
**YOUR GROUP
ACCIDENTAL DEATH AND
DISMEMBERMENT BENEFITS**

The Joint Retirement Board for Conservative Judaism, Amutah

**READ YOUR CERTIFICATE CAREFULLY.
CERTAIN WAR RISKS ARE NOT ASSUMED.
IN CASE OF ANY DOUBT WRITE YOUR COMPANY FOR FURTHER
EXPLANATION.**

Revised January 1, 2015

HOW TO OBTAIN PLAN BENEFITS

To obtain benefits see the Payment of Claims provision.

Forward your completed claim form to:

The Joint Retirement Board for Conservative Judaism, Amutah
One Penn Plaza
Suite 1515
New York, NY 10119

CLAIM ASSISTANCE

If you need assistance with filing your claim or an explanation of how your claim was paid, contact the:

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-775-8805

When contacting the Company please have your policy number available. Your policy number is MP-AVT4.

MUTUAL OF OMAHA INSURANCE COMPANY

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE SUMMARY OF COVERAGE



The Joint Retirement Board for Conservative Judaism, Amutah
MP-AVT4

Revised: January 1, 2015

All actively eligible participants contributing a minimum of \$1,200 in the previous calendar year and are still eligible to contribute to the JRB pension plan.

This Summary of Coverage provides a brief description of some of the terms, conditions, exclusions and limitations of the Policyholders Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of the Policyholders Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the group Policyholder or Benefits or Plan Administrator.

This Summary of Coverage is not a contract. You are not necessarily entitled to insurance under the Policy because You received this Summary of Coverage. You are only entitled to insurance if You are eligible in accordance with the terms of the Certificate.

BENEFITS	
Guarantee Issue Limit	For You: All Amounts Subject to any reductions, Guarantee Issue means the amount of insurance applied for which does not require Evidence of Good Health.
Accidental Death and Dismemberment Benefit for You	Principal Sum: \$10,000 Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions.
Reductions	Your original Accidental Death and Dismemberment Benefit will reduce to: <ul style="list-style-type: none">• 65% at age 65• 50% at age 70• 10% at age 75 If You are age 65 or older on the day You become insured under the Policy, the reduction will be made in accord with Your attained age. Accidental Death and Dismemberment Benefits end on the date of Your retirement.
MEMBER ELIGIBILITY	
Additional Coverage Requirement	An eligible Member must have life insurance coverage maintained by the Policyholder and issued by Us to become insured under the Policy.
Eligibility Waiting Period	None

<p>When Member Insurance Begins</p>	<p>When the Policyholder pays 100% of the cost of the Member's insurance under the Policy, the Member will become insured on the later of the date:</p> <ul style="list-style-type: none"> • the Member satisfies the Eligibility Waiting Period; or • We approve Evidence of Good Health, if required; <p>provided the Member is Actively Employed on that date.</p> <p>When the Member and the Policyholder share in the cost of the Member's insurance or, when the Member pays 100% of the cost of Member insurance, the Member must request insurance by properly completing and signing an enrollment form acceptable to Us and submitting this form to the Policyholder.</p> <p>The Member will become insured on the later of the day:</p> <ul style="list-style-type: none"> • the Member becomes eligible; or • the Member's enrollment form, acceptable to Us, is properly completed and signed; and, if required, We approve Evidence of Good Health provided the Member is Actively Employed on that date.
<p>Changes in the Amount of Your Insurance</p>	<p>Decrease in the Amount of Your Insurance</p> <p>Regardless of whether or not You are Actively Employed at the time, any decrease in the amount of insurance will take effect on the first day of the month which follows the day of the decrease.</p> <p>The amount of insurance cannot be decreased to an amount less than any plan minimums shown in the Schedule of the Certificate. Any reductions due to age as shown in the Schedule in the Certificate will apply.</p> <p>Increase in the Amount of Your Insurance</p> <p>You cannot request an increase to the amount of Your insurance unless You are Actively Employed on the day You submit such request.</p> <p>Any increase in the amount of Your insurance will take effect on the later of the first day of the month which follows the day:</p> <ul style="list-style-type: none"> • of the change; or • the first day of the month which follows the day We approve Your Evidence of Good Health, if required by Us.
<p>When Member Insurance Ends</p>	<p>Insurance will end on the earliest of the day:</p> <ul style="list-style-type: none"> • the Policy terminates; • You are no longer Actively Employed; • You do not satisfy the Additional Coverage Requirement; • You do not satisfy any other eligibility conditions described in the Certificate; • any applicable premium contribution is due and unpaid; or • You enter the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary active duty of two weeks or less).

