



New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

**GROUP DECREASING TERM LIFE & DEPENDENT LIFE INSURANCE
TO AGE 70 CERTIFICATE (“CERTIFICATE”)**

POLICYHOLDER	THE TRUSTEE OF THE MILITIA INSURANCE TRUST
SPONSOR	WISCONSIN NATIONAL GUARD ASSOCIATION, INC.
POLICY NUMBER	G-14109-1 (the "Policy")
CONTRACT STATE	MISSOURI

NEW YORK LIFE certifies that, as stated on the When Insurance Takes Effect page(s), a person becomes a COVERED PERSON on the INSURANCE DATE stated on the Individual Schedule of Benefits.

Insurance is subject to: (a) any exclusions and limitations of the Policy and all other terms and conditions of the Policy; and (b) New York Life's underwriting requirements.

No Interim Liability New York Life is not liable for requested initial, increased or restored insurance on any person while a request for such insurance is being processed, even if New York Life has accepted a remittance for such requested insurance. New York Life will not be liable for such insurance if the request is not formally approved and will return any such premium remittance.

Renewal Insurance under the Policy will be renewed automatically on each subsequent premium date if its terms and conditions are met. Insurance for an INSURED MEMBER will be renewed automatically on each subsequent CONTRIBUTION DATE for an INSURANCE PERIOD if the terms and conditions of the Policy are met.

On all stated days and dates, insurance begins at 12:01 A.M. and insurance ends at midnight at the place the INSURED MEMBER resides.

Highlights and other details of insurance appear in the Individual Schedule of Benefits page(s). This page are attached to and made a part of the Certificate.

This Certificate replaces all Certificates and Certificate Riders, if any, previously issued to an INSURED MEMBER under the policy.

Accelerated Death Benefit The Death Benefit will be reduced by 50% if the Accelerated Death Benefit is paid. CONTRIBUTIONS will remain unchanged. New York Life will send the INSURED MEMBER a statement which will specify the effect the payment of the Accelerated Death Benefit will have on the Death Benefit and CONTRIBUTIONS.

Right To Examine The Certificate For 30 Days An INSURED MEMBER will have 30 days from the date of receipt to examine the initial Certificate. If the INSURED MEMBER does not wish to keep the certificate, it must be surrendered to the Policyholder within this period. Upon such surrender, the Policyholder will return any premium paid and insurance will be void from the start.



Secretary



President

TABLE OF CONTENTS

DEFINED TERMS ARE ALL CAPITALIZED. PLEASE REFER TO THE DEFINITIONS PAGES.

<u>Pages</u>		<u>Pages</u>	
2 - 3	IMPORTANT NOTICE	8	CONVERSION RIGHTS
3 - 4	WHEN INSURANCE TAKES EFFECT	8 - 11	DEFINITIONS
4 - 6	LIFE AND DEPENDENT LIFE INSURANCE		SCHEDULE
6	WHEN INSURANCE ENDS		INDIVIDUAL SCHEDULE OF BENEFITS
6 - 7	CONTINUANCE		

GMR-TABLE

IMPORTANT NOTICE

Complaint Notice If an INSURED MEMBER is having problems with New York Life, do not hesitate to contact New York Life to resolve your problem.

**The Office Of Corporate Responsibility
New York Life Insurance Company
51 Madison Avenue
New York, New York 10010
Telephone Number: (212) 576-7000**

An INSURED MEMBER can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. An INSURED MEMBER can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** as follows:

Office of the Commissioner of Insurance
Complaints Department
P. O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 or 608-266-0103

Certificate The Certificate is a summary of the provisions of the Policy. It should be kept in a safe place. It is not a contract of insurance. Any conflict between the terms of the Certificate and the policy will be decided in favor of the Policy. A copy of the Policy is available at the Policyholder's office for inspection at any time during business hours. The INSURED MEMBER should contact the Policyholder with questions regarding insurance.

Errors Errors, or delays in keeping records, will: (a) not revoke insurance otherwise in force; (b) not continue insurance which otherwise would have ended; and (c) upon discovery, require fair adjustment of remittances and/or insurance to correct the error.

Examination New York Life, at its own expense, has the right and opportunity to:

1. have a person, for whom claim is made, examined: (a) physically; (b) psychologically; and/or (c) psychiatrically; to determine the existence and/or cause of any loss, other than loss of life. This right can be used as often as it is reasonably required while a claim is pending;
2. have a claimant's financial records audited, as often as New York Life may reasonably require; and/or
3. in the event of loss of life: (a) request an autopsy where it is not forbidden by law or religious belief; and/or (b) examine the medical records of the deceased; to determine the cause of the loss.

Incontestability Except for provisions which relate to eligibility for insurance and for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another SPONSOR or another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties. The time insured under the PREVIOUS POLICY for TRANSFER INSURANCE will also be used to determine if the two year contestable period has elapsed.

