



Mutual of Omaha

Eligibility: All active members of the Policyholder, under age 70, and their eligible dependents. Member status must be active on the date the Plan Administrator receives the completed enrollment form. Member means a citizen or permanent resident of the United States.

Dependents of enrolled members may also be insured, provided the requirements for eligibility are met, Spouse or Children coverage is applied for, and the proper premium paid.

No eligible person may be covered more than once under this Policy. If they are covered as an member, they cannot also be covered as a dependent of another member.

Effective Date of Individual Insurance:

Each eligible person becomes an Insured Person on the later of:

- (a) Policy effective date; or
- (b) the first day of the month following the date the eligible member's completed enrollment form and deduction authorization are received by the Policyholder/Plan Administrator.

SCHEDULE

Policyholder: Independent Business Owner Benefits Association
7575 Fulton Street East
Ada, Michigan 49355
T66BA-P-052507

Certificateholder (Insured): As Specified on the Enrollment Form on File

Certificate Number: As Specified on the Enrollment Form on File

Certificate Date: April 1, 2012 or As Specified on the Enrollment Form on File, whichever is later.

Amounts of Insurance: The eligible person may select the Principal Sum for which they are to be insured.

<u>Minimum</u>	<u>Maximum</u>	<u>Increments</u>
<u>Principal Sum</u>	<u>Principal Sum</u>	
\$25,000.00	\$400,000.00	\$25,000.00

The Principal Sum Amount each Insured selects shall be the amount specified on the enrollment form on file with the Policyholder.

The eligible person may elect to purchase family coverage. If elected, the amount of Principal Sum for Dependents shall be as follows:

If there is both a spouse and one or more eligible children covered:	
Spouse's Benefit	40% of Insured's Principal Sum
Each Child's Benefit	10% of Insured's Principal Sum
If there is a spouse but no eligible children covered:	
Spouse's Benefit	50% of Insured's Principal Sum
If there is no spouse but one or more eligible children covered:	
Each Child's Benefit	15% of Insured's Principal Sum

Principal Sum Benefits for any Insured age 70 and over shall be payable in accordance with the following schedule:

Age 70 through 74	The original Principal Sum Amount is reduced by 35%
Age 75 through 79	The current Principal Sum Amount is reduced an additional 55%
Age 80	Coverage terminates

Premiums:

Monthly per \$1,000 Principal Sum	
Member Only	\$0.05
Member & Family	\$0.077 (rounded up or down to the nearest 25 th cent)

Rider(s), if any

Paralysis Benefit

For Hemiplegia
For Paraplegia
For Quadriplegia
Loss Period

Benefit Amount(s), if any

Rider 8063M

50% of Principal Sum
75% of Principal Sum
100% of Principal Sum
Within 365 days after the accident.

Accident Only Comatose Benefit

Benefit
Loss Period
Waiting Period
Benefit Period

Rider 0KL8M Rev.

5% of applicable Principal Sum
7 days
31 days from beginning of coma.
20 months or until death, whichever occurs first.

Seat Belt Usage Benefits

Benefit Amount
Maximum Benefit Amount

Rider 8472M

10% of applicable Principal Sum
\$25,000.00

Air Bag Benefits

Benefit Amount
Maximum Benefit Amount

Rider 0KM0M Rev.

5% of applicable Principal Sum
\$10,000.00

Common Accident Benefit

Benefit Amount

Rider 6800M

100% of Insured's Principal Sum

Education Benefits Rider

Dependent Child Benefit

Maximum Benefit

Beneficiary Benefit

Rider 6801M

5% of the Insured's Principal Sum

\$5,000.00 Annually per Child

\$2,000.00

Extension of Benefits/Premium Waiver

Benefit Period

Rider 0605M

12 Months

The following riders are attached to and made a part of this certificate:

Exposure and Disappearance Amendment Rider

3888M

Air Travel Coverage Amendment Rider

6798M

Conversion Privilege Rider

6806M

Complaint & Appeal Procedure

M20441

FINAL Version: 06-08-12: MQ



This certificate is issued to the Insured (called "you" or "your") named in the attached Schedule under a Group Master Policy (called "the policy") issued by Mutual of Omaha (called "we", "us" or "our") to the Policyholder. The Policyholder is named in the Schedule.