FEATURES

Layoff or Leave of Absence	<p>You may be able to continue accidental death and dismemberment insurance under this provision for 12 weeks from the day You are no longer Actively Employed in the event of an involuntary layoff or personal leave of absence approved by the Policyholder or a Participating Employer.</p> <p>If state law requires an employer to allow a leave of absence related to pregnancy, childbirth, or adoption, We will continue insurance during that leave period subject to the terms and conditions of the Policy. Contact the Policyholder to determine whether or not You are eligible for this type of leave.</p>
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AD&D BENEFIT SCHEDULE

The AD&D Benefit is paid if a Member is injured as a result of an Accident, and that Injury is independent of Sickness and all other causes. Benefits are paid as indicated below:

Loss	Benefit
<ul style="list-style-type: none"> • Life • Both Hands • Both Feet • Entire Sight of Both Eyes • One Hand and One Foot • One Hand and Entire Sight of One Eye • One Foot and Entire Sight of One Eye • Speech and Hearing (both ears) 	Principal Sum
<ul style="list-style-type: none"> • Entire Sight of One Eye • Speech or Hearing (both ears) • One Hand or One Foot 	One-half Principal Sum
<ul style="list-style-type: none"> • Loss of Thumb and Index Finger of Same Hand 	One-fourth Principal Sum
Paralysis	Benefit
<ul style="list-style-type: none"> • Quadriplegia (total Paralysis of both upper and lower limbs) 	Principal Sum
<ul style="list-style-type: none"> • Triplegia (total Paralysis of three limbs) 	Three-quarters Principal Sum
<ul style="list-style-type: none"> • Paraplegia (total Paralysis of both lower limbs) • Hemiplegia (total Paralysis of an upper and a lower limb) 	One-half Principal Sum
<ul style="list-style-type: none"> • Uniplegia (total Paralysis of a limb) 	One-fourth Principal Sum
Other Benefits	Benefit
Airbag Benefit	10% of the Principal Sum, up to \$50,000.
Common Carrier Benefits	An amount equal to the Principal Sum. In no event will this benefit exceed \$1,000,000.
Seat Belt Benefits	10% of the Principal Sum, up to \$50,000.

AD&D EXCLUSIONS

We will not pay for any loss which:

- results, whether the Insured Person is sane or insane, from:
 - an intentionally self-inflicted Injury or Sickness; or
 - suicide or attempted suicide;
- results from the Insured Person's participation in a riot or in the commission of a felony;
- results from an act of declared or undeclared war;
- is incurred while the Insured Person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable;
- occurs more than 365 days after the Injury. NOTE: This 365 day limit will not apply if You are in a coma or being kept alive by an artificial support system at the end of the 365 days;
- does not result from an Accident;
- results from Injuries You receive in any aircraft while operating, riding as a passenger, boarding or leaving. This exception does not apply while You are riding as a passenger in a commercial aircraft on a regularly scheduled flight or while Traveling on Business of the Policyholder or a Participating Employer;
- results in Injuries You receive while riding in any aircraft engaged in:
 - racing;
 - endurance tests; or
 - acrobatic or stunt flying;
- is caused by You, and is a result of Injuries You receive, while under the influence of any Controlled Drug, unless administered on the advice of a Physician; or
- is caused by You, and is a result of Injuries You receive, while Intoxicated.

Publication Date: May 27, 2015

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appear in the following order.

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CERTIFICATE OF INSURANCE

MUTUAL OF OMAHA INSURANCE COMPANY

Home Office: Mutual of Omaha Plaza
Omaha, Nebraska 68175

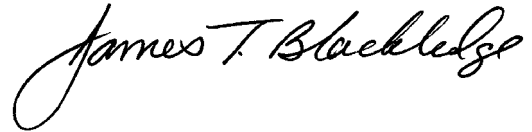
Mutual of Omaha Insurance Company certifies that Group Policy No(s). MP-AVT4 (policy) has been issued to The Joint Retirement Board for Conservative Judaism, Amutah (Policyholder).

