a Lincoln, Nebraska company
Administrative Office: WINGA Insurance Plan (SSLI), 2400 Wright St., Madison, WI 53704-2572 • 608-242-3100

CERTIFICATE OF INSURANCE

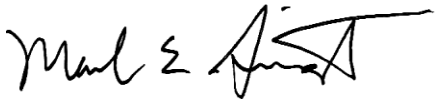
5 Star Life Insurance Company certifies that, subject to the terms of the Group Policy and the Association's participation under the Group Policy issued to AFBA Multi-Association Group Insurance Alliance Trust (referred to as the Policyholder), You are insured for the benefits described in this Certificate. This Certificate, along with the Certificate Schedule, becomes the Certificate of Insurance. This Certificate of Insurance replaces any and all Certificates and riders previously issued to You under the Group Policy.

This Certificate describes the benefits, provisions and limitations of the Group Policy that apply to You. Nothing in this Certificate waives or alters any of the terms or conditions of the Group Policy. The final interpretation of any specific provision in this Certificate is governed by the terms of the Group Policy. The benefits outlined in this Certificate are effective only if You are eligible for insurance, become insured and remain insured according to the terms of the Group Policy.

PLEASE READ YOUR CERTIFICATE CAREFULLY

Our Secretary and Our President witness this Certificate.

Secretary



President

GROUP TERM LIFE INSURANCE MEMBER CERTIFICATE

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GENERAL PROVISIONS

DEFINITIONS

Here are some of the terms used in this Certificate. Other terms are defined where used in this Certificate. All defined terms are important in describing rights under this Certificate. Please refer back to these definitions as You read. Defined terms are presented with capital letters to help identify them as such.

Association means the association that:
1. is named on the attached Certificate Schedule; and
2. is a participating association under the Group Policy.

Child means Your natural born or adopted child from the moment of placement in Your home. The term child also includes any stepchild who lives with You in a normal parent-child relationship and any child for whom You are the legal guardian.

Conversion Period means the 31 day period starting at 12:01 AM on the day after Your insurance under the Group Policy ends.

Dependent means a person who is:
1. a lawful spouse; or
2. a Child who is:
    a. at least 14 days old;
    b. less than 21 years of age; or
    c. at least 21 years of age but less than 26 years of age if enrolled in a school as a full-time student.

    For a Dependent Child whose coverage would end due to his or her age, coverage will continue with payment of any required premium while You are insured if the Child, due to intellectual disability or physical handicap:
    a. is not capable of self-support; and
    b. is chiefly dependent upon You for support.

Dependent Benefits or Dependent Insurance means the insurance for Your Dependents provided under the Group Policy.

Doctor means a person who is practicing within the scope of his or her license; and either
1. licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. legally qualified as a medical practitioner and required to be recognized according to the insurance statutes or regulations of the governing jurisdiction. It does not include a claimant or spouse, daughter, son, father, mother, sister or brother.

Entry Date means the day of the month on which new coverage is effective.

Evidence of Insurability means written proof given to Us that an eligible person is insurable. This proof must be based on medical information and must be acceptable to Us.

Group Policy means the policy issued to AFBA Multi-Association Group Insurance Alliance Trust.

Hospitalized means confinement for short term, intermediate or long term care on an inpatient basis in:
1. a hospital;
2. a convalescent facility;
3. a free standing surgical center;
4. a hospice;
5. a skilled nursing facility; or
6. a psychiatric, alcohol or drug treatment facility.

Injury means sudden and unexpected bodily harm that occurs while covered under the Group Policy and not contributed to by any other cause.

Member means a Member of the Association in good standing who meets the requirements for coverage under the Group Policy and is insured under the Group Policy.

Member Benefits or Member Insurance means the insurance for a Member provided by this Policy.

Policy Month means the period of time that begins on a premium due date and ends at midnight on the day before the next monthly premium due date.

Policy Year means a 12 month period beginning on the Policy Effective Date or its anniversary.