Your application and premium put this certificate in force as of the Certificate Date. That date is shown in the Schedule.

PLEASE READ

Please read your certificate. If you are not satisfied, send it back within 15 days after you receive it. Any premium you paid will be refunded. That will mean coverage was never in force.

RENEWAL AGREEMENT

As long as the policy remains in force and you remain eligible, we will renew your certificate upon receipt of the premium. The premium must be paid on or before the date it is due or during the 31-day grace period that follows. This certificate stays in force during the grace period.

PREMIUM CHANGE

Other than for a change in coverage, your premium cannot be changed unless the same change is made on all certificates of the same Form issued to persons of the same class. We will give you at least 30 days' advance written notice.

DEFINITIONS

"Dependent" means a person eligible and insured in accord with the Family Member Provisions. Only those for whom a Principal Sum is shown in the Schedule will be insured, even though this certificate refers to others.

"Injuries" means accidental bodily injuries received while insured under this certificate. They must result in covered loss independently of sickness and other causes.

"Principal Sum" means a benefit amount payable for certain covered losses. The Principal Sum applicable to you or a dependent is shown in the Schedule.

EXCEPTIONS AND LIMITATIONS

This certificate does not cover:

- (a) suicide or any attempt thereat while sane or insane;
- (b) loss caused by act of declared or undeclared war;
- (c) injuries received while participating in training exercises or maneuvers of an armed service while a member of an armed service;
- (d) injuries received while traveling by air (except as provided under the Air Travel Coverage section);
- (e) injuries received because the insured person was under the influence of any controlled substance unless administered on the advice of a physician;
- (f) injuries received because the insured person was intoxicated.

Certificate of Accident Insurance

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT.
If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

BENEFITS FOR SPECIFIC LOSS

When you or a dependent suffers any of the following specific losses because of injuries within 12 months from the date of the accident, we will pay for loss of:

Life	Principal Sum
Both Hands or Both Feet or Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
One Hand and One Eye or One Foot and One Eye	Principal Sum
Speech and Hearing	Principal Sum
One Hand or One Foot or One Eye	One-half Principal Sum
Speech or Hearing	One-half Principal Sum
Thumb and Index Finger of Same Hand	One-quarter Principal Sum

Loss of hand or hands, or foot or feet, means actual severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes, speech or hearing, means the total, uncorrectable and irrecoverable loss of the entire sight, speech or hearing, respectively.

In the event you or a dependent suffers more than one of the above losses as a result of the same accident, only one of the amounts specified (the largest applicable) will be paid for all such losses. The amounts for loss of: (a) two limbs; (b) two eyes; and (c) one limb and one eye will be payable only when such double loss occurs as the result of the same accident.

AIR TRAVEL COVERAGE

You or a dependent is covered for injuries received while traveling as a passenger (not as a pilot or member of a crew) and getting on or off:

- (a) any licensed U.S. civil aircraft or its foreign equivalent:
 - (1) operated by a person holding a valid and in-force pilot certificate (other than a student certificate) of a rating authorizing him or her to operate it;
 - (2) where the primary purpose of the flight is transporting passengers or passengers and cargo;
- (b) any transport-type, multiengine fixed-wing aircraft operated by:
 - (1) the Military Airlift Command (MAC) of the United States;
 - (2) the Department of National Defence (Canada);
 - (3) the Royal Air Force Air Transport Command of Great Britain; or
- (c) any aircraft of the United States Department of Defense, other than a single-engine jet:
 - (1) operated by a pilot with proper authorization;
 - (2) where the primary purpose of the flight is transporting passengers or passengers and cargo.

FAMILY MEMBER PROVISIONS

1. **Eligibility:** Coverage is provided for your eligible family members only if you apply for coverage for them and pay the required premium. Family members eligible for coverage include your lawful spouse and dependent, unmarried children of yours and/or your spouse up to age 26. Your eligible children shall include any legally adopted children and foster children provided they are dependent on you for support and maintenance. Family members eligible but not covered on the Certificate Date may be covered upon acceptance, by us, of your written application and payment of any required additional premium.

2. **Newborn Children:** Any child of yours and/or your spouse born while this certificate is in force will be included automatically as a covered dependent child under this certificate until the first day of the second month following birth. Coverage for such newborn child will continue in effect thereafter, without evidence of insurability, if dependent child coverage is in effect or upon receipt by us of your written request for dependent child coverage and payment of the required additional premium prior to the end of the automatic coverage period. Coverage will be subject to all provisions of this certificate applicable to dependent child coverage.