GMR-C-NOTICE
G-14109-1

IMPORTANT NOTICE (Continued)

Misstatements Subject to the Errors and Incontestability sections, if relevant statements of age were not accurate for any person, a fair adjustment of remittances and/or insurance will be made as follows:

1. if the age has been overstated: (a) the amount of remittance will be adjusted to reflect the difference between the remittance applicable at the correct age and the incorrect remittance previously paid; and (b) the Policyholder will refund the amount of any corresponding adjustment, except that: If insurance has been erroneously reduced because such person was thought to have reached a higher age bracket, as stated on the Schedule page(s), the amount of insurance and remittance will be adjusted based on such person's correct age; or
2. if the age has been understated: (a) the amount of insurance will be adjusted downward for any INSURANCE PERIOD, in proportion to the ratio of the charges previously paid for such INSURANCE PERIOD to the prescribed charges at the correct age for such INSURANCE PERIOD; and (b) there will be no adjustment to any remittance previously paid, except that: If insurance was not reduced because such person was thought to have been in a lower age bracket, as stated on the Schedule page(s), the amount of insurance and remittance will be adjusted based on such person's correct age.

Policy Changes The Policy can be changed: (a) at any time by written agreement between New York Life and the Policyholder; and (b) without the consent of any other person. Changes will be valid only if evidenced by an amendment to the Policy. Such amendment must be signed by the Policyholder and New York Life. The Policy may also be changed by New York Life by amendment to the Policy and without the consent of the Policyholder or any other person, if such amendment is signed by New York Life and: (a) results from the exercise of a right reserved to New York Life in the Policy; or (b) is issued to conform to any law and/or regulation which, in New York Life's sole judgement, applies to the insurance under the Policy. No agent of New York Life can make or change the Policy or waive any of its provisions.

Termination By The Policyholder The Policyholder may terminate the Policy, on any premium date after the first Anniversary Date, by giving written notice to New York Life at least 90 days in advance.

Termination By New York Life New York Life can terminate the Policy, on any premium date after the first Anniversary Date, by giving written notice to the Policyholder at least 90 days in advance.

GMR-C-NOTICE (cont.)

WHEN INSURANCE TAKES EFFECT

Requests an APPLICANT can request to:

1. become initially insured for MEMBER INSURANCE or MEMBER INSURANCE and DEPENDENT INSURANCE for each of his or her ELIGIBLE DEPENDENTS, subject to the Options Available section stated on the Schedule page(s). TRANSFER INSURANCE on each APPLICANT or each APPLICANT and each of his or her ELIGIBLE DEPENDENTS will automatically be transferred to the Policy on the TRANSFER DATE, except that: New York Life will not duplicate liability which remains with the carrier of the PREVIOUS POLICY;
2. change the Option to any other Option available to him or her, as stated on the Schedule page(s). New York Life will terminate the existing Option before the new Option takes effect. If a change is to a higher Option, both the APPLICANT and the proposed COVERED PERSON must be less than the MAXIMUM ELIGIBILITY AGE and the proposed COVERED PERSON must not be a resident of an EXCLUDED STATE. For purposes of this provision, APPLICANT includes a SURVIVOR SPOUSE; and/or
3. restore insurance on each former COVERED PERSON for whom insurance ended, if: (a) insurance ended for such person because the CONTRIBUTION was not paid; and (b) the proposed COVERED PERSON is an ELIGIBLE MEMBER or an ELIGIBLE DEPENDENT. If the request is approved, all terms and conditions of the Policy applicable to the person at the time insurance ended will be reinstated, subject to any changes in the Policy.

For Insurance To Take Effect Except as stated below, for initial insurance, a change in insurance or restoration of insurance to take effect, the APPLICANT must:

1. give the Policyholder a completed, written request for the insurance on a form satisfactory to New York Life. For TRANSFER INSURANCE, New York Life will treat a request for insurance submitted to the carrier of the PREVIOUS POLICY as a request for insurance submitted to New York Life. A written request for restoration must be given within six months after the date such CONTRIBUTION was due;

WHEN INSURANCE TAKES EFFECT (Continued)

2. give New York Life satisfactory medical evidence of insurability, if such evidence is required, for the proposed COVERED PERSON at the APPLICANT'S expense unless otherwise provided. Such evidence is not required for: (a) TRANSFER INSURANCE; (b) a NEW MEMBER who becomes insured under the Policy; or (c) insurance on an ELIGIBLE CHILD;
3. pay the CONTRIBUTION, except that: CONTRIBUTIONS are not required during the INITIAL PERIOD for a NEW MEMBER who becomes insured under the Policy. Any contribution paid under the PREVIOUS POLICY for such insurance, covering the period on or after the INSURANCE DATE, will be applied to insurance under the Policy. For restoration of insurance, CONTRIBUTION includes all unpaid CONTRIBUTIONS from the date insurance ended; and
4. for DEPENDENT INSURANCE, be an INSURED MEMBER on the INSURED DEPENDENT'S INSURANCE DATE.