Prior Policy means the Association's group policy in effect the day before the Association's effective date under the Group Policy. The Group Policy replaces that policy or a portion of it.

Sickness means an illness or disease. It also includes an injury that occurs before You are covered under the Group Policy. It includes pregnancy.

Special Care means the following care or treatment that is given to a person as an inpatient or an outpatient:
1. chemotherapy;

2. radiation therapy; or
3. dialysis treatment.

Total Disability, Totally Disabled or Disabled, for the purposes of Dependent Benefits, means a Dependent's inability to engage in substantially all the normal activities of a healthy person of the same age and sex in good health.

You, Your or Yours mean the Member.

We, Us or Our means 5 Star Life Insurance Company ("5 Star Life").

BECOMING ELIGIBLE FOR MEMBER INSURANCE

You are eligible for insurance if You are a member of an eligible class listed in the Certificate Schedule.

You are eligible for insurance on the later of the Effective Date of the Group Policy or the day after you satisfy the Association's waiting period following the date You become a Member.

Reinstatement

If You request reinstatement of insurance that ended while You were still eligible to be covered under the Group Policy, You must first provide Evidence of Insurability satisfactory to Us.

EFFECTIVE DATE OF MEMBER INSURANCE

Non-contributory Insurance means that the Association pays all of the cost of the insurance. All eligible Members must be enrolled. Non-contributory benefits will become effective on the date You are eligible for insurance. All Member non-contributory plans must be approved by Us.

Contributory Insurance means that You pay all or part of the cost of Your insurance.

If any part of Your insurance is Contributory, all Your insurance will become effective on the earlier of the following dates:
1. the date You become eligible for insurance, if You enroll on or before that date;
2. the date You enroll for insurance.

No Evidence Limit

No Evidence Limit means the greatest amount of insurance You may have without providing Evidence of Insurability.
1. You may be eligible for more than the No Evidence Limit initially; or
2. the amount of Your existing insurance may be increased to an amount in excess of any No Evidence Limit; or
3. the amount of Your insurance currently in excess of the No Evidence Limit may be further increased.

In any of these events, You must send Us acceptable Evidence of Insurability for amounts or additional amounts that are in excess of the No Evidence Limit. The amount of Your insurance in excess of that limit will become effective as described in the Evidence of Insurability provision.

EVIDENCE OF INSURABILITY

Individual Evidence of Insurability satisfactory to Us must be given to Us if:
1. You apply to reinstate coverage after voluntarily ending insurance; or
2. You converted Your insurance and again become eligible for insurance under the Group Policy and do not cancel Your conversion policy; or
3. You apply for an amount that exceeds the No Evidence Limit.

Evidence of Insurability will be in the form of an insurability statement that You complete. After We review the statement, We may require additional information. We may require that You be examined by a Doctor of Our choice, at Your expense, except for exams required for amounts over the No Evidence Limit.

Whenever Evidence of Insurability is required, the coverage in questions will not be effective until the latest of:
1. the Entry Date on or after Our approval; or
2. the eligibility date; or
3. the enrollment date.

BECOMING ELIGIBLE FOR DEPENDENT INSURANCE

You may be eligible for Dependent Benefits only if the Association has chosen to offer optional dependent life insurance.

If You have one (1) or more Dependents, they are eligible for Dependent Insurance on the date You become eligible for optional insurance.

If You do not have any Dependents, You will become eligible for Dependent Insurance on the date You acquire a Dependent.

A person may not be insured as both a Member and a Dependent. A Dependent Child may not be insured under Dependent Life as a Dependent of more than one Member.

EFFECTIVE DATE OF INSURANCE FOR DEPENDENTS

Your Dependent Insurance will become effective on the earlier of the following dates:

1. the date You become eligible for Dependent Insurance, if enrollment occurs on or before that date;
2. the date You enroll for Dependent Insurance, if that date is within 31 days after becoming eligible for insurance.