3. **Termination of Coverage:** Coverage for each dependent child will terminate on the first of the month which next follows his or her 26th birthday or marriage, whichever is first.

If a dependent child, on the termination date, is incapable of self-sustaining employment by reason of mental retardation or physical handicap and is dependent upon you for support and maintenance and if satisfactory proof of incapacity is submitted to us within 31 days of termination, the coverage for such child shall continue while this certificate is in force and so long as such incapacity continues and the applicable premium is paid.

You should notify us in writing when or if an insured spouse and/or your last child is no longer eligible for coverage. If we accept a premium for spouse or child after we get your written notice, the insurance for them will continue until the end of the period for which the premium is paid. If you do not give us notice, we will refund the premium we accept for family members coverage after they are no longer eligible.

CLAIMS PROVISIONS

Notice of Claim: You must give us written notice of claim within 90 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the notice or have someone do it for you. The notice should give your name and certificate number as shown on the Schedule. Notice should be mailed to us at Omaha, Nebraska, or to any of our agents.

Claim Forms: When we receive your notice, we will send you forms for filing proof of loss. If we do not send them within 15 days, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss: For a loss for which this certificate provides periodic payment, you must give us written proof of loss within 90 days after the end of the period for which we are liable. For other losses, written proof must be given within 90 days after the date of the loss. If you cannot give us proof within the time required, it may be given as soon as is reasonably possible. It must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

Payment of Claims: If your certificate provides loss of time coverage, we will make periodic payment for loss of time for which benefits accrue during a period of more than one month. Subject to written proof of loss, all accrued benefits for such loss of time will be paid at the end of each month. Any balance unpaid when our liability for such loss of time ends will be paid as soon as we receive proof of loss. All other benefits will be paid as soon as we receive proof of loss.

All benefits will be paid to you, your beneficiary or your estate.

Benefits for loss of life will be paid to your beneficiary (your estate if no beneficiary is named). Other benefits unpaid at your death will be paid, at our option, to your estate or your beneficiary.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000.00 to any relative of yours who we find entitled to the payment. Payment made in good faith shall fully discharge us to the extent of the payment.

GENERAL PROVISIONS

Term of Coverage: Your coverage starts on the Certificate Date at 12:01 a.m., Standard Time where the main office of the Policyholder is located. It ends at 12:01 a.m., the same Standard Time, on the first certificate renewal date. Each time your certificate is renewed, the new term begins when the old term ends.

Premiums and Payment of Premiums: The premiums for the coverage provided under this certificate are shown in the Schedule. The first premium for each person who is to be insured is due with the person's application. A renewal premium must be paid before the end of the preceding term of insurance. All premiums and applications will be submitted to us, or to our authorized agent.

Grace Period: Your premium must be paid on or before the date it is due or during the 31-day grace period that follows. This certificate stays in force during your grace period. You always have your grace period unless we write and tell you it does not apply.

Reinstatement: Your certificate will lapse if you do not pay the premium before the end of the grace period. Your insurance will be reinstated if we accept a premium after this certificate has lapsed. The reinstated certificate only covers loss due to an injury that is received after the date of reinstatement.

Other Insurance with Us: A person may be insured under only one certificate of this Form at any one time. If a person is insured under more than one, the certificateholder may select the one that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. We will return all premiums paid (less claims paid) for certificates that do not remain in effect.

Termination: Unless otherwise shown in the Schedule or attached rider(s), your insurance will end on the first of the following dates:

- (a) The date you cease to be eligible;
- (b) The date any premium is due and unpaid, subject to the grace period; or
- (c) The date the policy terminates.

Change: Any change in coverage will become effective on the renewal date of this certificate which next follows acceptance of the change by you and us.

If there is a change in the amount or type of benefits provided to you under this certificate, such change shall apply only to loss due to an injury that is received on or after the effective date of change.

Change of Beneficiary; Assignment: Only you have the right to change the beneficiary. This right is yours unless you make a beneficiary designation that may not be changed. Consent of the beneficiary is not required to make any change in this certificate. Also, no such consent is required for surrender or assignment of this certificate.

