Policyholder Name: North American Division of Seventh Day Adventist
c/o Adventist Risk Management, Inc.
12501 Old Columbia Pike
Silver Spring, MD 20904

Policy Number: T5MP-P-054065-000

PLAN OF INSURANCE

Term of Coverage: August 1, 2026 to August 1, 2027

Eligibility: Class 1 - All enrolled students (grades PK-12, includes enrolled and registered early childhood infants to school age), including the graduating class trip, religious services or instructions and all interscholastic student athletes, excluding senior high football, are covered under the Policyholder program for whom premium has been paid.

Class 2 - All enrolled boarding students (grades PK-12), excluding senior high football, are covered under the Policyholder program for whom premium has been paid.

Insured Risk: Class 1 - Coverage is provided while attending school and while attending or participating in Policyholder Sponsored and Supervised activities while on or off School premises. Coverage also includes traveling during such activities as a member of a group in transportation furnished or arranged for by the Policyholder or while traveling directly to and from the Insured's home premises and the site of such activities.

Class 2 - 24-hour coverage.

Benefits:

A. Class	Insuring Provision(s) Applicable	Benefit Provision(s) Applicable
1	868MS-EZ - Sponsored Activity	0CX6M AME 0CX7M AD & Specific Loss with CAT Cash (Option 2 only)
2	866MS-EZ - 24-Hour Accident	0CX6M AME 0CX7M AD & Specific Loss with CAT Cash (Option 2 only)

Aggregate Limit of Liability: $1,000,000.00
This is the maximum amount for which We are liable for an Insured Person under this plan due to any one Accident.

Covered Accident Deductible: $25,000.00

- Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the Covered Accident Deductible

Accident Medical Expense: Full Excess	**Benefit Provision 0CX6M MD/0LC7M**
Benefit Maximum	$1,000,000.00
Benefit Percentage	100% of U&C
Deductible Establishment Period	24 Months
Maximum Benefit Period	10 years from accident date
Daily Room and Board Limit for	
Private or Semi-Private Room	Average Semi-Private Rate of Hospital in Which Confined
Intensive Care	Usual and Customary Charges
Maximum Spinal Manipulation Benefit	
Maximum Amount per Calendar Year	$1,000.00
Maximum Visits per Calendar Year	N/A
Maximum Outpatient Physical Therapy Benefit	
Maximum Amount per Calendar Year	$50,000.00
Maximum Visits per Calendar Year	N/A
Maximum Prosthetic Limitation	
Benefit Amount payable during the first two (2) Years after covered accident	$100,000.00
Benefit Amount payable for the remainder of the benefit period immediately thereafter	$100,000.00
If amputation of the leg is above the knee	$200,000.00
Maximum Benefit Amount	$200,000.00
If amputation of the leg is above the knee	$300,000.00

<u>Option 2 Includes:</u>

Accidental Death & Specific Loss	**Benefit Provision 0CX7M/0CX8M-MD**
Principal Sum	$20,000.00
Loss Period	365 days
Catastrophic Cash Benefit:	
Maximum Benefit Amount	$500,000.00
Coma	100% of Maximum Benefit Amount
Brain Death	100% of Maximum Benefit Amount
Hemiplegia	100% of Maximum Benefit Amount
Paraplegia	100% of Maximum Benefit Amount
Quadriplegia	100% of Maximum Benefit Amount
Uniplegia	50% of Maximum Benefit Amount
Loss period	Loss beginning within 30 days of Injury and continuing for 6 consecutive months
Lump Sum Payable after Loss Period has been met	$100,000.00
Benefit amount payable every year thereafter	$40,000.00
Maximum Benefit Period	10 Years

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

Aggregate Limit Of Indemnity For Any One Accident	5454MS
Facility of Payment Rider	779MS
Home Care Accident Benefit Rider	6298M
Maryland Amendment Rider	9734MS
Extension of Certain Health Insurance Benefits	0HK4M
Guarantee Notice	M20817_1021
Amendment Rider	335MS-NN

- Amend “CLAIMS PROVISIONS” of the policy
- Amend Benefit Provision 0CX6M MD
- Amend Amendment Rider 0CX8M MD

Premium:

Option 1 – Medical Only	$2.05 per Student
Option 2 – Medical with CAT Cash	$2.90 per Student

The annual premium shown above is fully earned and non-refundable on the date coverage goes into effect.