Dependent Start Date Deferral
Insurance does not begin until a Dependent is not Totally Disabled, not confined at home, and not confined in a hospital. For the amount of benefit provided under the Prior Policy on the day before the Effective Date of the Group Policy, this provision does not apply.

The effective dates of coverage may be delayed if, in the 90 days prior to the date insurance is to become effective, the Dependent:

1. was Hospitalized; or
2. had, or been advised to have, Special Care.

If either 1 or 2 above apply to a Dependent, insurance will not become effective until the earlier of:

1. the Entry Date on or after the Dependent has gone 90 days without being hospitalized and without having Special Care; or
2. if You give Us Evidence of Insurability for the Dependent, the Entry Date on or after We approve insurance based upon that Evidence.

Reinstatement
If You request reinstatement of Dependent insurance that ended while You were eligible to be insured by the Group Policy, You must provide Evidence of Insurability satisfactory to Us. The coverage will be effective on the date We approve the evidence.

No Evidence Limit
No Evidence Limit means the greatest amount of insurance a Dependent may have without providing Evidence of Insurability. The No Evidence Limit for a Dependent Spouse or Dependent Child is shown on the Certificate Schedule.

If a Dependent's amount of insurance exceeds the No Evidence Limit, the amount of insurance in excess of that limit will become effective on the Entry Date after:

1. the Dependent becomes eligible for the insurance ; and
2. We approve the Dependent's Evidence of Insurability.

EVIDENCE OF INSURABILITY FOR DEPENDENTS

Evidence of Insurability satisfactory to Us must be given to Us for a Dependent if:

1. You apply to reinstate Dependent coverage after voluntarily ending it; or
2. The life insurance coverage requested for a Dependent exceeds the No Evidence Limit.

Evidence of insurability will be in the form of a health statement that We provide. We may require additional evidence.

Whenever Evidence of Insurability is required, the coverage in question will not be effective until the later of:

1. the date We approve the evidence; or
2. the Dependent's eligibility date.

ADDING DEPENDENTS

Any new Dependents You acquire while insured for Dependent Insurance will be insured from the date they become Dependents.

Spouse coverage and Child coverage may be chosen separately. If You are enrolled for Spouse or Child coverage but not both, You must send Us a written request for insurance on a form We approve to add the new category. Insurance for the new Dependent category becomes effective as described for initial Dependent coverage. If You have enrolled for Dependent Child(ren) coverage, any additional Children automatically become covered on the date they become Dependents.

ASSIGNMENT OF BENEFITS

You may assign the right, title and interest of insurance benefits under the Group Policy. Assignment must be made to a third party other than the Association. If You elect to assign Your benefits, You must assign the entire benefit. An assignment must be in writing on a form approved by Us. We will accept assignment forms on file with the Association or with the Association's prior insurer. If We make payment before We receive the assignment, the assignment will have no effect on the payment previously made.

You may not assign Your benefits if You have made an irrevocable Beneficiary designation. An assignment must be an absolute assignment that meets the following requirements.

1. It is irrevocable and transfers all rights, including but not limited to:
    a. the right to change the Beneficiary;
    b. the right to buy an individual policy of Life insurance on Your life under **Conversion Privileges**.
2. The assignment will apply to all insurance in effect on the date of assignment and any that becomes effective after that date.
3. The assignment will have no effect unless You make it and We endorse it during Your lifetime. We and the Association assume no responsibility for the validity, sufficiency or effect of the assignment (including assignments on forms furnished by Us or by the Association).

The assignment will change the Beneficiary to the assignee. The assignee may designate another beneficiary.

TERMINATION OF MEMBER INSURANCE

Your insurance ends on the earliest of:

1. the date the Group Policy ends; or
2. the date the benefit ends; or
3. the first day for which You do not make any required premium payment.

Premium payment past Your termination date does not extend coverage. Termination of insurance will not affect any claim incurred before the date of termination.