Insurance is provided for certain Members as described in the policy.

The benefits described in this Certificate are subject to the terms and conditions of the policy. Benefits are effective only if you are eligible for the insurance, become insured and remain insured as described in this Certificate.

This Certificate replaces any certificate previously issued under the Policy.

MUTUAL OF OMAHA INSURANCE COMPANY



Chief Executive Officer



Corporate Secretary

THE DEFINITIONS AND RIDERS ARE VERY IMPORTANT PARTS OF YOUR POLICY. PLEASE READ THOSE PAGES CAREFULLY.

SCHEDULE

The amount of insurance for You will be in accord with Your classification in this Schedule.

Classification(s)

All actively eligible participants contributing a minimum of \$1,200 in the previous calendar year and are still eligible to contribute to the JRB pension plan.

HEALTH INSURANCE For You

Guarantee Issue Limit:

For You: All Amounts

Subject to any reductions shown below, **Guarantee Issue** means the amount of insurance applied for which does not require Evidence of Good Health.

Accidental Death and Dismemberment Benefits

Principal Sum.....\$10,000

Accidental Death and Dismemberment Benefits will be reduced as follows:

If You are age:	The Principal Sum shown above will reduce to:
65	65%
70	50%
75	10%

The reduction will be made on the first day of the Policy month which follows the day You attain the specified age. If You are 65 or older on the date You become insured under the Policy, the reduction will be made in accord with Your attained age..

Accidental Death and Dismemberment Benefits end on the date of Your retirement.

MEMBER ELIGIBILITY

Accidental Death and Dismemberment Benefits

Definitions

Terms defined in this provision may be used in, or apply to, other provisions throughout the Policy, Certificate and any Riders. Definitions of other terms may be found in other provisions. Any singular word shall include any plural of the same word.

Actively Employed or **Active Employment** means:

- (a) Actively Working on a regular and continuous basis for the Policyholder or a Participating Employer; and
- (b) receiving compensation from the Policyholder or a Participating Employer for work performed for the Policyholder or a Participating Employer.

NOTE: Members who are Totally Disabled will not be considered actively employed.

Actively Working or **Active Work** means performing the normal duties of the Member's regular job for the Policyholder or a Participating Employer at:

- (a) the Policyholder's or a Participating Employer's usual place of business;
- (b) an alternative work site at the direction of the Policyholder or a Participating Employer; or
- (c) a location to which one must travel to perform the job.

A Member will not be considered actively working if confined:

- (a) in a Hospital as an inpatient;
- (b) in any institution or facility other than a Hospital; or
- (c) at home and under the care or supervision of a Physician;

on the day insurance is to begin.

A Member will be considered actively working on any day that is a:

- (a) regular paid holiday or day of vacation;
- (b) regular or scheduled non-working day; or
- (c) day on which the Member is on a qualified family or medical leave of absence as defined by the Family and Medical Leave Act of 1993, unless the leave is due to the Member's own serious health condition;

provided the Member was actively working on the last preceding regular work day.

A Member who is confined:

- (a) in a Hospital as an inpatient;
- (b) in any institution or facility other than a Hospital; or
- (c) at home and under the care or supervision of a Physician due to an Injury or Sickness;

on the date insurance is to begin will not be considered actively working.

Certificate means this Certificate of Insurance form and all Riders to this certificate.

Eligibility Waiting Period means a continuous period of Active Employment that the Member must satisfy before becoming eligible for insurance as described in the When a Member Becomes Eligible For Coverage provision of this Certificate.

Member means a person who is

- (a) lawfully and legally able to work in the United States and who is Actively Employed in the United States;
- (b) An employee of the Policyholder or a Participating Employer who satisfies the Policyholder's or a Participating Employer's eligibility requirements; or
- (c) A self-employed clergy member who is a member of the cantor's assembly or the rabbinical assembly; and
- (d) Currently eligible to participate in and contribution to the Policyholder's pension plan as determined by the Policyholder.

A Member does not include a person:

- (a) not lawfully or legally able to work in the United States;
- (b) who renders services to a Participating Employer but who remuneration is paid by a third party, regardless of any governmental or judicial determination characterizing the individual as a or a Participating Employer's employee; or
- (c) who renders service as an independent contractor to a or a Participating Employer, as determined by the or a Participating Employer (regardless of the individual's employment status under applicable law).