051426:scs

3300 Mutual of Omaha Plaza
Omaha, NE 68175

Policy Date: August 1, 2026

Policy No. T5MP-P-054065-000

MUTUAL OF OMAHA INSURANCE COMPANY (called "We," "Us" or "Our") agrees to insure certain persons (called Insureds) and promises to pay benefits according to the terms of this policy. The application of the Policyholder and payment of all premiums put this policy in force. This policy is issued to:

North American Division of Seventh-Day Adventist

(called the Policyholder)

POLICY TERM -- RENEWAL

This policy goes into effect on the Policy Date shown above. The initial term ends one year from the Policy Date. This policy may be renewed for additional terms with our consent. Each term begins and ends at 12:01 a.m., Standard Time, at the main office of the Policyholder.

This policy is signed for us by the Officers named below.

James T. Blackledge

Chief Executive Officer

Terrance S. DeWald

Corporate Secretary

Form T5MP -- Series 6440S

Blanket Policy

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

PART A. DEFINITIONS

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Injuries" means accidental bodily injuries: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes, in loss specified in the Benefit Provision(s) and Insuring Provision(s). The Plan of Insurance specifies the Benefit and Insuring Provision(s) applicable to each class of Insureds. Benefits are payable for an Insured's injuries under only one Insuring Provision for any one accident.

PART B. INDIVIDUAL PROVISIONS

1. **Eligibility:** All persons within the classes stated in the Plan of Insurance are eligible for insurance under this policy.

2. **Effective Date of Individual Insurance:** Each eligible person will become insured on the date stated in the Plan of Insurance.

3. **Individual Terminations:** Unless otherwise stated in the Plan of Insurance, the insurance of any Insured shall end on the first of the following dates:
   (a) The date any premium for the Insured is due and unpaid.
   (b) The date the Insured ceases to be within a class of persons eligible for coverage under this policy.
   (c) The date this policy is terminated.

4. **Change in Coverage:** Any change in an Insured's coverage because of a change in class will become effective as stated in the Plan of Insurance.

5. **Reinstatement or Reenrollment:** If the Insured's insurance is terminated for any reason, then again made effective through reinstatement or reenrollment, only covered loss resulting from covered injuries received after the date of reinstatement or reenrollment will be covered.

6. **Change of Beneficiary; Assignment:** Only the Insured has the right to change the beneficiary. Consent of the beneficiary is not required to make any change in this policy. Also, no such consent is required for surrender or assignment of the Insured's right under this policy.

PART C. CLAIMS PROVISIONS

1. **Notice of Claim:** Written notice of a claim must be given to us within 30 days after loss covered by this policy occurs or starts. If notice is not given within that time, it must be given as soon as is reasonably possible. The Insured can give the notice or have someone else do it for him or her. Notice must be given to us at Omaha, Nebraska, or to any of our agents. It must identify the Insured.

2. **Claim Forms:** When we receive the Insured's notice, we will send the forms for filing proof of loss. If we do not send them within 15 days, the Insured 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.

3. **Proof of Loss:** The Insured must give us written proof of loss within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

4. **Payment of Claims:** All benefits will be paid to the Insured, the Insured's beneficiary or the Insured's estate as soon as we receive proof of loss.

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

If any benefits are payable to the Insured's 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 the Insured who we find entitled to the payment. Payment made in good faith shall fully discharge us to the extent of the payment.

5. **Legal Actions:** The Insured may not bring a legal action to recover under the policy for at least 60 days after the Insured has given us written proof of loss. The Insured may not start such an action more than three years after the date proof of loss is required.

PART D. POLICY PROVISIONS

1. **Entire Contract; Changes:** This policy, and any attachments, is the entire contract of insurance. No agent may change it in any way. Only an officer of ours can approve a change. Any such change must be shown in this policy.

