerated Benefit

You must request payment of an accelerated benefit in writing.

Proof that you are terminally ill must be provided to us. The proof must be certified by a licensed physician and in a form that is satisfactory to us. We are not obligated to ask for any proof. Any delay in submitting proof will not cause a request to be denied if the proof is given to us as soon as reasonably possible.

After receipt of such proof, we may require you to be examined by a licensed physician of our choice, at our expense. If there is a disagreement between the two physicians, we may require you to be examined by another licensed physician of our choice, at our expense. The decision of the third physician will be final.

Effect of Payment of an Accelerated Benefit on Group Policy Provisions

Your amount of life insurance under the group policy will be reduced by the amount of an accelerated benefit paid.

The following will be based on the reduced life insurance amount:

1. the amount of life insurance payable to the beneficiary when you die;
2. the amount of life insurance you can convert under the group policy; and
3. the premiums payable for your life insurance under the group policy after an accelerated benefit is paid to you, if such premiums are not waived.

If your amount of life insurance in force is scheduled to reduce because of an age-related reduction within one year after the date you applied for an accelerated benefit, the maximum accelerated benefit will be limited to the scheduled reduced amount shown on the Schedule of Benefits.

Exclusions

We will not pay an accelerated benefit if:

1. you have made an absolute assignment of your life insurance under the group policy and we do not receive written consent by the absolute assignee;
2. all or part of the your life insurance under the group policy is to be paid to your children or former spouse as part of a court approved divorce agreement;
3. you have made an irrevocable beneficiary designation of your life insurance under the group policy and we do not receive written consent by the irrevocable beneficiary; or
4. the terminal illness is a result of intentional self-inflicted injury or attempted suicide, committed while sane or insane.

Date Insurance Ends Under this Benefit

Your insurance will end at the earliest of:

1. the date the accelerated benefit is paid to you or on your behalf;
2. the date your life insurance ends under the group policy; or
3. the policy anniversary on which you are age 70.

Section VI – Benefits

Disclosure for Group Life Accelerated Benefits

This disclosure provides a very brief description of the important features of your Group Life Accelerated Benefits. This disclosure is not the insurance contract and only the actual benefit provisions will control. The benefit provisions set forth, in detail, the rights and obligations of both you and Florida Combined Life. It is, therefore, important that you **READ YOUR BENEFIT PROVISIONS CAREFULLY.**

Accelerated Benefit Plan

The accelerated benefit is advance payment of your amount of life insurance under the group policy, subject to the maximum and minimum benefit requirements stated below. You may request payment of an accelerated benefit in the event that you are diagnosed with a terminal illness which is expected to result in your death within 12 months, and from which you are not expected to recover.

The receipt of accelerated benefit payments may adversely affect your eligibility for Medicaid or other government benefits or entitlements.

On Your Tax Status

The payment of an accelerated benefit may result in a taxable event to you. You should consult a tax advisor before requesting such benefit payment.

Cost of Providing the Accelerated Benefit

There is no cost associated with providing the accelerated benefit.

Illustration of Cost Calculation

Assumptions:

- you are insured for \$30,000 of group term life insurance

Calculation:

\$30,000.00	•	your life insurance amount
<u> x .50</u>	•	the accelerated benefit %
\$15,000.00	•	the accelerated benefit for which you are eligible

Amount of Accelerated Benefit

The accelerated benefit will be paid once and in one lump sum to you. The maximum accelerated benefit will be the lesser of:

1. 50% of your life insurance amount as shown in the Schedule of Benefits of your certificate; or
2. \$150,000.

If your life insurance amount is scheduled for a reduction within 12 months after the date you request the payment of the accelerated benefit, the maximum accelerated benefit will be limited to the lesser of:

1. 50% of the life insurance amount which will be in effect after the scheduled reduction; or
2. \$150,000.

The minimum accelerated benefit for the insured member or insured dependent will be \$5,000.