Physical Examinations and Autopsy: We, at our expense, may have a covered person examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done (at our expense) where it is not forbidden by law.

Legal Actions: You can't bring a legal action to recover under your certificate for at least 60 days after you have given us written proof of loss. You can't start such an action more than three years after the date proof of loss is required.

Conformity with State Statutes: The provisions of this certificate must conform with the laws of the state in which the Master Policy is issued. If any do not, they are hereby amended to conform.

MUTUAL OF OMAHA INSURANCE COMPANY



Corporate Secretary



HEMIPLEGIA, PARAPLEGIA AND QUADRIPLÉGIA BENEFITS RIDER

This rider is made a part of the policy/certificate to which it is attached. It is issued in consideration of the payment of the Rider Premium. All policy/certificate provisions not in conflict with this rider apply to this rider.

- Rider Date:
 - For the policy (same as the Policy Date if no date is shown)
 - For certificates (same as the Certificate Date if no date is shown)
- Rider Premium (as shown in the Schedule if no amount is shown)

DEFINITIONS

The definitions in the certificate apply to this rider. In applying them the word "rider" is substituted for the word "certificate". In addition, the following definitions apply to this rider.

"Hemiplegia" means complete loss of function of one side of the body with involvement of the arm and leg.

"Paraplegia" means complete loss of function of the lower extremities of the body with involvement of both legs.

"Quadriplegia" means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and both legs.

BENEFITS

When the Insured or dependent suffers injuries which result in hemiplegia, paraplegia or quadriplegia commencing within 365 days after the accident and continuing for 30 days, the Company will pay benefits as follows:

- For hemiplegia.....One-half Principal Sum
- For paraplegia.....Three-quarter Principal Sum
- For quadriplegiaPrincipal Sum

Only one of the amounts (the largest applicable) named above or in the Benefits For Specific Loss provision of the certificate or if insured under the Permanent Total Disability Benefits Rider, will be paid for injuries resulting from one accident.

MUTUAL OF OMAHA INSURANCE COMPANY

Michael Huss
Corporate Secretary



ACCIDENT ONLY COMA BENEFIT RIDER

This rider applies to the class or classes of insured persons specified in the Schedule or Plan of Insurance.

This rider is made a part of your policy or certificate to which it is attached. It is subject to all parts of your policy or certificate not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy or certificate, this rider shall control.

Rider Date (same as the policy or certificate effective date if no date is shown)

Rider Premium (included in premium shown in the policy or certificate if no amount shown)

DEFINITIONS

Coma or **Comatose** means a state of unconsciousness in which the Insured or a covered dependent is wholly and totally unresponsive and cannot be aroused. This condition must be diagnosed and regularly treated by a Physician.

Loss Period means the period of time, shown on the Schedule or Plan of Insurance, during which the Insured or covered dependent must seek initial treatment for Injuries received in a covered accident.

Physician means a person, other than the Insured or a member of the Insured's family, duly licensed and legally qualified to diagnose and treat a sickness or Injury. He or she must be providing services within the scope of his or her license.

Waiting Period means the period of time shown on the Schedule or Plan of Insurance during which benefits are not paid.

BENEFIT

If as a result of Injuries due to a covered accident, the Insured or covered dependent becomes Comatose within the Loss Period and remains Comatose beyond the Waiting Period, We will pay the Benefit Amount as shown on the Schedule or Plan of Insurance.

Benefits will end on the earlier of:

- (a) the end of the month in which the Insured or covered dependent dies;
- (b) the date on which We have paid this benefit up to the Benefit Period as shown on the Schedule or Plan of Insurance; or
- (c) the end of the month in which the Insured or covered dependent recovers from the Coma.

Benefits will be payable to the legal guardian of the insured person.

Coma benefits will be paid in place of any permanent total disability benefit elsewhere in the policy or certificate, if any.

NON-DUPLICATION OF BENEFITS

No benefits are payable under this rider for that portion of expense for which benefits are payable under the policy or certificate or another rider attached to it. If benefits are payable under more than one provision, then benefits will be provided only under the provision providing the greater benefit.

MUTUAL OF OMAHA INSURANCE COMPANY

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary



SEAT BELT USAGE BENEFITS RIDER

This rider is made a part of the policy or certificate to which it is attached and is subject to all provisions of the policy or certificate which are not in conflict with the provisions of this rider.