2. **Records -- Information to Be Furnished:** The Policyholder shall furnish us or our authorized agent with the information as we may deem necessary for the proper administration of this insurance. The records of the Policyholder which may have a bearing on this insurance shall be open to us for inspection at any time during the policy term and within one year after termination of the policy.

3. **Clerical Error:** Clerical error on our or the Policyholder's part in keeping records or furnishing information shall not void insurance otherwise in force or continue insurance otherwise terminated under the terms of the policy.

4. **Grace Period:** Premiums must be paid on or before the date they are due or during the 31-day grace period that follows. The policy stays in force during the grace period. A grace period always applies unless we inform the Policyholder that it does not apply.

5. **Time Limit on Certain Defenses:** After two years from the Policy Date, we cannot use misstatements, except fraudulent misstatements in the Policyholder's application to void coverage. After two years from the date an Insured becomes covered under this policy, we cannot use misstatements, except fraudulent misstatements, in his or her application to void coverage or deny a claim for loss that happens after the two-year period.

6. **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.

7. **Cancellation:** After this policy has been in force for one year, it may be canceled at any time, by either the Policyholder or us, with written notice to the other stating the date and hour cancellation becomes effective. We shall give 60 days' prior notice to cancellation. Upon cancellation any unearned premium shall be returned.

8. **Conformity with State Statutes:** The provisions of this policy must conform with the laws of the state in which the Insured resides on the Policy Date. If any do not, they are hereby amended to conform.

Countersigned by:

_____

Licensed Resident Agent

INSURING PROVISION
(Coverage for Sponsored Activities, Including Travel To and From)

This provision applies only to the class or classes of Insureds specified on the Plan of Insurance.

The Insured is covered for injuries received while insured under this provision. Such injuries must be received while: (a) participating in activities sponsored and supervised by the Policyholder; (b) traveling during such activities as a member of a group in transportation furnished or arranged for by the Policyholder; (c) traveling directly to or from the Insured's home premises and the site of such activities.

EXCEPTIONS AND LIMITATIONS. This provision does not cover:

(a) injuries resulting from air travel, except while a passenger for transportation only;
(b) the cost of eyeglasses, contact lenses or examinations for either;
(c) the cost of dental treatment, except as specifically provided for injuries to sound, natural teeth;
(d) injuries covered by workers' compensation or employer's liability laws;
(e) injuries caused by an act of declared or undeclared war;
(f) treatment of hernia;
(g) suicide or attempted suicide, sane or insane.

3300 Mutual of Omaha Plaza
Omaha, NE 68175

INSURING PROVISION
(24-hour Accident Coverage)

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for injuries received while insured under this provision.

EXCEPTIONS AND LIMITATION. This provision does not cover:

(a) injuries resulting from air travel, unless received while a passenger for transportation only;
(b) the cost of eyeglasses, contact lenses or examinations for either;
(c) the cost of dental treatment, except benefits specifically provided for injuries to sound, natural teeth;
(d) injuries for which any benefits are payable under workers' compensation or employer's liability laws;
(e) injuries caused by an act of declared or undeclared war;
(f) treatment of hernia; or
(g) suicide or attempted suicide, sane or insane.

BENEFIT PROVISION

Accident Medical Expense Coinsurance Benefits

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for Injuries received while under the policy or certificate and this provision. The Medical Benefit, Medical Deductible and Coinsurance Percentage are specified in the Plan of Insurance.

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

PART A. DEFINITIONS

The definitions in the policy, certificate and Insuring Provision(s) apply to this Benefit Provision. In addition, the following definitions are added.

"Ambulatory Surgical Center" means a facility which is operated as an Ambulatory Surgical Center.

"Medical Expense" means expense incurred for Medically Necessary services and supplies ordered or prescribed by a Legally Qualified Physician. Not included are amounts in excess of the Usual and Customary Charges. Medical Expense is incurred on the date the service or supply is received.

"Legally Qualified Physician" means a physician: (a) other than the Insured; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the state where the services are rendered.

A "Medically Necessary" service or supply means one which: (a) is recommended by the attending physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and (c) could not have been omitted without adversely affecting the Insured's condition or the quality of medical care.