TERMINATION OF DEPENDENT INSURANCE

Dependent Insurance ends on the earliest of:

1. the date the Group Policy or the Dependent Benefits end; or
2. the date on which You are no longer insured under the Group Policy; or
3. the first day for which You do not make any required premium payment; or
4. the date You no longer have Dependents; or
5. the date the Dependent no longer meets the definition of Dependent; or
6. the date the Dependent becomes a member of any military, navy, or air force of any country or international body; or
7. the date the Dependent becomes insured as a Member under the Group Policy.

Premium payment beyond Your or Your Dependent's termination date does not extend coverage. Termination of insurance will not affect any claim incurred before the date of termination.

For a Dependent Child whose coverage would end due to his or her age, coverage will continue with any required payment of premium while You are insured if the Child, due to intellectual disability or physical handicap:

1. is not capable of self-support and
2. is chiefly dependent upon You for support.

Within 31 days after the Child's coverage would otherwise end, You must provide Us with proof of the Child's incapacity and dependency. We may require such proof periodically, but not more frequently than annually after the two-year period following the date the Child's coverage would otherwise end.

MEMBER LIFE INSURANCE BENEFIT

WHAT WE PAY

At the time of Your death, We will pay the insurance amount for which You are insured at the date of Your death. We will pay when We receive proof of death. Payment will be made to Your Beneficiary.

THE BENEFICIARY

A **Beneficiary** is a person You name to receive the death benefit. You must name Your Beneficiary in writing on a form We approve. You must sign and date the form. In no event may You name the Association as a Beneficiary. After We make payment, We have no further liability.

Change of Beneficiary

Unless You irrevocably name a Beneficiary, You have the right to change Your Beneficiary at any time. You must do this in writing on a form satisfactory to Us, stating the date the change is to take effect. The form must be delivered to Us or to the Association during Your lifetime. No change may take effect if We receive it after We pay the death benefit.

Payment to Beneficiary
You may name more than one Beneficiary. If so, they will share equally unless You clearly state the order of rights. The share of a Beneficiary who dies before You die will pass to any surviving Beneficiaries in the order You stated.

We may rely on an affidavit or other written evidence deemed satisfactory to Us to determine the identity or the existence of Beneficiaries not identified by name. Any payment made by Us in good faith reliance on such evidence will fully discharge Us to the extent of such payment.

If You have no surviving Beneficiary, We have the right to make the payment to Your estate or to:
1. Your spouse.
2. Your children.
3. Your parents.
4. Your brothers and sisters.

FACILITY OF PAYMENT

If the Beneficiary is a minor or otherwise incapable of giving a valid release, at Our option and until claim is made by the duly appointed guardian of the Beneficiary, We may make payment to:
1. any relative of the Beneficiary by blood or marriage; or
2. any other person or institution that appears to Us to have assumed custody and principal support of the Beneficiary.

Payment under these circumstances may not exceed $2,000. Payment will be for the sole benefit of the Beneficiary.

At Our judgment, a part of Your death benefit may be paid to any person who has incurred expenses in connection:
1. with Your burial; or
2. with the Injury or Sickness that caused Your death.

The maximum amount payable to that person is $1,000.

SIMULTANEOUS DEATH PROVISION

If a Beneficiary dies:
1. on the same day You die; or
2. within 15 days thereafter;

benefits will be paid as if that Beneficiary had died before You. If proof of loss with respect to Your death was delivered to Us before the date of the Beneficiary's death, this provision will not apply.

HOW THE LIFE INSURANCE BENEFIT IS PAID

The life insurance benefit is paid in a single sum.

CONVERSION PRIVILEGES

When You May Convert
You may convert Your life insurance to an individual life policy without Evidence of Insurability for any part of Your life insurance that ends because:
1. You are no longer eligible for the life insurance amount under the Group Policy.
   You may convert a life amount up to the amount that terminated, less the amount of any group life insurance for which You are or become eligible within 31 days after termination.
2. the Group Policy or the Participating Association's coverage under the Group Policy:
   a. terminates; or
   b. is amended to exclude the class in which You belong; or
   c. is amended to terminate the Member Life Insurance Benefit.