Section VI – Benefits
Disclosure for Group Life Accelerated Benefits

Effect of Payment of an Accelerated Benefit Payment

On Group Policy Provisions

Your amount of life insurance under the group policy will be reduced by the amount of an accelerated benefit paid to you. As a result, the following will be based on such reduced life insurance amount:

1. the amount of insurance payable to the beneficiary when you die;
2. the amount of life insurance you can convert under the group policy; and
3. the premiums payable for your life insurance under the group policy after an accelerated benefit is paid to you, if such premiums are not waived.

The payment of an accelerated benefit will not affect the amount of your Accidental Death and Dismemberment Benefits under the group policy, if any.

Illustration of Death Benefit and Premium Reduction

- Assumptions:**
- same as Illustration of Cost Calculation
 - life rate of \$.50 per \$1,000 (\$15.00 monthly premium)

- | | | |
|-------------------|--|---|
| Reduction: | $\begin{array}{r} \$30,000 \\ -15,000 \\ \hline \$15,000 \\ \times .50 \\ \hline \$7.50 \end{array}$ | <ul style="list-style-type: none">• your life insurance amount• the accelerated benefit paid to you• your reduced life insurance amount• rate per \$1,000• your reduced monthly premium |
|-------------------|--|---|

Exclusions

We will not pay an accelerated benefit if:

1. you have made an absolute assignment of your life insurance under the group policy;
2. all or part of your life insurance under the group is to be paid to your child(ren) or former spouse as part of a court approved divorce agreement;
3. we do not receive written consent by an irrevocable beneficiary; or
4. the terminal illness is a result of intentional self-inflicted injury or attempted suicide.

Section VI – Benefits

Employee Accidental Death & Dismemberment Insurance

If you suffer a loss described below, we will pay the amount of insurance that applies. You or your beneficiary must give us proof that:

1. injury occurred while the insurance was in force under this section;
2. loss occurred within 365 days after the injury; and
3. loss was due to injury independent of all other causes.

Amount of Insurance

We will pay the full AD&D amount shown in the Schedule of Benefits for loss of:

1. life;
2. both hands or both feet;
3. one hand and one foot;
4. sight of both eyes;
5. one hand and sight of one eye; or
6. one foot and sight of one eye.

We will pay one-half the AD&D amount shown in the Schedule of Benefits for loss of:

1. one hand;
2. one foot; or
3. sight of one eye.

“Loss of sight” means total and irrecoverable loss of sight. “Loss of hands or feet” means severance at or above the wrist or ankle, unless the State in which the policy is issued defines the loss differently.

In paying the benefit, we will consider only losses sustained while insured under this section of the policy. We will pay no more than the full amount shown in the Schedule of Benefits for losses resulting from any one injury.

Limitations

We will not pay a benefit for a loss caused directly or indirectly by:

1. disease, bodily or mental infirmity, or infection (except bacterial infection of a visible injury);
2. suicide or intentionally self-inflicted injury, whether sane or insane;
3. your participation in a riot or insurrection, or commission of an assault or felony;
4. war or any act of war, declared or undeclared;
5. your use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a physician;
6. travel or flight in, or descent from, any aircraft unless as a fare paying passenger on a commercial airline flying between established airports on: (a) a scheduled route, or (b) a charter flight;
7. participation in parachute or hang gliding sports, or an organized race or speed contest; or
8. your being your intoxicated as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.

Section VI – Benefits
Employee Accidental Death & Dismemberment Insurance

“Participation” in a riot shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.

“Riot” shall include all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

“War” means declared or undeclared war or a conflict involving the armed forces of any country, group of countries, governments, or international organization.

Section VI – Benefits Dependent Life Insurance

Death Benefit

We will pay the amount of insurance in force on the date of death when we receive proof of your insured dependent's death.

Extended Insurance Benefit

Premiums for Dependent Life Insurance shall also be waived in the event you qualify for the Extended Insurance Benefit under Employee Life Insurance - Waiver of Premium.