When Insurance Takes Effect Except as stated below, insurance takes effect on the INSURANCE DATE, if the proposed COVERED PERSON is performing the normal activities of a person in good health of like age on the INSURANCE DATE. The normal activities requirement does not apply to: (a) TRANSFER INSURANCE; (b) changes in the Option which would result in a decrease in insurance; or (c) insurance on a NEW MEMBER. No benefits will be paid for any loss or disability occurring before the INSURANCE DATE.

Subsequent Child - If the APPLICANT has DEPENDENT INSURANCE in force for children, any child he or she later acquires will become insured on the day such child first becomes an ELIGIBLE CHILD.

When Insurance Takes Effect - Insurance for a proposed COVERED PERSON who was not performing the normal activities of a person in good health of like age on the date such insurance would otherwise have taken effect, will take effect on the day the proposed COVERED PERSON is performing such normal activities, if: (a) such day is within three months of the date insurance would otherwise have taken effect; (b) for DEPENDENT INSURANCE, the APPLICANT is an INSURED MEMBER or a SURVIVOR SPOUSE on that day; and (c) the proposed COVERED PERSON is still eligible to obtain the insurance on that day.

GMR-TE (cont.)

LIFE AND DEPENDENT LIFE INSURANCE

New York Life will pay a benefit for a COVERED PERSON'S: (a) Terminal Illness; or (b) death; in accordance with all of the following:

Accelerated Death Benefit The Accelerated Death Benefit is available to a COVERED PERSON who has a Terminal Illness ("Terminal Illness" is a medical condition where the patient has a life expectancy of 12 months or less).

Death Benefit The Death Benefit is the benefit payable for a COVERED PERSON'S death.

For The Benefit To Be Paid

Accelerated Death Benefit For the Accelerated Death Benefit to be paid, the INSURED MEMBER must give: (1) the Policyholder a completed, written request for the benefit on a form satisfactory to New York Life; and (2) New York Life satisfactory medical proof, in writing, that the COVERED PERSON has a Terminal Illness, no later than 12 months before such COVERED PERSON'S TERMINATION AGE DATE.

Death Benefit For the Death Benefit to be paid, New York Life must receive satisfactory proof of the COVERED PERSON'S death.

What Benefit Is Payable The benefit payable is as follows:

Accelerated Death Benefit The Accelerated Death Benefit payable is 50% of the amount of insurance in force on the COVERED PERSON'S life on the date New York Life approves the request for the Accelerated Death Benefit, except that: If a reduction of insurance due to age is scheduled within one year of the date New York Life approves such request, the benefit payable will be 50% of such reduced amount of insurance. The benefit will be paid in a lump sum, unless payment in installments has been elected in accordance with the Payment In Installments and Request Procedure sections. The benefit is payable once while the COVERED PERSON is insured under the POLICY, whether insurance is continuous or interrupted.

LIFE AND DEPENDENT LIFE INSURANCE (Continued)

Death Benefit The Death Benefit payable is the amount of insurance in force for the COVERED PERSON on the date of his or her death, less the amount paid on his or her behalf under the Accelerated Death Benefit. A single payment is made unless payment in installments has been elected in accordance with the Payment In Installments and Request Procedure sections.

Beneficiary

Accelerated Death Benefit The Accelerated Death Benefit will be paid to the INSURED MEMBER, except that: If New York Life has received satisfactory proof of the INSURED MEMBER'S death before such payment is made, payment will be made in accordance with the Death Benefit subsection of the Beneficiary section.

Death Benefit Except as stated below, the Death Benefit will be paid to the designated beneficiary(ies). However, if at the time of the COVERED PERSON'S death there is no surviving beneficiary for any designated share of the Death Benefit, such share will be paid to the executor or administrator of the COVERED PERSON'S estate, or at the option of New York Life, to the COVERED PERSON'S surviving relative(s) in the following order of survival:

1. for an INSURED MEMBER: spouse; children equally; parents equally; or brothers and sisters equally;
2. for an INSURED SPOUSE: children equally; parents equally; or brothers and sisters equally; or
3. for an INSURED CHILD: parent; brothers and sisters equally; or children equally.

In addition, if a beneficiary dies within 15 days after the COVERED PERSON, New York Life will consider such beneficiary to have predeceased such COVERED PERSON, if payment has not already been made.

For MEMBER INSURANCE, the INSURED MEMBER can designate a beneficiary or change his or her beneficiary designation.

For an INSURED SPOUSE, the automatic beneficiary is the INSURED MEMBER. However, the INSURED MEMBER or SURVIVOR SPOUSE can designate a beneficiary or change his or her beneficiary designation.