   If one of the events in 2 above occurs, You must have been insured by Us under the Group Policy for at least five (5) consecutive years as of the day before the termination. The maximum life amount that may be converted is the lesser of:
   a. the terminated life amount less the life amount for which You become eligible under any other group policy within 31 days of the termination; or
   b. $10,000.

Conditions Applicable to Any Life Conversion
The following provisions apply to any individual life policy issued under these conversion privileges.

1. You may convert to any one of the policy forms We normally issue except term insurance.
2. Benefits for disability and Accidental Death are not included in the converted policy.
3. An individual policy will be issued only if application is made within 31 days of the date Your Life Insurance ends. Payment of the first premium must be paid within that time.
4. The cost of the converted policy is based on Our standard rates for the form of the converted policy, based on the insured person's class of risk and attained age on the effective date of the converted policy.
5. The converted policy will take effect at the end of the Conversion Period.

Conversion Policy Replaces Group Amount
The converted amount of life insurance will replace the group life insurance amount that You were eligible to convert.

If You Die Before Converting Your Insurance
If You die during the 31 day period allowed for conversion, We will pay the amount of group life insurance You were eligible to convert, whether or not You had applied for a converted policy.

Notice and Extension
You will be given written notice Your right to convert at least 15 days before the end of the Conversion Period. If written notice is given more than 15 days after this date, the time allowed to exercise the conversion privilege shall be extended for a period of 15 days following the date You receive the written notice. In no event, will this extended period exceed 60 days after the end of the Conversion Period.

The written notice must be delivered to You or mailed by 5 Star Life to Your last known address.

When The Group Policy Terminates
Termination of insurance does not affect any claim incurred before the date of termination.

DEPENDENT LIFE INSURANCE BENEFIT

WHAT WE PAY

At the time of a Dependent's death, We will pay the amount of insurance in force for Your Dependent. When We receive proof of a Dependent's death, We will pay the benefit to You. If You are no longer living, the amount will be paid to the Dependent's estate unless the Simultaneous Death provision applies.

CONVERSION PRIVILEGES

If Dependent Life Insurance Ends
A Dependent has the right to convert his or her group life insurance to an individual policy if any part of their life insurance ends because:

1. You transfer into an ineligible class; or
2. You die; or
3. the dependent no longer meets the definition of Dependent. No medical exam is required to obtain an individual policy.

To convert, We must receive a completed application for conversion and the first premium within 31 days of the date the Dependent's insurance ends. A Dependent may convert to any one of the policy forms We normally issue except term insurance. A Dependent may convert up to the amount that ended, less the amount of any group life insurance for which the Member is or becomes eligible within 31 days after termination. Benefits for disability or Accidental Death will not be included in the converted policy. The cost of the converted policy is based on Our standard rates for the form of the converted policy. The converted policy will take effect at the end of the 31 day period after the Dependent's insurance ended.

If The Group Policy or This Benefit Terminates
A Dependent Spouse has the right to convert if his or her group life insurance ends because the Group Policy or the Participating Association's coverage under the Group Policy:

1. ends; or
2. is amended to exclude the class in which You belong; or
3. is amended to terminate the Dependent Life Insurance Benefit.

For a Dependent Spouse to be eligible for conversion, You must have been insured under the Group Policy for at least five (5) consecutive years. The Dependent Spouse must apply for conversion and pay the first premium within 31 days of the date insurance ends. The provisions for conversion described in **If a Dependent's Life Insurance Ends** will apply, except that the maximum conversion amount is $2,000.

If Dependents Die Before Converting Insurance
If a Dependent dies during the 31 day period allowed for conversion, We will pay the amount the Dependent was eligible to convert, whether or not the Dependent had applied for a converted policy.

Notice and Extension
We will give You Written notice of Your right to convert Dependent coverage at least 15 days before to the end of the Conversion Period. If we do not give You written notice within 15 days, the time allowed for You to exercise of the conversion privilege will be extended for a period of 15 days following the date of You receive the written notice. In no event will the extended period exceed 60 days after the expiration of the Conversion Period. We will deliver the written notice to Your last known address.