Termination of the Extended Insurance Benefit for the Insured Dependent

Your insured dependent will no longer be eligible for the Extended Insurance Benefit and the dependent's life insurance will terminate on the earliest of the following dates:

1. the date the dependent ceases to be a dependent as defined in the Definition section;
or
2. the date you cease to be eligible for coverage under the Extended Insurance Benefit (Waiver of Premium) provision. But, if the dependent is still eligible for dependent life insurance when you return to active work, the dependent life insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of dependent life insurance the dependent may then be eligible for will take effect as described in the Effective Date of Dependent Insurance provision; or
3. 12 months from the date your total disability began.

Your insured dependent whose insurance terminates while covered under this provision will be eligible to convert that coverage as of the termination date. He may convert no more than the amount of dependent life insurance that was in force on that date. (See "Conversion Privilege for Life Insurance" provision.)

Replacement of Life Insurance

A dependent who would not become insured under the policy on its effective date due to the insured employee's total disability in accordance with the terms in the Deferred Effective Date provision of "Section II – Eligibility and Effective Date" will be insured for life insurance as follows if, immediately prior to the effective date of the policy, the dependent was:

1. covered under a life insurance benefit extension of the prior plan; and
2. deprived of this benefit extension due to the termination of the prior plan.

The level of benefits will be the benefits the dependent was entitled to under the prior plan, reduced by any benefits payable by that plan. However, in no event will the level of benefits provided be greater than the benefits this person would be insured for under the policy if he were not disabled.

The coverage will continue until the earlier of:

1. the date the dependent would otherwise become insured under the policy; or
2. the date the dependent's insurance would terminate under the provisions of the policy.

ERISA Information

Plan Sponsorship and Administration

The plan was established by the actions of your employer, which continues to act as Plan Sponsor and Plan Administrator. Your employer, as Plan Administrator, performs the functions of distributing Plan notices and information to employees and other Plan participants, coordinates employees' and eligible dependents' enrollment in the Plan, and transmits Plan premium payments.

ERISA Rights

As a participant in the plan, you are 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:

1. Examine, without charge, at the Plan Administrator's office and at other specified locations, all Plan documents including insurance contracts, and copies of all documents filed by the plan with the U.S. Department of Labor, such as detailed annual reports and plan descriptions.
2. Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
3. 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 your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.
4. Neither your employer, nor any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.
5. If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.
6. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court, provided that you have first followed the Plan's designated appeals procedure before bringing suit.

ERISA Information

7. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees.
8. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.
9. If you have any questions about your Plan, you should contact the Plan Administrator.
10. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest Area Office of the U.S. Labor-Management Services Administration, Department of Labor.

Employee Accidental Death & Dismemberment Insurance Coma Rider

This rider is made part of the policy or certificate issued by Florida Combined Life to which it is attached. It takes effect and expires at the same time as the policy or certificate.

Coma Benefit

If as a result of a covered accident, an insured employee is injured, we will pay a benefit if the insured employee becomes comatose within 31 days of the accident, and remains comatose beyond the elimination period.

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

The "Elimination Period" is the 31-day period from the day the insured employee becomes comatose.

We will pay this benefit from the end of the elimination period, based upon the insured employee's full Accidental Death and Dismemberment benefit amount, at the rate of 5% of the full benefit amount per month or 5% of the difference between the full benefit amount and the amount of any benefits paid for loss arising out of the same accident, whichever is less. We will cease payment on the earliest of:

1. the end of the month in which the insured employee dies;
2. the end of the 11th month for which this benefit is payable; or
3. the end of the month in which the insured employee recovers from the coma.

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

If the insured employee dies as a result of the covered accident while the monthly Coma Benefit is payable, benefits will be paid under the policy for Accidental Death; however, in no event shall the total amount paid for all benefits exceed the insured employee's full AD&D benefit amount.

If the insured employee remains comatose after this Coma Benefit is payable for 11 straight months, benefits will be paid under the policy for Accidental Death; however, in no event shall the total amount paid for all benefits exceed the insured employee's full AD&D benefit amount.