For an INSURED CHILD, the automatic beneficiary is the INSURED MEMBER. Such designation cannot be changed.

One or more beneficiaries can be designated. If more than one beneficiary is designated, they can be classified as Primary Beneficiary ("Primary Beneficiary" is the person(s) named to first receive the proceeds of the insurance), or Contingent Beneficiary ("Contingent Beneficiary" is the person(s) named to receive the proceeds of the insurance if no Primary Beneficiary survives). Each beneficiary's share can be stated. If more than one beneficiary is designated and if their respective interests have not been stated, they will share alike.

Facility Of Payment - New York Life has the right to pay up to \$250 of the benefit to anyone who has incurred expenses for the COVERED PERSON'S fatal illness or burial ("payee"). If a beneficiary or a payee is a minor or is, in New York Life's opinion, not legally able to give a valid receipt for any payment due him or her, payment may be made in monthly installments of up to \$50 each to any person or institution who, in New York Life's opinion, is caring for or supporting such beneficiary or payee. These monthly installments will continue until the earlier of the date: (a) claim is made by a duly appointed guardian, committee of the beneficiary or payee for the remainder of the benefit, if any; or (b) the full benefit, to which such beneficiary or payee is entitled, has been paid. Such payment will be proper to the extent made.

Forfeiture Of Payment - No payment will be made to any person(s) if such person(s) is the principal or an accomplice in willfully bringing about the death of the COVERED PERSON. Payment will be made in accordance with this section as though that person(s) had died before the COVERED PERSON.

Individual Policy - Subject to the Facility Of Payment exception and unless otherwise stated by the INSURED MEMBER, the benefit will be paid to the INSURED MEMBER'S beneficiary last recorded under an individual policy, if: (a) application for the individual policy was made under a conversion right; (b) the benefit is not payable under the individual policy; (c) the individual policy, if issued, is surrendered to New York Life; and (d) the benefit is paid under the Policy.

Payment In Installments The INSURED MEMBER can elect to have all or any part of the Death Benefit or Accelerated Death Benefit paid in installments. He or she can later revoke or change such election. After the INSURED MEMBER'S death, his or her beneficiary can elect to have all or any part of the Death Benefit, to which he or she is entitled, paid in installments, if: (a) the INSURED MEMBER did not elect payment in installments; (b) the beneficiary is an adult natural person; and (c) no payment has been made. The beneficiary can later revoke or change his or her election. The amount and terms of the installments will be in accordance with New York Life's standard practices at the time of such election or change.

LIFE AND DEPENDENT LIFE INSURANCE (Continued)

Transfer Of Ownership An INSURED MEMBER can transfer all or any part of incidents of ownership of his or her Life Insurance. The Policyholder agrees to accept CONTRIBUTIONS directly from the transferee.

Request Procedure To: (a) designate a beneficiary or change a beneficiary designation; (b) elect payment in installments or change such an election; and/or (c) transfer ownership; New York Life must be given a completed, written request on a form satisfactory to it. Such request must be approved and recorded by or on behalf of New York Life. After such recording, the request will take effect as of the date it was signed, subject to any payment made or any other action taken by or on behalf of New York Life before the recording. Except for payment in installments, requests in effect under the PREVIOUS POLICY for TRANSFER INSURANCE will remain in effect under the Policy until changed.

GMR-L/AB/ADD (cont.)

WHEN INSURANCE ENDS

Except as stated on the Continuance page(s), a COVERED PERSON'S insurance will end on the earliest of:

1. the COVERED PERSON'S TERMINATION AGE DATE;
2. the last day of the INITIAL PERIOD if a NEW MEMBER'S first CONTRIBUTION is not paid;
3. the last day of the INSURANCE PERIOD for which the last CONTRIBUTION has been paid for the COVERED PERSON, except that: Insurance will not end if the CONTRIBUTION for such insurance is paid within 90 days after such day;
4. the day before the day the amount of insurance in force on a COVERED PERSON, less the amount of any Accelerated Death Benefit paid on such COVERED PERSON'S behalf, equals zero or less;
5. for an INSURED DEPENDENT, the date the INSURED MEMBER'S MEMBER INSURANCE ends, except that, the INSURED MEMBER may choose to continue his or her DEPENDENT INSURANCE if such MEMBER INSURANCE ended because payment of the Accelerated Death Benefit reduced the amount of his or her MEMBER INSURANCE to zero or less;
6. for an INSURED DEPENDENT, the last day of the INSURANCE PERIOD during which such INSURED DEPENDENT no longer meets the DEPENDENT STATUS REQUIREMENTS; or
7. the day before the day the Policy ends or is changed to end insurance for the group of insureds to which the COVERED PERSON belongs.