"Usual and Customary Charges" means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

PART B. BENEFITS

When covered Injuries result in treatment by a Legally Qualified Physician beginning within AS SHOWN ON THE PLAN OF INSURANCE after the date of the accident, we will pay the Coinsurance Percentage for Medical Expense incurred in excess of the Medical Deductible, if any. Benefits will not exceed the Usual and Customary Charges. Eligible Medical Expenses are as follows:

(a) Treatment by a Legally Qualified Physician;
(b) Care or service from a Hospital or Ambulatory Surgical Center;
(c) Services from a registered nurse (RN or LPN) not related to the Insured by blood or marriage;
(d) Ambulance services;
(e) Orthopedic appliances.

Only covered Medical Expenses received by the Insured within AS SHOWN ON THE PLAN OF INSURANCE from the date of the accident are covered. Benefits for any one accident shall not exceed, in the aggregate, the Medical Benefit.

PART C. EXCLUSIONS AND LIMITATIONS

This provision is subject to the Exclusions and Limitations of the Insuring Provision(s) applicable to the Insured. Exclusions and Limitations also include: (a) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth or (b) Injuries caused by workers' compensation or employer's liability laws.

****FOR OPTION 2 ONLY****

BENEFIT PROVISION

Accidental Death, Specific Loss and Catastrophic Benefits

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for Injuries received while insured under the policy or certificate and this provision.

Provision Date (Same as the Policy Date or Certificate Date if no date is shown)

PART A. DEFINITIONS

The definitions in the policy, certificate, if any, and Insuring Provision(s) apply to this Benefit Provision. In addition, the following definitions are added.

"Brain Death" means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain, even through the heart is still beating.

"Coma" means a profound state of unconsciousness from which the Insured, through powerful stimulation, is not likely to be aroused. This condition must be diagnosed and regularly treated by a Legally Qualified Physician.

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

"Loss of Eye or Eyes" means the total and irrecoverable loss of the entire sight thereof. The loss must be irrecoverable by natural, surgical or artificial means.

"Loss of Hand or Hands, or Foot or Feet" means severance at or above the wrist or ankle joint, respectively.

"Loss of Speech and Hearing" means the total and irrecoverable loss thereof. Loss of Hearing that can be corrected by the use of any hearing aide or device shall not be construed to be an irrecoverable loss.

"Loss of Thumb and Index Finger of the Same Hand" means severance of two or more entire phalanges of both the thumb and the index finger.

"Paralysis" or Paralytic" means the loss of function of one or more limbs as a result of neurological damage. This condition must be diagnosed and regularly treated by a Legally Qualified Physician.

"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.

"Severance" means the complete separation and dismemberment of a part from the body.

"Uniplegia" means complete loss of function of one upper limb or one lower limb.

PART B. ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFITS

When, because of covered Injuries, the Insured sustains any of the following losses within 365 days after the date of the accident, benefits will be paid as follows:

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

The applicable Principal Sum, if any, is specified in the Plan of Insurance. Only one of the amounts shown above (the largest applicable in this Part B) will be paid for covered Injuries resulting from one accident. The benefit for loss of: (a) two limbs; (b) both eyes; (c) one limb and one eye: (d) speech and hearing; or (e) thumb and index finger of the same hand is payable only when such double loss if the result of the same accident.

PART C. CATASTROPHIC BENEFITS

When because of covered Injuries, the Insured's loss results in Coma, Brain Death or Paralysis which starts within 30 days of the accident, continues for 6 consecutive months and has a prognosis that such loss will be permanent, benefits will be paid in lump sum and/or monthly installments, as shown in the Plan of Insurance, up to the Maximum Benefit Amount specified in the Table of Losses below. Benefits are subject to the Deductible Amount and Coinsurance Percentage, if any. The Maximum Benefit Amount, Deductible Amount and Coinsurance Percentage are shown on the Plan of Insurance.

TABLE OF LOSSES

Loss	Percent of Maximum Benefit Amount
Coma	100%
Brain Death	100%
Hemiplegia	100%
Paraplegia	100%
Quadriplegia	100%
Uniplegia	50%

Only one of the amounts (the largest applicable) named above will be paid for covered injuries resulting from one accident.