Additional Exclusions

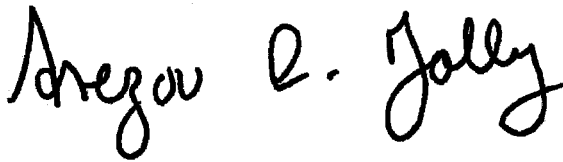
In addition to the Limitations listed in the policy and certificate, the following exclusion is added. Benefits will not be paid for loss covered by or resulting from sickness, disease, bodily infirmity or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted.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

Date This Rider Ends for an Insured Employee

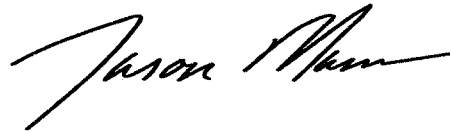
With respect to an insured employee, this rider will end upon the insured's attainment of age 70; however, termination only applies to accidents occurring after the insured's attainment of age 70.

This rider is subject to all provisions of the group policy which are not inconsistent with the terms of this rider.

Signed for Florida Combined Life at Jacksonville, FL, as of the date of issue.



Secretary



President

**Employee Accidental Death & Dismemberment Insurance
Exposure and Disappearance Rider**

This rider is made part of the policy or certificate issued by Florida Combined Life to which it is attached. It takes effect and expires at the same time as the policy or certificate.

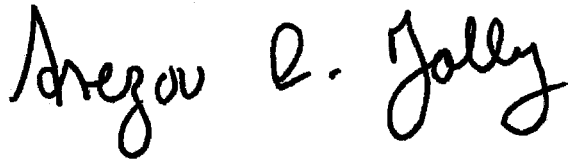
Coverage is provided for the applicable accidental death benefit if, due to an accident for which the policy provides AD&D coverage, a covered loss results from exposure to the elements due to the forced landing, stranding, sinking, or wrecking of a vehicle in which the insured employee was traveling.

Presumption that the insured employee has died will be made if:

1. the vehicle in which he or she is traveling disappears, sinks, is stranded, or is wrecked as a result of a covered accident; and
2. the body is not found within one year of the occurrence of the disappearance.

This rider is subject to all provisions of the group policy which are not inconsistent with the terms of this rider.

Signed for Florida Combined Life at Jacksonville, FL, as of the date of issue.



Secretary



President

Employee Accidental Death & Dismemberment Insurance Repatriation Rider

This rider is made part of the policy or certificate issued by Florida Combined Life to which it is attached. It takes effect and expires at the same time as the policy or certificate.

We will pay a Repatriation benefit if the insured employee dies:

1. as the result of an accident for which an AD&D benefit is payable; and
2. while traveling beyond 100 miles from his permanent residence or outside the territorial boundaries of the United States. Mileage will be measured as map miles from his residence.

We will pay the expenses incurred for the preparation and transportation of the insured employee's remains to a mortuary as follows:

1. minimum of \$250.00;
2. up to a maximum of 10% of the insured employee's AD&D benefit not to exceed \$5,000.00.

Benefit Limitations

In addition to the policy limitations, benefits will not be paid under this Repatriation Benefit for:

1. charges which exceed the amount shown above;
2. expenses paid by any Worker's Compensation, occupational disease or similar law that paid benefits in the absence of this coverage.

Payment of Benefits

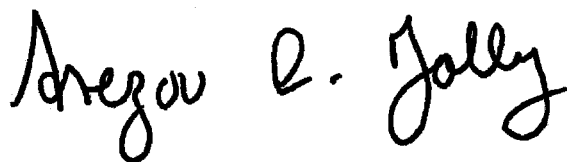
All benefits are payable in U.S. currency at the exchange in force on the date the expense was incurred. Benefits will be paid to the beneficiary when we receive valid proof of the expense incurred.