Rider Date (same as the Policy Date or the Certificate Date if no date is shown)

Rider Premium (included in the premium shown in the policy or certificate if no amount is shown)

DEFINITIONS

"Injuries", as used in this rider, means accidental bodily injuries which are received by the Insured or a covered dependent while insured under this rider and which result in loss of life independently of sickness and all other causes.

"Seat Belt" means any factory-installed passive restraint device or any child passive restraint device which meets published federal safety standards.

BENEFITS

When the Insured or a covered dependent receives injuries covered by the policy which result in loss of life, the Company will pay the lesser of 10% of the applicable Principal Sum or \$25,000; if at the time of the accident the Insured or covered dependent was: (a) the operator of or a passenger in a private passenger automobile; and (b) utilizing a seat belt. Seat belt usage must be verified by a doctor, a coroner or a traffic officer, or other person of competent authority. This benefit will be payable in addition to any benefits otherwise payable under the policy.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



AIR BAG BENEFIT RIDER

This rider applies to the class or classes of Insured persons specified in the Schedule or Plan of Insurance.

This rider is made a part of your policy or certificate to which it is attached. It is subject to all parts of your policy or certificate not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy or certificate, this rider shall control.

Rider Date (same as the policy or certificate effective date if no date is shown)

Rider Premium (included in premium shown in the policy or certificate if no amount shown)

DEFINITIONS

Air bag means any factory-installed, inflatable, supplemental restraint device which meets published federal safety standards.

BENEFIT

If at the time of the accident:

- (a) a front or side Air Bag restraint system designed to protect the occupant was in place and engaged; and
- (b) the Insured or covered dependent receives Injuries that result in loss of life covered by the policy or certificate.

We will pay the Air Bag Benefit Amount shown on the Schedule or Plan of Insurance. This benefit will be payable in addition to any benefits otherwise payable under the policy or certificate.

CONDITIONS

In order to receive this benefit a coroner, traffic officer, or other person of competent authority must verify the Air Bag availability.

NON-DUPLICATION OF BENEFITS

No benefits are payable under this rider for that portion of expense for which benefits are payable under the policy or certificate or another rider attached to it. If benefits are payable under more than one provision, then benefits will be provided only under the provision providing the greater benefit.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



COMMON ACCIDENT BENEFIT INCREASE RIDER

This rider is made a part of the policy/certificate to which it is attached. It is issued in consideration of the payment of the Rider Premium. All policy/certificate provisions not in conflict with this rider apply to this rider.

Rider Date:

For the policy (same as the Policy Date if no date is shown)

For certificates (same as the Certificate Date if no date is shown)

Rider Premium (as shown in the Schedule if no amount is shown)

DEFINITIONS

The definitions in the certificate apply to this rider. In applying them the word "rider" is substituted for the word "certificate".

BENEFIT

In the event both you and your dependent spouse die due to injuries resulting from the same accident, your spouse's Principal Sum will be 100% of your Principal Sum.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



EDUCATION BENEFITS RIDER

This rider is made a part of the policy/certificate to which it is attached. It is issued in consideration of the payment of the Rider Premium. All policy/certificate provisions not in conflict with this rider apply to this rider.

Rider Date:

For the policy (same as the Policy Date if no date is shown)

For certificates (same as the Certificate Date if no date is shown)

Rider Premium (as shown in the Schedule if no amount is shown)

DEFINITIONS

The definitions in the certificate apply to this rider. In applying them, the word "rider" is substituted for the word "certificate".

BENEFIT

If a dependent child is enrolled in and attending either the 12th grade or an accredited college or university on the date of a covered accident which results in your death, we will pay benefits in the amount of 5% of the Principal Sum then applicable to you for each year of full-time uninterrupted college or university attendance subsequently completed by the child, subject to the following:

- (a) Benefits may not exceed \$5,000 annually nor a maximum of four annual payments.
- (b) Benefits are payable only for each of the four consecutive years next following the date the dependent child graduated from the 12th grade.

If, on the date of such covered accident, Dependent Children are insured under the Policy or certificate but none qualify for Education Benefits, a benefit of \$2,000 is payable to your designated beneficiary.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



Mutual of Omaha

PREMIUM WAIVER RIDER

This rider is made a part of the policy or certificate to which it is attached. It is subject to all provisions of the policy or certificate which are not in conflict with this rider.