PART D. EXCLUSIONS AND LIMITATIONS

This provision is subject to the Exclusions and Limitations of the policy and the Insuring Provision(s) applicable to the Insured.

3300 Mutual of Omaha Plaza
Omaha, NE 68175

EXCESS COVERAGE RIDER

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

Rider Date (same as Policy or Certificate Date if no date is shown here or on Plan of Insurance)

BENEFITS

Benefits within the policy or certificate will be paid only for medically necessary hospital, medical, dental and surgical services and supplies that are not recoverable from any insurance policy or service contract. This rider may only be issued with school accident-type insurance coverage.

MUTUAL OF OMAHA INSURANCE COMPANY

Terrance S. Re Wald

Corporate Secretary

3300 Mutual of Omaha Plaza
Omaha, NE 68175

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:

AGGREGATE LIMIT OF INDEMNITY FOR ANY ONE ACCIDENT

Notwithstanding the limit of indemnity specified for each Insured, the Company's aggregate limit of indemnity under the policy for all covered loss of life, limb or sight sustained as a result of the same accident by all Insureds involved in such accident shall not exceed the Aggregate Limit specified in the Plan of Insurance.

In event the Aggregate Limit is insufficient to pay the full amount specified for each Insured for all covered loss of life, limb or sight sustained as a result of the same accident by all Insureds involved in such accident, the amount of indemnity payable with respect to each Insured for such losses shall be in the proportion that the Aggregate Limit for any one accident bears to the total amount of indemnity that would have been payable for such losses except for said Aggregate Limit.

MUTUAL OF OMAHA INSURANCE COMPANY

Terrance S. DeWald

Corporate Secretary

3300 Mutual of Omaha Plaza
Omaha, NE 68175

FACILITY OF PAYMENT RIDER

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

In consideration of the payment of the premium which is recited in the policy, it is hereby understood and agreed that all or a portion of any indemnities provided by the policy as a result of medical, surgical, dental, hospital or nursing service may, at the Company's option, and unless the Company is requested otherwise in writing not later than the time of filing proof of loss, be paid directly to the hospital or person rendering such services; but it is not required that the services be rendered by a particular hospital or person.

MUTUAL OF OMAHA INSURANCE COMPANY

Terrance S. DeWald

Corporate Secretary

3300 Mutual of Omaha Plaza
Omaha, NE 68175

FOR OPTION 2 ONLY

AMENDMENT RIDER

This rider applies to the class or classes of Insureds specified in the Plan of Insurance.

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

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

PART A. DEFINITIONS

The following definitions are added to the policy.

"Accident" or "Accidental" means a sudden unforeseeable external event which: (a) causes injury to one or more Insureds; and (b) occurs while coverage is in effect for the Insured.

"Legally Qualified Physician" means a physician: (a) other than the Insured; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the state where the services are rendered.

"Sponsor" means a legal entity which is a participating organization under the policy.

"Supervised" or "Sponsored Activity" means a Sponsor authorized function: (a) in which the Insured participates; (b) which is organized by or under its auspices; and (c) which is within the scope of customary activities for such entity.

PART B. PAYMENT OF CLAIMS

The payment of claims provision in the policy or certificate is deleted and replaced by the following.

Benefits due under the policy for loss of life, if any, will be paid in accordance with the beneficiary designation. If there is no beneficiary designation, benefits for loss of life will be paid as follows: (a) to the Insured's spouse; otherwise (b) equally to the Insured's child or children; otherwise (c) equally to the Insured's parents; otherwise (d) equally to the Insured's brothers and sisters; otherwise (e) to the Insured's estate.

Benefits due under the policy, other than for a loss for which the policy provides for payment by a lump sum (if any) and installments, will be paid to the Insured, the designated beneficiary or others, as specified and in the order of preference as described in the previous paragraph. Payment will be made as soon as we receive written proof of loss. All accrued benefits for loss for which the policy provides for payment by installments will be paid monthly as soon as we receive written proof of loss. Any balance remaining upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Plan of Insurance.