Date This Rider Ends for an Insured Employee

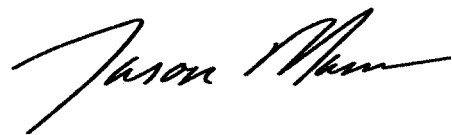
With respect to an insured employee, this rider will end upon the insured's attainment of age 70; however, termination only applies to accidents occurring after the insured's attainment of age 70.

This rider is subject to all provisions of the group policy which are not inconsistent with the terms of this rider.

Signed for Florida Combined Life at Jacksonville, FL, as of the date of issue.



Secretary



President

Employee Accidental Death & Dismemberment Insurance Seatbelt - Airbag Rider

This rider is made part of the policy or certificate issued by Florida Combined Life to which it is attached. It takes effect and expires at the same time as the policy or certificate.

Seat Belt Benefit

We will pay an additional accidental death benefit of a minimum of \$1,000.00 up to a maximum of 10% of the insured employee's accidental death benefit not to exceed \$10,000.00. We will pay this benefit if the insured employee suffers loss of life, as the result of a covered accident which occurs while he is driving or riding in a Private Passenger Car, if:

1. The Private Passenger Car is equipped with seat belts; and
2. The seat belt(s) were in actual use and properly fastened* at the time of the covered accident; and
3. The position of the seat belt(s) are certified in the official report of the covered accident; or by the investigating officer. A copy of the police accident report must be submitted with the claim.

****An automatic harness seat belt is not considered fastened unless a lap belt is also used.***

If the official report reflects that the insured employee was not wearing the seat belt(s) or was not correctly wearing the seat belt(s), we will not pay a benefit under this provision.

If such certification is not available, and it is unclear whether the insured employee was properly wearing a seat belt, then we will pay a fixed benefit of \$1,000.00 to the designated beneficiary.

No benefit will be paid if the insured employee was the driver of the Private Passenger Car and did not hold a current and valid driver's license.

"Private Passenger Car" means a validly registered four-wheel private passenger car (including Policyholder-owned cars), station wagons, and sports utility cars that are used only as private passenger cars. Private Passenger Car also includes pick-up trucks and vans that are used as private passenger cars.

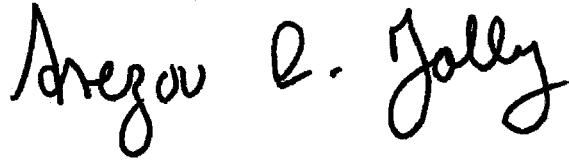
Air Bag Benefit

We will pay an additional benefit if a Seat Belt Benefit is payable under this Rider and if the insured employee is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable under this Benefit is the lesser of: (1) \$10,000.00; or (2) 10% of the insured employee's accidental death benefit amount.

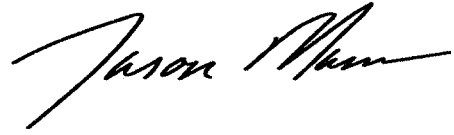
Verification of the actual use of the seat belt, at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

This rider is subject to all provisions of the group policy which are not inconsistent with the terms of this rider.

Signed for Florida Combined Life at Jacksonville, FL, as of the date of issue.

A handwritten signature in black ink that reads "Gregor E. Jolly". The signature is written in a cursive style with a large initial 'G'.

Secretary

A handwritten signature in black ink that reads "Jason Allen". The signature is written in a cursive style with a large initial 'J'.

President

**Employee Accidental Death & Dismemberment Insurance
Speech & Hearing Rider**

This rider is made part of the policy or certificate issued by Florida Combined Life to which it is attached. It takes effect and expires at the same time as the policy or certificate.