Rider Date (same as the Policy or Certificate Date if no date is shown)

Rider Premium (included in the premium shown in the policy or certificate if no amount is shown)

The policy or certificate is amended by adding the following to the General Provision called Dependent Insurance.

If the Insured, due to a covered injury, suffers loss of life, the insurance of any dependent insured hereunder will continue without premium payment until whichever of the following occurs first:

- (a) The date the spouse remarries;
- (b) The date the insurance terminates;
- (c) The date an unmarried dependent child ceases to be eligible due to age or marriage; or
- (d) The date the Benefit Period ends. The Benefit Period is shown below.

Benefit Period of 12 months beginning on the date of the Insured's death.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



Mutual of Omaha

AMENDMENT RIDER

This rider is made a part of the policy or certificate to which it is attached and is subject to all provisions of such policy or such certificate that are not in conflict with the provisions of this rider.

Rider Date: For the policy (same as Policy Date if no date is shown)

For certificates (same as Certificate Date if no date is shown)

The following provision is hereby made a part of the policy:

EXPOSURE AND DISAPPEARANCE

If, while insured under the policy, an Insured or a dependent is unavoidably exposed to the elements because of a covered accident which results in the disappearance, sinking or damaging of a conveyance on which the Insured or dependent is covered by the policy and in which the Insured or dependent was riding, and if as a result of such exposure the Insured or dependent suffers a loss for which benefits are otherwise payable hereunder, such loss will be covered under the policy.

If, while insured under the policy, an Insured or dependent disappears because of a covered accident resulting in the sinking or disappearance of a conveyance on which the Insured or dependent is covered by the policy and in which the Insured or dependent was riding, and if the body of the Insured or dependent has not been found within 52 weeks after the date of such accident, it will be presumed, subject to no evidence to the contrary, that the Insured or dependent suffered loss of life as a result of injuries covered by the policy.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



AIR TRAVEL COVERAGE AMENDMENT RIDER

This rider is made a part of the policy/certificate to which it is attached. All policy/certificate provisions not in conflict with this rider apply to this rider.

Rider Date:

For the policy (same as the Policy Date if no date is shown)

For certificates (same as the Certificate Date if no date is shown)

DEFINITIONS

The definitions in the certificate apply to this rider. In applying them the word "rider" is substituted for the word "certificate".

AMENDMENT

Benefits are not payable under the policy/certificate for injuries received by you or a dependent on or after the Rider Date while traveling in any aircraft which is owned or leased by: (a) the Policyholder, subsidiary or affiliate of the Policyholder; or (b) a director, officer or employee of the Policyholder, subsidiary or affiliate of the Policyholder.

MUTUAL OF OMAHA INSURANCE COMPANY

Michael Huss

Corporate Secretary



Mutual of Omaha

CONVERSION PRIVILEGE RIDER

This rider is made a part of the policy/certificate to which it is attached. All policy/certificate provisions not in conflict with this rider apply to this rider.

Rider Date:

For the policy (same as Policy Date if no date is shown)

For certificates (same as Certificate Date if no date is shown)

Conversion coverage is available to you and a dependent in the event the insurance provided by the certificate should end because your eligibility ends. You must send us a written application for conversion coverage and the initial premium within 31 days after your coverage under the policy ends. The conversion coverage will be issued in accord with: (a) our rules; and (b) the conversion law in effect when application is made.

The effective date of the conversion coverage is: (a) the date the insurance provided by the certificate ends; or (b) the date we receive your application for the conversion coverage, whichever is later.

The conversion coverage: (a) shall provide indemnity for specific loss in an amount not to exceed the Principal Sum applicable to you or a dependent under the certificate; and (b) may be substantially different from the certificate.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary



DEPENDENT AMENDMENT RIDER

This rider is made a part of the policy or certificate to which it is attached and is subject to all provisions of such policy or such certificate that are not in conflict with the provisions of this rider.

The policy or certificate is amended. The Eligibility and Termination of Coverage provisions of the Family Member Provisions are amended as follows.