If any benefits are payable to the Insured's 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 the Insured who we find entitled to the payment. Payment made in good faith shall fully discharge us to the extent of the payment.

PART C. **EXCLUSIONS AND LIMITATIONS**

The following exclusions are added to the policy. Benefits will not be paid for: (a) loss due to the Insured's participation in a riot or insurrection; (b) loss caused by or resulting from an act of terrorism; (c) loss caused by or resulting from aviation, except as specifically provided in the policy; (d) services or treatment rendered by a Legally Qualified Physician, nurse or any other person who is employed or retained by a sponsor or who is the Insured or a member of his or her immediate family; (e) charges for which the Insured would not have to pay if he or she did not have insurance; (f) that part of medical expense payable by any automobile insurance policy without regard to fault (does not apply in any state where prohibited); or (g) cosmetic surgery, except for reconstructive surgery due to injury to a part of the body.

MUTUAL OF OMAHA INSURANCE COMPANY

Terrance S. Re Wald

Corporate Secretary

3300 Mutual of Omaha Plaza
Omaha, NE 68175

HOME CARE ACCIDENT BENEFITS RIDER

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

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

EXCEPTIONS AND LIMITATIONS

The exceptions shown in the policy/certificate will apply to this rider; however, in applying them the word "rider" will be substituted for the word "policy" or "certificate" wherever it appears. In addition, no benefits are payable under this rider: (a) for any expense paid for under any other provision of the policy/certificate or any other rider attached to it or (b) for any expense incurred more than fifty-two weeks after termination of a covered person's coverage under this rider.

PART A. DEFINITIONS

The definitions shown in the policy/certificate will apply to this rider; however, in applying them the word "rider" will be substituted for the word "policy" or "certificate" wherever it appears. The following definitions are added.

"Home Care" means services which are received because of medical necessity from a hospital certified by the appropriate authority of the state in which it is located to provide home health services, or from a home health agency licensed by the appropriate authority of the state in which it is located to provide home health services and which are included under a plan of home care established and approved in writing by the physician caring for the Insured or dependent.

"Expense" means expense for services in amounts not in excess of the usual and customary charges for such services in the geographic area concerned. Expense for any service will be considered incurred on the date such service is received.

"Medicare Eligibility Date" means the policy/certificate renewal date following each covered person's sixty-fifth birthday or eligibility for Medicare, whichever occurs first.

PART B. BENEFITS

If, because of injuries, the Insured or any named dependent, while under the care of a legally qualified physician, receives home care beginning while the person is covered under this rider, and such care is in lieu of hospitalization or other institutionalization that would otherwise have been required, the Company will pay for the expense incurred for such home care, but in no event will benefits be paid for home care received in any more than forty home care visits in any one calendar year. Four hours of home care services or each visit by a member of a home care team shall be considered as one home care visit.

PART C. TERMINATIONS

Coverage for each adult person covered under this rider will terminate on the Medicare Eligibility Date and the Renewal Premium will be adjusted accordingly. If a premium is accepted after such termination date, coverage will be continued until the end of the period for which premium was accepted. Termination under this provision will not affect any existing claim.

MUTUAL OF OMAHA INSURANCE COMPANY

Terrance S. DeWald

Corporate Secretary

3300 Mutual of Omaha Plaza
Omaha, NE 68175

MARYLAND AMENDMENT RIDER

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

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

1. If a second surgical opinion is required under a hospital utilization review program in Maryland, benefits will be payable for the expense incurred for the second surgical opinion.

2. If inpatient admission is denied as a result of review by a hospital utilization review program in Maryland, out-of-hospital benefits will be provided as follows.

When inpatient admission is denied, benefits will be payable for expenses incurred for services and supplies provided by an out-of-hospital facility in lieu of hospitalization. Benefits provided under this rider are subject to the following:

(a) Benefits are payable only for those services and supplies which would have been provided during hospitalization and for which benefits would have been payable had hospitalization occurred.
(b) Benefits are subject to the limitations and maximums stated in the policy/certificate for expenses incurred while hospitalized.

If the coverage provided under the policy/certificate to which this rider is attached includes coverage for out-of-hospital services and supplies, benefits will be computed under this rider and under the policy/certificate. Payment will then be made under this rider or the policy/certificate, whichever provides the greater benefit.