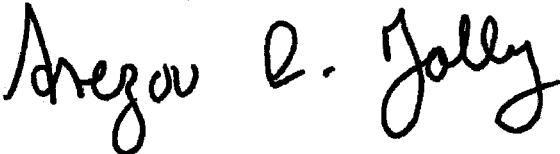
Accidental Dismemberment coverage will include benefits for:

Accidental Loss of Speech and Hearing..... The Full AD&D Benefit
Accidental Loss of Speech or Hearing..... One-Half the AD&D Benefit

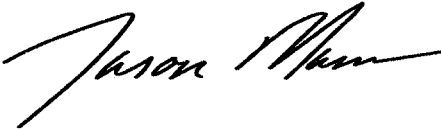
“Loss of speech” means a total and irrecoverable loss of audible communication. **“Loss of hearing”** means permanent total deafness in both ears such that it cannot be corrected to any functional degree by any aid or device.

This rider is subject to all provisions of the group policy which are not inconsistent with the terms of this rider.

Signed for Florida Combined Life at Jacksonville, FL, as of the date of issue.



Secretary



President

**FLORIDA COMBINED LIFE INSURANCE COMPANY, INC. (FCL)
5011 GATE PARKWAY, BLDG. 200
JACKSONVILLE, FLORIDA 32256**

CERTIFICATE AMENDMENT

Effective October 1, 2008, the Certificate of Insurance and any amendments attached thereto, to which this Certificate Amendment is attached is changed as follows.

The definition for Dependent is deleted in its entirety and is replaced with the following:

Dependent, if Dependent coverage is included, will include:

1. Your spouse, if not legally separated from you.
2. Any child, until the end of the calendar year in which that child reaches age 25, if that child:
 - a. is living in your household, or is a full-time or part-time student; and
 - b. depends upon you for support.

The term "child" also includes a legally adopted child or foster child, from the date of placement in the residence; step-child; or any child who lives with you and depends on you for more than 50% of his support.

3. Any child between the ages of 26 and 30, until the end of the calendar year in which that child reaches age 30, if that child:
 - a. is unmarried and does not have a dependent of his or her own;
 - b. is a resident of the state of Florida, or is a full-time or part-time student; and
 - c. is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other like insurance policy or is not entitled to benefits under Title XVIII of the Social Security Act.

If a child between the ages 26 and 30 is provided coverage under your certificate after the end of the calendar year in which the child reached age 25 and coverage for that child is subsequently terminated, the child is not eligible to be covered again under your certificate unless the child was continuously covered by other like coverage without a gap in that coverage of more than 63 days.

**FLORIDA COMBINED LIFE INSURANCE COMPANY, INC. (FCL)
5011 GATE PARKWAY, BLDG. 200
JACKSONVILLE, FLORIDA 32256**

CERTIFICATE AMENDMENT

4. A handicapped child over 25 years of age, who was insured under this certificate before reaching age 25.

If an unmarried dependent child is not capable of self-sustaining employment due to mental or physical handicap, the child's insurance will not terminate at age 25 if you give us proof that the child is:

- a. incapable of self-sustaining employment; and
- b. chiefly dependent on you for support and maintenance.

The insurance will continue as long as the child remains handicapped, unless coverage terminates according to Termination provisions applicable to dependents. To keep this coverage in force, we may require proof at our expense of the child's continued incapacity and dependence. We may require proof from time to time, but not more than once a year after the two years that follow the date the child reaches age 25.

A dependent cannot be:

1. insured as an employee under the certificate;
2. insured under more than one insured employee;
3. in full-time military service; or
4. insured for contributory insurance, unless you have made a written request for dependent insurance.

All other benefits, provisions, conditions, limitations, exceptions, or other terms of the certificate remain unchanged.

In the event of any inconsistencies between the provisions of this amendment and the provisions in the certificate, the provisions in this amendment shall control to the extent necessary to effectuate the intent of FCL as expressed herein.

Signed for the Florida Combined Life Insurance Company, Inc., at Jacksonville, Florida.



President



Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice

By law, Florida Combined Life Insurance Company, Inc. (FCL) is required to protect the privacy of your protected health information. We must also give you this notice to tell you how we may use and give out (“disclose”) your protected health information held by us.