Evidence of Good Health means proof, acceptable to Us, of the Member's good health. Unless otherwise stated in the Policy, such evidence is required when a Member:

- (a) applies for insurance more than 31 days after the date the Member completes the Eligibility Waiting Period;
- (b) applies for insurance in excess of the Guarantee Issue Limit;
- (c) was eligible for insurance under a Prior Plan but did not elect such insurance; or
- (d) was insured under a Prior Plan but the Member applied for insurance under this Policy in excess of the amount of insurance under the Prior Plan.

Guarantee Issue Limit means the maximum amount of insurance We may issue to a Member without requiring Evidence of Good Health. The guarantee issue limit is shown in the Schedule in this Certificate.

Hospital means a short-term, acute, general hospital, which:

- (a) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;

- (b) has organized departments of medicine and major surgery;
- (c) has a requirement that every patient must be under the care of a physician or dentist;
- (d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- (e) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97, (42 USCA 1395x(k));
- (f) is duly licensed by the agency responsible for licensing such hospitals; and
- (g) is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

Policy means the policy issued to the Policyholder by Us, including this Certificate.

Prior Plan means any plan of group accidental death and dismemberment insurance that has been replaced by insurance under part or all of this Policy. The prior plan must have been in effect and sponsored by the Policyholder on the day before the effective date of this Policy.

Rider means a document that is added to and made a part of the Policy. A rider amends, limits, restricts, or otherwise changes the provisions of the Policy.

When a Member Becomes Eligible for Coverage

A Member who is Actively Employed on January 1, 2015 becomes eligible for insurance under the Policy on January 1, 2015.

A Member who is hired after January 1, 2015 becomes eligible for insurance under the Policy on the day the Member begins Active Employment.

Additional Coverage Requirement

An eligible Member must have life insurance coverage maintained by the Policyholder and issued by Us to become insured under this Policy. If an eligible Member does not elect life insurance coverage maintained by the Policyholder, the Member may not elect coverage under this Policy. If an eligible Member's life insurance coverage maintained by the Policyholder ends, insurance under this Policy also ends.

Continuity of Coverage

If this Policy replaces a Prior Plan that contained a provision allowing for continuation of coverage due to Total Disability without payment of premium (the "Prior Plan's Continuation Provision"), this Policy will provide accidental death and dismemberment coverage, subject to all of the conditions below, for a Member who:

- (a) was insured under the Prior Plan on the last day it was in effect;
- (b) is otherwise eligible under this Policy, but is not Actively Employed on this Policy's effective date due to Injury or Sickness;

- (c) was eligible for continuation of coverage under the Prior Plan's Continuation Provision, but has been denied continuation of coverage under the Prior Plan's Continuation Provision after exhausting all reasonable attempts to apply for such continued coverage;
- (d) is not a retired Member, unless this Policy provides coverage for retired Members; and
- (e) is not Totally Disabled on this Policy's effective date.

This Continuity of Coverage provision is subject to the following additional conditions:

- (a) coverage under this Policy will not exceed the Member's amount of coverage under the Prior Plan on the last day it was in effect;
- (b) the Policyholder must notify Us in writing prior to the effective date of this Policy of the Member's amount of coverage under the Prior Plan on the last day it was in effect;
- (c) coverage is subject to uninterrupted payment of premium to Us; and
- (d) coverage is subject to any reductions shown in the Schedule of this Certificate and all other terms and conditions of this Policy.

We reserve the right to request any information We need from the Policyholder to determine whether a Member has satisfied the conditions necessary to be eligible for coverage under this Continuity of Coverage provision. If We do not receive such information or determine that the conditions necessary to be eligible for coverage under this Continuity of Coverage provision have not been satisfied, coverage will not be provided under this provision.

Coverage under this Continuity of Coverage provision ends on the earliest of:

- (a) the date the Member begins Active Employment for the Policyholder or a Participating Employer or full-time employment with any other employer;
- (b) the last day the Member would have been covered under the Prior Plan, had the Prior Plan not terminated;
- (c) the date the Member's insurance under this Policy terminates for any reason shown under the When Member Insurance Ends provision; or
- (d) the last day of the Policy month following a period of 12 consecutive months after the effective date of this Policy.