1. The Eligibility provision is deleted and replaced by the following.

Coverage is provided for your eligible family members only if you apply for coverage for them and pay the required premium. Family members eligible for coverage include your lawful spouse and dependent, unmarried children of yours and/or your spouse who are under age 19 years (25 years if enrolled as a full-time student in an accredited college or university). Your eligible children shall include any legally adopted children and foster children provided they are dependent on you for support and maintenance. Family members eligible but not covered on the Certificate Date may be covered upon acceptance, by us, of your written application and payment of any required additional premium.

2. The first paragraph of the Termination of Coverage provision is deleted and replaced by the following.

Coverage for each dependent child will terminate on the renewal date following his or her 19th birthday (25th birthday if enrolled as a full-time student at an accredited college or university) or marriage, whichever is first.

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

COMPLAINT AND APPEAL PROCEDURE

We have established and maintain procedures for hearing, researching, recording and resolving any complaints an insured person may have. The complaint may be sent to the following address:

Mutual of Omaha Companies
Mutual of Omaha Plaza
Omaha, NE 68175

Or, the following toll-free numbers may be used by an insured for inquiries and/or complaints:

1-800-524-2324
7:30 a.m. to 4:30 p.m. CST

We must receive the complaint within 60 days of the date of the incident or discovery which forms the basis for the grievance; or as soon as reasonably possible, but in no event more than one year following the incident which caused the grievance. The request must be in writing and include:

- (a) an identification number;
- (b) name and signature of the insured filing the grievance;
- (c) names of all individuals, facilities and or services involved with the grievance;
- (d) date, time, and location of the incident causing the grievance; and
- (e) the date the first grievance was first sent to us.

By requesting a review of a grievance, the insured has authorized us, or anyone designated by us, to review his/her medical records if necessary.

We will inform the insured within 60 days after we receive the written appeal or complaint, unless an unusual circumstance requires an extension of time to investigate or consider. If this occurs, we will inform the insured of the reason the additional time is needed; not to exceed another 60 days.

The following steps will be used to resolve any complaint we receive.

1. **Informal Administrative Review Process**

If possible, we will resolve the grievance informally through a review of medical records and all relevant information. We will notify the insured in writing of our findings within 60 days of our receiving the grievance.

2. **Formal Review Process**

If the informal administrative review process does not resolve the grievance to the insured's satisfaction, the insured may request the grievance be reconsidered by the Manager/Review Committee. This request must be sent within 30 days of our notifying the insured of the informal review findings. The Manager/Review Committee will notify the insured in writing of its findings within 30 days of receiving the request for a formal review; unless we notify the insured that an additional 30 days will be required.

If the **Informal** and **Formal** Review Processes do not resolve the grievance to the insured's satisfaction, the insured may appeal to the Michigan Department of Insurance for review.

3. **Expedited Grievance Procedures**

An "expedited grievance" applies if a grievance is submitted and a physician, orally or in writing, substantiates that the time frame for a grievance would actually jeopardize the life of the insured.

A determination will be made by us no later than 72 hours following the receipt of an expedited grievance.

Within three business days after our initial determination, the insured, or a person, including the physician (authorized in writing to act on behalf of the insured) may request further review by us or for a determination of the matter by the Michigan Insurance Commissioner or his or her designee. Final determination will be made no later than 30 days after receipt of the request for further review.

Within 10 days after receipt of a final determination, the insured or a person, physician (authorized in writing by us) may request a determination of the matter by the Michigan Insurance Commissioner. If the initial or final determination is made orally, we shall provide written confirmation to the insured no later than two business days after the oral determination.

The address for the Michigan Insurance Department is:

Hon. Linda A. Watters
Commissioner of Insurance
Office of Financial and Insurance Services
P.O. Box 30220
611 W. Ottawa, 3rd Floor
Lansing, MI 48909-7720

DEFINITIONS

"Adverse determination" means a determination that an admission, availability of care, continued stay, or other health care service has been reviewed and denied. Failure to respond in a timely manner to a request for a determination constitutes an adverse determination.

"Grievance" means a complaint on behalf of an insured person submitted by an insured person or a person, including, but not limited to, a physician, authorized in writing to act on behalf of the insured person regarding:

- (a) the availability, delivery, or quality of health care services, including a complaint regarding an adverse determination made pursuant to utilization review;
- (b) benefits or claim payment, handling, or reimbursement for health care services; or
- (c) matters pertaining to the contractual relationship between the insured and Us.