Si usted desea una copia de esta notificación en español, por favor comuníquese con un representante de servicio al cliente utilizando el número telefónico indicado en su tarjeta de asegurado.

FCL must use and give out your protected health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary to make sure your privacy is protected; and
- Where required by law.

FCL has the right to use and give out your protected health information to perform business operations. For example:

- We can use your protected health information to pay or deny your claims or to collect your premiums.
- Members of our staff may use this information in an effort to continually improve the quality and effectiveness of the benefits and service we provide.
- We may disclose protected health information to your employer, if your employer arranges for your insurance. If your employer meets the requirements outlined by the privacy law, we can disclose protected health information to the appropriate areas so they can modify benefits, work to control overall plan costs, and improve service levels. This information may be in the form of routine reporting or special requests.
- We may disclose protected health information to others who are contracted to provide services on our behalf. Some services are provided in our organization through contracts with others. Examples may include claim investigation/management, medical record retrieval, reinsurance, and the copy service we use when making copies of your health record. Our contracts require these business associates to appropriately protect your information.
- Members of our staff, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in the payment of your claims or collection of your premiums. An example would be your spouse calling to verify a claim was paid or the amount paid on a claim.

FCL may use or give out your protected health information for the following purposes, under limited circumstances:

- To state agencies that have the legal right to receive FCL data (such as to make sure we are making proper payments);
- For public health activities (such as reporting disease outbreaks);
- For government oversight (such as fraud and abuse investigations);
- For judicial and administrative proceedings (such as in response to a subpoena or other court order);
- For law enforcement purposes (such as providing limited information to locate a missing person);
- To avoid a serious and imminent threat to health or safety;
- To contact you regarding new or changed benefits.

By law, FCL must have your written permission (an “authorization”) to use or give out your protected health information for any purpose other than payment or business operations or other limited exceptions outlined here or in the privacy regulation. You may take back (“revoke”) your written permission at any time, except it will not apply if we have already acted based on your permission.

Your Rights Regarding Medical Information About You

By law, you have the right to:

- See and get a copy of your protected health information that is contained in a designated record set that was used to make decisions about you.
- Have your protected health information amended if you believe that it is wrong, or if information is missing, and FCL agrees. If FCL disagrees, you may have a statement of your disagreement added to your protected health information record.
- Receive a listing of those getting your protected health information from FCL. The listing will not cover your protected health information that was given out to you or your personal representative; that was given out for payment or business operations; that was given out based on an authorization signed by you; or that was given out for law enforcement purposes.
- Ask FCL to communicate with you in a different manner or at a different place (for example, by sending your correspondence to a P.O. Box instead of your home address) if you are in danger of personal harm if the information is not kept confidential.
- Ask FCL to limit how your protected health information is used and given out to pay your claims and perform business operations. Please note that FCL may not be able to agree to your request.

To Exercise Your Rights

If you would like to contact FCL for further information regarding this notice or the exercise of any of the rights described in this notice, you may do so by contacting our Privacy Office at the following telephone number:

Florida Combined Life Insurance Company, Inc.
1-800-947-5074 (toll-free)

Changes to This Notice

We are required by law to abide by the terms of this notice. We reserve the right to change this notice and make the revised or changed notice effective for medical information we already have about you as well as any future information we receive. When we make changes, we will notify you by sending a revised notice to the last known address we have for you.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with FCL or with the Secretary of the Department of Health and Human Services. You may file a complaint with FCL by writing to the following address:

Florida Combined Life Insurance Company, Inc.
ATTN: Privacy Officer
5011 Gate Parkway, Bldg. 200
Jacksonville, Florida 32256

We will not penalize or in any way retaliate against you for filing a complaint with the Secretary or with us.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: 1) be in writing; 2) contain the name of the entity against which the complaint is lodged; 3) describe the relevant problems; and 4) be filed within 180 days of the time you became or should have become aware of the problem.

Effective Date

The provisions of this notice become effective April 14, 2003.

Note: Unless you have questions regarding this notice, no reply is necessary.