When Member Insurance Begins

When the Policyholder pays 100% of the cost of the Member's insurance under the Policy, the Member will become insured on the later of the date:

- (a) the Member satisfies the Eligibility Waiting Period; or
- (b) We approve Evidence of Good Health, if required;

provided the Member is Actively Employed on that date. If the Member is not Actively Employed on that date, insurance will begin on the date the Member returns to Active Employment.

When the Member and the Policyholder share in the cost of the Member's insurance or, when the Member pays 100% of the cost of Member insurance, the Member must request insurance by properly completing and signing an enrollment form acceptable to Us and submitting this form to the Policyholder (who will then submit the form to Us) within 31 days following the day the Member becomes eligible for the Policy.

If a Member was eligible for group accidental death and dismemberment insurance under a Prior Plan immediately prior to the effective date of this Policy, but did not elect insurance under such plan, the Member may enroll for insurance under this Policy if the Member is otherwise eligible and provides Us with Evidence of Good Health. Insurance will begin on the day We determine such evidence is acceptable, provided the Member is Actively Employed on that date. If the Member is not Actively Employed on that date, insurance will begin on the day the Member returns to Active Employment.

Changes in the Amount of Your Insurance

Decrease in the Amount of Your Insurance

Regardless of whether or not You are Actively Employed at the time, any decrease in the amount of insurance will take effect on the first day of the month which follows the day of the decrease.

The amount of insurance cannot be decreased to an amount less than any plan minimums shown in the Schedule of this Certificate. Any reductions due to age as shown in the Schedule in this Certificate will apply.

Increase in the Amount of Your Insurance

You cannot request an increase to the amount of Your insurance unless You are Actively Employed on the day You submit such request. We will use the Policyholder's payroll records and the premium We have received to determine the appropriate insurance amount.

Any increase in the amount of Your insurance will take effect on the later of the first day of the month which follows the day:

- (a) of the change; or
- (b) the first day of the month which follows the day We approve Your Evidence of Good Health, if required by Us.

If You are not Actively Employed on the day the increase in insurance would otherwise take effect, the increase will become effective the day You return to Active Employment.

Reinstatement of Member Insurance

A Member may be eligible to reinstate insurance that has ended. A written request for reinstatement must be submitted to Us. The reinstated insurance will take effect on the date We approve the Member's written request, provided the Member is Actively Employed on the date the insurance would take effect.

The following reinstatement options are available and are each subject to the conditions described in the following paragraphs:

- (a) Non-Payment of Premium; and
- (b) Rehired Member.

Non-payment of Premium

If insurance ended due to non-payment of premiums, We will require Evidence of Good Health, acceptable to Us, to reinstate Your insurance.

Rehired Member

If insurance ended because the Member is no longer Actively Employed due to termination of employment with the Policyholder or a Participating Employer, the Member's insurance may be reinstated without satisfying another Eligibility Waiting Period if the Member is rehired and becomes Actively Employed within 90 days from the date employment ended.

We will require Evidence of Good Health acceptable to Us if the amount of insurance being requested exceeds the amount of insurance in effect on the Member's last day of Active Employment.

If employment terminated due to a military leave, the Member is eligible to reinstate insurance up to the amount in effect on the last day of Active Employment upon return to Active Employment immediately after discharge from active duty, provided the Member meets the eligibility requirements of the Policy.

When Member Insurance Ends

Insurance will end on the earliest of the day:

- (a) the Policy terminates;
- (b) You are no longer Actively Employed;
- (c) You do not satisfy the Additional Coverage Requirement;
- (d) You do not satisfy any other eligibility conditions described in this Certificate;
- (e) any applicable premium contribution is due and unpaid; or
- (f) You enter the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary active duty of two weeks or less).

Exceptions to When Member Insurance Ends

If You are no longer Actively Employed, You may be eligible to continue insurance under one of the following continuation options. The conditions for each continuation option are described within each provision.

For accidental death and dismemberment insurance: Layoff or Leave of Absence

Layoff or Leave of Absence

You may be able to continue accidental death and dismemberment insurance under this provision for 12 weeks from the day You are no longer Actively Employed in the event of an involuntary layoff or personal leave of absence approved by the Policyholder or a Participating Employer.