GMR-ENDS

CONTINUANCE

Insurance in force on each COVERED PERSON will continue, after the date it would otherwise have ended as stated on the When Insurance Ends page(s), in accordance with all of the following:

Handicapped Child Benefit Insurance in force will continue for an INSURED CHILD who has: (a) reached the TERMINATION AGE DATE; and (b) a Handicap ("Handicap" means a physical or mental disability which: (1) renders the INSURED CHILD incapable of self-sustaining employment; and (2) requires dependency on the INSURED MEMBER for support or, in the event of the INSURED MEMBER'S death, on the family for support); if:

1. New York Life receives satisfactory proof of such Handicap within 31 days after the date such child's insurance would otherwise have ended due to reaching the TERMINATION AGE DATE; and
2. the CONTRIBUTION is paid.

CONTINUANCE (Continued)

The benefit will end on the earliest of the following:

1. the last day of the INSURANCE PERIOD during which such child is no longer so Handicapped;
2. the date New York Life does not receive the required proof that such child remains Handicapped as required by New York Life but no more frequently than annually; or
3. the date insurance would otherwise end as stated on the When Insurance Ends page(s).

Survivor Dependent Benefit Insurance in force on the day the INSURED MEMBER dies will continue, if:

1. the conversion right available upon the death of the INSURED MEMBER has not been exercised; and
2. the CONTRIBUTION is paid.

The amount of such insurance is subject to the changes at the AGES stated on the Schedule page(s). The SURVIVOR SPOUSE can change the Option in accordance with the applicable provision of the Requests section on the When Insurance Takes Effect page(s).

The benefit will end on the date insurance would otherwise end as stated on the When Insurance Ends page(s).

Waiver Of Contribution Benefit Insurance in force on the date the INSURED MEMBER becomes TOTALLY DISABLED will continue without the payment of CONTRIBUTIONS, if:

1. the INSURED MEMBER becomes TOTALLY DISABLED while insured under the Policy and before age 60;
2. New York Life receives satisfactory proof that the INSURED MEMBER has been TOTALLY DISABLED for at least six consecutive months. Such proof must be received within one year after the date such TOTAL DISABILITY began, except that: If the INSURED MEMBER dies, proof of the uninterrupted existence of TOTAL DISABILITY from the date TOTAL DISABILITY began until the date of death must be received within one year after: (a) TOTAL DISABILITY began, if death occurs before this benefit is approved; or (b) death, if death occurs while this benefit is in effect. If it is not possible to give proof within such period, it must be given as soon as reasonably possible;
3. all individual policies, converted from this insurance after the date the INSURED MEMBER became TOTALLY DISABLED, except those obtained upon reduction(s) of insurance, are surrendered to New York Life without claim, except for a return of premium paid, less dividends and indebtedness; and
4. New York Life approves the benefit.

The amount of insurance continued under this benefit is subject to the changes at the AGES stated on the Schedule page(s). All or any part of insurance which is reduced can be converted as stated on the Conversion Rights page(s). While the benefit is in effect: (a) this is the only conversion right available; and (b) insurance cannot be increased on the COVERED PERSON.

CONTRIBUTIONS paid for any INSURANCE PERIOD after the date such TOTAL DISABILITY began until such CONTRIBUTIONS are waived will be refunded for up to one year before the date proof of the INSURED MEMBER'S TOTAL DISABILITY was received by New York Life. CONTRIBUTIONS should continue until New York Life approves the benefit.

The benefit will end on the earliest of the date:

1. the INSURED MEMBER is no longer TOTALLY DISABLED;
2. New York Life does not receive the required proof that the INSURED MEMBER remains TOTALLY DISABLED;
3. the INSURED MEMBER does not submit to an examination required by New York Life by a doctor it selects; or
4. the INSURED MEMBER reaches the TERMINATION AGE DATE.

Insurance in force on the date the benefit ends will continue, except as stated on the When Insurance Ends page(s). Insurance on an INSURED DEPENDENT will end before the benefit ends, if such dependent: (a) reaches his or her TERMINATION AGE DATE; or (b) no longer meets the DEPENDENT STATUS REQUIREMENTS.

CONVERSION RIGHTS

A COVERED PERSON can convert insurance that ends or reduces to an individual policy, without giving New York Life medical evidence of insurability, in accordance with all of the following:

When A Conversion Right Is Available A conversion right is available to each COVERED PERSON for whom insurance ends or reduces, if insurance ends or reduces for any reason other than nonpayment of the CONTRIBUTION. However, if insurance ends because the Policy terminates or changes for the group of insureds to which the COVERED PERSON belongs, a conversion right is only available if the COVERED PERSON has been continuously insured under the Policy for at least five years. Time insured under the PREVIOUS POLICY for TRANSFER INSURANCE will also be used to determine if the five year requirement has been met.