NO EVIDENCE LIMIT

The Dependent Spouse and/or Dependent Child Life No Evidence Limit is shown on the Certificate Schedule.

CLAIMS

WE MUST BE NOTIFIED OF INTENT TO FILE A CLAIM

Written notice of a claim for death must be given to Us by the Association or claimant. The notice must be in writing and must be filed at Our administrative office. Any claim will be based on the written notice. We must receive notice within 30 days of the date of death. If We do not receive notice within 30 days, the claim may be reduced or invalidated unless:

1. it can be shown that it was not possible reasonably to provide notice within the 30 day period; and
2. it is shown that notice was given as soon as possible.

WE FURNISH PROOF OF LOSS FORMS

After We receive written notice of claim, We will send Our proof of loss forms to the claimant unless the Association has provided them. We will furnish the forms within 15 days after We receive written notice. If We do not furnish forms within 15 days, the claimant can meet the time period shown below by submitting written proof that explains the reason for the claim. Written proof should establish facts about the claim such as occurrence, nature and extent of the loss involved.

WHEN TO FILE PROOF OF LOSS

Written proof must be filed within 90 days of the loss.
If We do not received proof of loss within the 90 day period, the claim may be reduced or invalidated unless:

1. it can be shown that it was not possible within reason to submit proof within the time period; and
2. it is shown that the proof was filed as soon as possible.

However, proof of loss may not be submitted more than one (1) year after the 90 day period unless the claimant is legally incapacitated.

WHEN WE PAY BENEFITS

Any benefits due will be paid within 60 days after We receive complete proof of loss.

TO WHOM WE PAY BENEFITS

Any benefit shown in the Certificate Schedule for loss of life will be paid as described in the life insurance benefit provisions. Other benefits payable under the Group Policy are paid to You.

OUR RIGHT TO REQUIRE MEDICAL EXAMS AND AUTOPSIES

At Our expense, We have the right to:

1. require a medical exam of any claimant not more than once every three (3) months while a claim is pending; and
2. request an autopsy in the case of death where autopsy is not forbidden by law.

LEGAL ACTIONS AND LIMITATIONS

No action at law or in equity may be brought to recover under the Group Policy unless proof of loss has been filed according to the terms of the Group Policy. The claimant must wait 60 days after filing proof of loss before taking action. Any action must be taken within three (3) years from the end of the 60 day time period.

MISCELLANEOUS PROVISIONS

ENTIRE CONTRACT

The entire contract is made up of:

1. The Policy;
2. the application of the Policyholder; a copy of the application will be attached to the Policy when the Policy is issued;
3. the Participation Agreement of each Participating Association; and
4. the application of each Member.

STATEMENTS

In the absence of fraud, all application statements made are considered representations not warranties. This means that the statements are made in good faith. No statements made by:

1. the Association in applying for this insurance will make the Association's coverage under the Group Policy void unless the statements are contained in the signed application; and
2. You in applying for insurance under the Group Policy will be used to reduce benefits or to defend a claim unless:
    a. the statement is in a written, signed application; and
    b. a copy of the application is given to You, Your beneficiary, or Your personal representative.

INCONTESTABILITY

Any statement You make on an application for insurance will not be contested after You have been insured for two (2) years during Your lifetime. No statement may be contested unless it is in writing. The application must be signed by You. You or Your Beneficiary or Your personal representative must receive a copy.

Any written statement made by the Association on an application for coverage under the Group Policy will not be contested after insurance has been in force for two (2) years. We may contest non-payment of premiums at any time.

MISSTATEMENT OF AGE

If Your age is not accurately stated:

1. an equitable adjustment of premium will be made; and
2. the true age will be used to determine the correct amount of insurance.

If a correction results in a premium adjustment, refunds or charges will be made for only the current Policy Year and the prior Policy Year, if any.