Under this provision, insurance will continue subject to the following conditions:

- (a) We must continue to receive uninterrupted premium payment;

- (b) the Policyholder may be able to continue Your accidental death and dismemberment insurance for up to 12 months if You are no longer Actively Employed due to Injury or Sickness;
- (c) We must receive written notification from the Policyholder within 31 days from the date You are no longer Actively Employed; and
- (d) the amount of insurance will not be increased while You are laid off or on approved leave of absence.

Insurance under this provision will end on the earliest of the day:

- (a) the Policy terminates;
- (b) any applicable premium contribution is due and unpaid;
- (c) before You enter the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary active duty of two weeks or less);
- (d) You return to Active Employment or begin employment with an employer other than the Policyholder or a Participating Employer; or
- (e) Your insurance would otherwise end under the Policy.

If state law requires an employer to allow a leave of absence related to pregnancy, childbirth, or adoption, We will continue insurance during that leave period subject to the terms and conditions of this Policy. Contact the Policyholder to determine whether or not You are eligible for this type of leave.

RIDER
FAMILY AND MEDICAL LEAVE
(As Federally Mandated)

This Rider is made a part of Group Policy MP-AVT4.

This Rider is effective on the latest of:

- (a) the effective date of the Policy;
- (b) the day You become insured under the Policy; or
- (c) the date required by Federal law.

In the event of a conflict between this Rider and any other provision of the Policy, including the Certificate, this Rider shall control. This Rider shall be subject to all provisions of the Policy, including the Certificate, not in conflict with this Rider.

Definitions

Serious Health Condition has the meaning set forth in the Family and Medical Leave Act of 1993 (FMLA) (including any amendments to the FMLA).

Family and Medical Leave

If You become eligible for a family or medical leave of absence in accordance with the FMLA, Your insurance coverage may be continued on the same basis as if You were Actively at Work for up to 12 weeks during a 12 month period, as defined by the Policyholder or a Participating Employer, for any of the following reasons:

- (a) to care for Your child after the birth or placement of a child with You for adoption or foster care; so long as such leave is completed within 12 months after the birth or placement of the child;
- (b) to care for Your spouse, child, foster child, adopted child, stepchild, or parent who has a Serious Health Condition; or
- (c) for Your own Serious Health Condition.

In the event You or Your spouse are both insured as Members of the Policyholder or a Participating Employer, the continued coverage under (a) may not exceed a combined total of 12 weeks. In addition, if the leave is taken to care for a parent with a Serious Health Condition, the continued coverage may not exceed a combined total of 12 weeks.

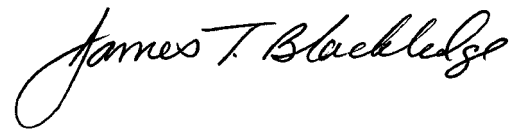
Conditions

1. If, on the day Your insurance is to begin, You are already on an FMLA leave of absence for any reason other than Your own Serious Health Condition, You will be considered Actively at Work. However, if You were covered under any prior policy or plan maintained by the Policyholder on the day before Your insurance is to begin, the amount of Your insurance benefits under this Policy will not exceed the amount of benefits that would have been payable under such prior policy or plan.
2. If You begin an FMLA leave of absence after You have been insured under this Policy, the amount of Your insurance benefits will be the same as Your benefits prior to Your FMLA leave, subject to any reductions in benefits in accordance with the terms of the Policy.
3. You are eligible to continue coverage under FMLA if:
 - (a) You have worked for the Policyholder or a Participating Employer for at least one (1) year;
 - (b) You have worked at least 1,250 hours over the previous 12 months;
 - (c) The Policyholder or a Participating Employer employs at least 50 Members within 75 miles from Your worksite; and
 - (d) You continue to pay any required premium for Yourself and any eligible dependents in a manner determined by the Policyholder.
4. In the event You choose not to pay any required premium during Your leave, Your insurance coverage will not be continued during the leave. You will be able to reinstate Your coverage on the day You return to work, subject to any changes that may have occurred in the Policy during the time You were not insured. You and any eligible dependents will not be subject to any evidence of good health requirement provided under the Policy. Any partially-satisfied waiting periods, including any limitations for a preexisting condition, which are interrupted during the period of time premium was not paid will continue to be applied once coverage is reinstated.
5. You and Your eligible dependents are subject to all conditions and limitations of the Policy during Your leave, except that anything in conflict with the provisions of the FMLA will be construed in accordance with the FMLA.
6. If requested by Us, You or the Policyholder must submit proof acceptable to Us that Your leave is in accordance with FMLA.
7. This FMLA continuation is concurrent with any other continuation option.
8. FMLA continuation ends on the earliest of:
 - (a) the day You return to work;
 - (b) the day You notify the Policyholder or a Participating Employer that You are not returning to work;
 - (c) the day Your coverage would otherwise end under the Policy; or
 - (d) the day coverage has been continued for 12 weeks.