Conversion Period Benefit The maximum amount of insurance the COVERED PERSON is eligible to convert will continue without payment of the CONTRIBUTION during the Conversion Period ("Conversion Period" is the 31 day period, immediately after the date insurance would otherwise end or is reduced, during which a COVERED PERSON can exercise a conversion right).

What Amount Can Be Converted The COVERED PERSON can convert all or any part of the insurance that ends or reduces. However, if insurance ends or reduces because the Policy terminates or changes to end insurance for the group of insureds to which the COVERED PERSON belongs, the COVERED PERSON can convert all or any part of the insurance that ends or reduces, less the amount of any replacement insurance which he or she can obtain within the Conversion Period, up to a maximum amount of insurance of \$10,000.

Individual Policy The individual policy requirements are as follows: (a) a completed, written application for the individual policy must be given to New York Life, within the Conversion Period, on a form satisfactory to New York Life; (b) the first premium for the individual policy must be paid within the Conversion Period; (c) the premium for the individual policy will be based upon the applicant's class of risk and age; (d) the individual policy will be on one of the forms currently offered by New York Life, except term insurance, and will be issued without disability or other supplementary benefits; and (e) the individual policy will take effect on the day after the Conversion Period Benefit ends. The individual policy may provide less coverage at a higher premium than that provided for under the group Policy.

Notice Of Conversion Right If a COVERED PERSON has not been given notice of his or her conversion right before the 15th day of the Conversion Period, he or she will have an additional period within which he or she can exercise a conversion right. The additional period will: (a) not extend insurance beyond the end of the 31 day Conversion Period; and (b) end on the earlier of the: (1) 15th day after such COVERED PERSON is given such notice; or (2) 60th day after the end of the 31 day Conversion Period. Written notice presented to the COVERED PERSON or mailed to his or her last known address by New York Life or the Policyholder will be deemed notice.

GMR-L/DL/ADD CR

DEFINITIONS

AGE means the attained age on the first day of any INSURANCE PERIOD. References to Age in any heading means "AGE".

APPLICANT means an ELIGIBLE MEMBER or an INSURED MEMBER.

CONTRIBUTION means the applicable full periodic payment toward the PREMIUM, received by the Policyholder, which one of the following persons must pay for insurance to take effect on the INSURANCE DATE and/or for insurance to continue in force under the Policy: an INSURED MEMBER; a SURVIVOR DEPENDENT, as applicable; a SPONSOR; or any other person as required by the Policyholder. CONTRIBUTION is determined by the Policyholder and is due on each CONTRIBUTION DATE.

DEFINITIONS (Continued)

CONTRIBUTION DATE means the following dates on or before which the CONTRIBUTION must be paid to the Policyholder:

1. initially: (a) the INSURANCE DATE; (b) if by agreement between the Policyholder and New York Life and without individual selection, within 31 days after the INSURANCE DATE; or (c) for a NEW MEMBER who requests to continue insurance provided during the INITIAL PERIOD, on or before the last day of the INITIAL PERIOD. Submission of the applicable payroll allotment form is considered payment of CONTRIBUTION; and
2. thereafter, the applicable annual, semiannual, quarterly, or monthly date based on the mode of payment elected by the INSURED MEMBER and accepted by the Policyholder.

Modes of payment in effect under the PREVIOUS POLICY for TRANSFER INSURANCE will remain in effect under the Policy until changed.

COVERED PERSON means an INSURED MEMBER or an INSURED DEPENDENT.

DEPENDENT INSURANCE means an INSURED MEMBER'S insurance for his or her INSURED DEPENDENT(S).

DEPENDENT STATUS REQUIREMENTS means, for a dependent of an APPLICANT, the following:

1. for a spouse: (a) be the lawful married spouse of the APPLICANT; and (b) not be an INSURED MEMBER; or
2. for a child: (a) be unmarried; (b) not be an INSURED MEMBER; (c) between the ages of 21 and 23, inclusive, must be a full-time student; and (d) with respect to the stepchild, be substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, or adopted child be substantially dependent upon the family for support.

ELIGIBLE DEPENDENT means a person who is in one of the following classes:

Class 1: An APPLICANT'S:

1. lawful married spouse, who:
 - a. is identified on the request for group insurance;
 - b. has not exceeded the MAXIMUM ELIGIBILITY AGE;
 - c. is not a resident of an EXCLUDED STATE;
 - d. is not an ELIGIBLE MEMBER; and
 - e. is not eligible to become insured under the Policy for TRANSFER INSURANCE as a dependent; or
2. natural child, stepchild, adopted child or foster child, who:
 - a. is not married;
 - b. with respect to the stepchild, is substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, or adopted child substantially dependent upon the family for support;
 - c. if between the ages of 21 and 23 inclusive, is a full-time student;
 - d. is at least 14 days old;
 - e. has not exceeded the MAXIMUM ELIGIBILITY AGE;
 - f. is not a resident of an EXCLUDED STATE, except that this requirement does not apply if the APPLICANT has DEPENDENT INSURANCE in force for children;
 - g. is not an ELIGIBLE MEMBER; and
 - h. is not eligible to become insured under the Policy for TRANSFER INSURANCE as a dependent; or

Class 2: An ELIGIBLE MEMBER'S:

1. spouse, identified on the request for group insurance; or
2. unmarried child(ren);

who is less than the TERMINATION AGE DATE on the TRANSFER DATE, who was insured as a dependent under the PREVIOUS POLICY and for whom such ELIGIBLE MEMBER has TRANSFER INSURANCE.