MUTUAL OF OMAHA INSURANCE COMPANY

Terrance S. Re Wald

Corporate Secretary

Mutual of Omaha

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EXTENSION OF CERTAIN HEALTH INSURANCE BENEFITS

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.

Rider Date (October 1, 1999 or the Policy or Certificate Date, whichever is later)

DEFINITION

Total Disability means Injury or Sickness which wholly and continuously keeps the covered person if a student:

(a) from attending classes at the location where he is enrolled; and
(b) if such classes are not in session from doing those activities that are normal for a person in good health of the same age and sex.

EXTENSIONS

1. TOTAL DISABILITY: If an insured person is totally disabled on the date coverage terminates, we will continue to pay benefits for expenses incurred by the insured person for the condition causing the disability in accordance with policy or certificate provisions until the earlier of:

   (a) the date the insured person ceases to be totally disabled; or
   (b) 12 months after the date coverage terminates.

   We may at any time require the insured person to provide proof of total disability.

2. CLAIM IN PROGRESS: If an insured person has a claim in progress on the date coverage terminates, we will continue to pay benefits related to that claim in accordance with policy or certificate provisions until the earlier of:

   (a) the date the insured person is released from the care of a physician for the condition that is the basis of the claim; or
   (b) 12 months after the date coverage terminates.

3. HOSPITAL CONFINEMENT: If an insured person is confined in a hospital on the date coverage terminates, we will continue to pay benefits for the confinement in accordance with policy or certificate provisions until the earlier of:

   (a) the date the insured person is discharged from the hospital; or
   (b) 12 months after the date coverage terminates.

4. ACCIDENT: We will pay benefits in accordance with policy or certificate provisions for a covered loss that occurs after the date coverage terminates if:

   (a) an accident occurred while the policy or certificate was in force; and
   (b) the covered loss occurs within 90 days after the date of the accident.

5. DENTAL: If your policy or certificate provides dental benefits, we will pay benefits in accordance with policy or certificate provisions for a course of dental treatment for at least 90 days after the date coverage terminates if the treatment:

   (a) began before the date coverage terminates; and
   (b) requires two or more visits on separate days to a dentist's office.

6. ORTHODONTICS: If your policy or certificate provides coverage for orthodontics, we will pay benefits in accordance with policy or certificate provisions in effect at the time coverage terminates, for orthodontics:
   (a) for 60 days after the date coverage terminates if the orthodontist has agreed to or is receiving monthly payments; or
   (b) until the later of 60 days after the date coverage terminates or the end of the quarter in progress, if the orthodontist has agreed to accept or is receiving payments on a quarterly basis.

CONDITIONS

Extension of Benefits will not be provided if:

1. Coverage is terminated because the insured person fails to pay a required premium;
2. Coverage is terminated due to fraud or material misrepresentation by the insured person; or
3. Any coverage provided by a succeeding health benefit plan:
   (a) is provided at a cost to the insured person that is less than or equal to the cost to the insured person of these extended benefits; or
   (b) does not result in an interruption of benefits.

MUTUAL OF OMAHA INSURANCE COMPANY

Terrance S. Re Wald

Corporate Secretary

NOTICE OF PROTECTION PROVIDED BY MARYLAND LIFE AND HEALTH INSURANCE GUARANTY CORPORATION

This notice provides a brief summary of the Maryland Life and Health Insurance Guaranty Corporation (the Corporation) and the protection it provides for policyholders and contract holders. This safety net was created under Maryland law, which determines who and what is covered and the amounts of coverage.

The Corporation is not a department or unit of the State of Maryland and the liabilities or debts of the Life and Health Insurance Guaranty Corporation are not liabilities or debts of the State of Maryland.

The Corporation was established to provide protection in the unlikely event that your health maintenance organization of your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Corporation will typically arrange to continue coverage and pay claims, in accordance with Maryland law, with funding from assessments paid by other insurance companies and health maintenance organizations.

The basic protections provided by the Corporation are:

- Life Insurance
  - $300,000 in death benefits.
  - $100,000 in cash surrender or withdrawal values.