If both parents of an ELIGIBLE CHILD are INSURED MEMBERS, such child will be considered an ELIGIBLE DEPENDENT of only one parent.

DEFINITIONS (Continued)

ELIGIBLE DEPENDENT does not include a person for whom dependent insurance is requested under the Policy by reason of the APPLICANT'S membership with a SPONSOR, if the dependent is currently insured under an individual policy obtained by exercise of a conversion right which was available under the Policy or any other policy issued to the Policyholder by New York Life upon termination of such membership.

References to **ELIGIBLE SPOUSE** and **ELIGIBLE CHILD(REN)** mean the same as **ELIGIBLE DEPENDENT** spouse and **ELIGIBLE DEPENDENT** child(ren), respectively.

ELIGIBLE MEMBER means a person who is in one of the following classes:

Class 1: A person who:

1. is a member of a SPONSOR, except for an Honorary Member;
2. has not exceeded the MAXIMUM ELIGIBILITY AGE;
3. is not a resident of an EXCLUDED STATE; and
4. is not eligible to become insured under the Policy for TRANSFER INSURANCE; or

Class 2: A person who:

1. is a member of a SPONSOR;
2. has TRANSFER INSURANCE; and
3. is less than the TERMINATION AGE DATE on the TRANSFER DATE.

ELIGIBLE MEMBER does not include a person who requests insurance under the Policy by reason of membership in a SPONSOR, if such person is currently insured under an individual policy obtained by exercise of the conversion right which was available under the Policy or any other policy issued to the Policyholder by New York Life upon termination of such membership.

EXCLUDED STATE means: (a) the Province Of Quebec; and (b) anywhere else, except the fifty states of the United States Of America, the District Of Columbia, Puerto Rico or any other province of the Dominion Of Canada.

INITIAL PERIOD means the span of time beginning on a NEW MEMBER'S INSURANCE DATE and ending on the date agreed to by the Policyholder and New York Life during which insurance is provided to the NEW MEMBER on a non-contributory basis.

INSURANCE DATE means the date that initial, changed or restored insurance takes effect as follows: the first of the month on or following the date that New York Life has approved insurance provided the CONTRIBUTION has been received within 31 days of such date.

INSURANCE PERIOD means the span of time from a CONTRIBUTION DATE through the day before the next CONTRIBUTION DATE, during which insurance continues, if the CONTRIBUTION for such span of time is paid.

INSURED DEPENDENT means a person who: (a) was an **ELIGIBLE DEPENDENT** on his or her first **INSURANCE DATE**; (b) became insured under the Policy, as approved by New York Life; and (c) remains insured under the Policy, including as a **SURVIVOR DEPENDENT**. References to **INSURED SPOUSE** and **INSURED CHILD(REN)** mean the same as **INSURED DEPENDENT** spouse and **INSURED DEPENDENT** child(ren), respectively.

INSURED MEMBER means a person who: (a) was an **ELIGIBLE MEMBER** on his or her first **INSURANCE DATE**; (b) became insured under the Policy, as approved by New York Life; and (c) remains insured under the Policy. References to **INSURED MEMBER** mean the Owner for the incidents of ownership. ("Owner" means the person who has the rights of ownership of the insurance).

MAXIMUM ELIGIBILITY AGE means the oldest a person can be and still be initially eligible for insurance, as follows: **ELIGIBLE MEMBER**, through age 59; **ELIGIBLE SPOUSE**, through age 59; or **ELIGIBLE CHILD**, through age 20, or through age 22 if a full-time student.

MEMBER INSURANCE means an **INSURED MEMBER'S** insurance for himself or herself.

DEFINITIONS (Continued)

NEW MEMBER means a person who is eligible to request non-contributory insurance. To be eligible, such person must: (a) be an **ELIGIBLE MEMBER**; and (b) have become a member of the **SPONSOR** within the last 90 days and while the Policy is in force. If approved by New York Life, such person will be provided non-contributory insurance during the **INITIAL PERIOD** in an amount agreed to by the Policyholder and New York Life.

PREVIOUS POLICY means: (a) Group Policy Number GP 0631 issued to the Wisconsin National Guard Association, Inc. by American Life & Casualty Insurance Company; or (b) the plan of benefits provided by another carrier which is being replaced by the Policy.

SPONSOR means an eligible entity that participates in the Militia Insurance Trust.

SURVIVOR DEPENDENT means an **INSURED DEPENDENT** of a deceased **INSURED MEMBER**. References to **SURVIVOR SPOUSE** and **SURVIVOR CHILD(REN)** mean the same as **SURVIVOR DEPENDENT** spouse and **SURVIVOR DEPENDENT** child(ren), respectively.

TERMINATION AGE DATE means the date insurance for a **COVERED PERSON** ends due to his or her attainment of the stated **AGE**, as follows:

1. the last day of the **INSURANCE PERIOD** during which the **INSURED MEMBER** reaches **AGE 70**;
2. the last day of the **INSURANCE PERIOD** during which the **SURVIVOR SPOUSE** reaches **AGE 70**; or
3. the last day of the **INSURANCE PERIOD** during which the **INSURED CHILD** reaches **AGE 21**, or **AGE 23** if the child is a full-time student.

TOTAL DISABILITY means an incapacity from an injury or sickness which:

1. completely and continuously prevents an **INSURED MEMBER** from doing the material and substantial duties of any occupation for which he or she is reasonably qualified by education, training or experience;
2. results in total and permanent loss of sight of both eyes; or
3. results in severance, above the wrist or ankle of: (1) both hands; (2) both feet; or (3) one hand and one foot.

TOTAL DISABILITY and **TOTALLY DISABLED** have the same meaning.

TRANSFER DATE means, for each **ELIGIBLE MEMBER** with **TRANSFER INSURANCE**: (a) the date agreed to by the Policyholder and New York Life if all liability under the **PREVIOUS POLICY** has ended for the **TRANSFER INSURANCE** for such **ELIGIBLE MEMBER** on such agreed to date; or (b) the day after liability under the **PREVIOUS POLICY** has ended for such **ELIGIBLE MEMBER**, if all liability under the **PREVIOUS POLICY** for the insurance which is being transferred has not ended for such **ELIGIBLE MEMBER** on such agreed to date.

TRANSFER INSURANCE means the member insurance or member and dependent insurance in force under the **PREVIOUS POLICY** on the day before the **TRANSFER DATE**, if such insurance is transferred to the Policy on such **TRANSFER DATE**.

SCHEDULE

Options Available for Eligible Members*

Option 2 through Option 9 is available and provides an amount of insurance which is an exact multiple of 2 through 9 times, respectively, the amount of insurance under Option 1.

Option 1

<u>Insured Member's Age</u>	<u>Amount Of Insurance</u>
under 60 (During The First Year of Insurance)	\$ 5,000
under 60 (After The First Year of Insurance)	8,500**
60 but before the Termination Age Date	2,750

Options Available for Eligible Spouses*

Option 1 through Option 9 is available and provides an amount of insurance which is an exact multiple of 1 through 9 times, respectively, the amount of insurance under Option 1, except that: The ELIGIBLE SPOUSE of an ELIGIBLE MEMBER cannot be insured for an Option which exceeds the Option for which such ELIGIBLE MEMBER is insured.

<u>Insured Spouse's Age</u>	<u>Amount of Insurance</u>
under 60	\$ 5,000
60 but before the Termination Age Date	2,500

Options Available for Dependent Unit(s)*

Option 1 through 4 is available to a DEPENDENT UNIT, except that: (a) the ELIGIBLE DEPENDENT of an ELIGIBLE MEMBER cannot be insured for an Option which exceeds the Option for which such ELIGIBLE MEMBER is insured; and (b) the ELIGIBLE SPOUSE of an ELIGIBLE MEMBER insured under one of the Options Available for Eligible Spouses and one of the Options Available for Dependent Units cannot be insured for a combined amount of insurance which exceeds the amount for which such ELIGIBLE MEMBER is insured.

<u>Covered Person</u>	<u>Age</u>	<u>Amount of Insurance Under:</u>			
		<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
Insured Spouse	Less than the Termination Age Date	\$ 2,000	\$ 5,000	\$ 10,000	\$ 15,000
Insured Children	14 days to 6 months	400	1,000	2,000	3,000
	6 months to 2 years	800	2,000	4,000	6,000
	2 years to 3 years	1,600	4,000	8,000	12,000
	3 years but before the Termination Age Date	2,000	5,000	10,000	15,000

* TRANSFER INSURANCE on each COVERED PERSON will equal the amount of insurance in effect on the day before the TRANSFER DATE without regard to the minimum, maximum, or multiple restrictions. However, any changes are subject to the applicable Options available.

** The 70% increase in insurance after the first year is a non-contributory bonus for the INSURED MEMBER. When the INSURED MEMBER is no longer an active member of a SPONSOR, the coverage is reduced to the contributory amount of insurance with a 10% non-contributory bonus.