- Health Insurance or Health Benefit Plans
  - $500,000 for basic coverage provided by health benefit plans.
  - $300,000 for disability insurance.
  - $300,000 for long-term care insurance.
  - $100,000 for a type of health insurance not listed above, including any net cash surrender and net cash withdrawal values under the types of health insurance listed above.

- Annuities
  - $250,000 in the present value of annuity benefits, including net cash withdrawal values and net cash surrender values.
  - With respect to each payee under a structured settlement annuity, or beneficiary of the payee, $250,000 in present value annuity benefits, in the aggregate, including any net cash surrender and net cash withdrawal values.

The maximum amount of protection for each individual, regardless of the number of policies or contracts is:

- $300,000 in aggregate for all types of coverage listed above, with the exception of coverage provided by health benefit plans.
- $500,000 in aggregate for coverage provided by health benefit plans.

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Maryland law.

To learn more about the above protections, please visit the Corporation's website at www.mdlifega.org, or contact:

Maryland Life and Health
Insurance Guaranty Corporation
6210 Guardian Gateway
Suite 195APG
Aberdeen, Maryland 21005
410-248-0407

Insurance companies, health maintenance organizations, and insurance producers are not allowed by Maryland law to use the existence of the Corporation or its coverage to encourage you to purchase any form of insurance or health benefit plan. When selecting an insurance company or health maintenance organization, you should not rely on Corporation coverage. If there is any inconsistency between this notice and Maryland law, then Maryland law will control.

3300 Mutual of Omaha Plaza
Omaha, NE 68175

AMENDMENT RIDER

This rider is attached to and made a part of Policy No. T5MP-P-054065-000 and is subject to the provisions and conditions contained therein.

The effective date of this rider is the same as the Policy Date.

The policy to which this rider is attached is hereby amended as follows:

- Within the Part C section of the policy entitled "CLAIMS PROVISIONS," the first sentence of the sub-section entitled "Notice of Claim" is amended to read as follows:

  "Written notice of claim must be given to us within 90 days after loss covered by this policy occurs or starts."

- Within PART A. DEFINITIONS of Benefit Provision 0CX6M MD the following is added:

  "Physician's Assistant (PA)" is a PA, other than the insured, trained and licensed to provide basic medical services.

- Within PART B. BENEFITS of Benefit Provision 0CX6M MD the Eligible Medical Expenses will include the following:

  (f) Treatment by a Physician's Assistant (PA).

- Within PART C. Exclusions and Limitations of Amendment Rider 0CX8M MD, item (b) "loss caused by or resulting from an act of terrorism;" is deleted in it's entirety.

MUTUAL OF OMAHA INSURANCE COMPANY

Terrance S. Re Wald

Corporate Secretary

MUTUAL OF OMAHA INSURANCE COMPANY

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175

MEMBERSHIP AND VOTING PROVISION ENDORSEMENT

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

Endorsement Effective Date: April 1, 2026 or the effective date of your policy, whichever is later.

DEFINITION

The following definition added to your policy:

A *Policyowner* is an individual or entity that owns and controls an insurance policy. The *Policyowner* is responsible for paying the premiums and has the legal right to make changes to the policy, update coverage, and change beneficiaries

MEMBERSHIP AND VOTING PROVISION

The following provision is added to your policy:

MEMBERSHIP AND VOTING

While this policy is in force, the *Policyowner* is a member of the Mutual of Omaha Holding Company of Omaha, Nebraska. As a member, the *Policyowner* is entitled to one vote at the annual meeting either in person or by proxy. Only one vote may be cast regardless of the number of policies or coverage that the *Policyowner* may have purchased.

This policy is non-participating. All shares of the company will be held by the Mutual of Omaha Holding Company, and no dividends will be paid.

TERMINATION

This endorsement will end according to your policy's *Termination* provision.

Mutual of Omaha Insurance Company

Terrance S. Re Wald

Corporate Secretary

FOR CLAIM INFORMATION CALL 1-800-354-3289
FOR OTHER CUSTOMER SERVICE QUESTIONS 1-800-775-1000