Important Notice

Contact the Policyholder for additional information regarding FMLA eligibility.

MUTUAL OF OMAHA INSURANCE COMPANY

A handwritten signature in black ink that reads "James T. Blackledge". The signature is written in a cursive style with a large, looping initial "J".

Chief Executive Officer

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

For You

Definitions

Accident means a sudden, unexpected, unforeseeable and unintended event, independent of Sickness and all other causes.

Accident does not include Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. Accident does include bacterial infection that is the natural and foreseeable result of an accidental external bodily Injury or accidental food poisoning.

Automobile means a licensed private passenger motor vehicle for use on public highways.

Controlled Drug means any drug having the capacity to affect behavior and regulated by law with regard to possession and use.

Intoxicated means blood alcohol level at the time of death or dismemberment that equals or exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the loss occurs.

Loss of a Hand or Foot means complete Severance of at least four whole fingers from one hand or Severance above the ankle joint.

Loss of Hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means.

Loss of Sight means the total and permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total, permanent and irrecoverable loss of audible communication. The loss of speech must be irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger means Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Paralysis means loss of use of a limb without Severance. This loss must be determined by a Physician to be complete and irreversible.

Seat Belt means a factory-installed lap and shoulder seat belt or other restraint device approved by the National Highway Traffic Safety Administration.

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

Traveling on Business of the Policyholder or a Participating Employer means any trip made by You on assignment by or with authorization of the Policyholder or a Participating Employer for the purpose of furthering the business of the Policyholder or a Participating Employer.

Benefits

If You are Injured or die as a result of an Accident, We will pay the Benefit shown in the Table below for any of the following losses:

TABLE

<u>Loss</u>	<u>Benefit</u>
Loss of Life	Principal Sum
Loss of Both Hands	Principal Sum
Loss of Both Feet	Principal Sum
Loss of Entire Sight of Both Eyes.....	Principal Sum
Loss of Entire Sight of One Eye	One-half Principal Sum
Loss of One Hand and One Foot.....	Principal Sum
Loss of One Hand and Entire Sight of One Eye	Principal Sum
Loss of One Foot and Entire Sight of One Eye.....	Principal Sum
Loss of Thumb and Index Finger of same Hand.....	One-fourth Principal Sum
Loss of Speech and Hearing (both ears)	Principal Sum
Loss of Speech or Hearing (both ears).....	One-half Principal Sum
Loss of One Hand or One Foot.....	One-half Principal Sum
Quadriplegia (total Paralysis of both upper and lower limbs)	Principal Sum
Triplegia (total Paralysis of three limbs)	Three-quarters Principal Sum
Paraplegia (total Paralysis of both lower limbs)	One-half Principal Sum
Hemiplegia (total Paralysis of an upper and a lower limb)	One-half Principal Sum
Uniplegia (total Paralysis of a limb).....	One-fourth Principal Sum

The **Principal Sum** is shown on the **SCHEDULE**.

If an Injury causes more than one loss shown in the Table above, We will pay only the **largest** Benefit. However, some benefits are paid in addition to the Principal Sum shown in the Table, as specifically provided in other provisions below.

Payment For Loss of Life

Beneficiary

Benefits payable under this provision because of Your death will be paid to the beneficiary You name. If You do not name a beneficiary or if no beneficiary survives You, benefits will be paid:

- (a) to Your surviving spouse; if none, then
- (b) to Your surviving natural and/or adopted children; if none, then
- (c) to Your surviving parent(s); if none, then
- (d) to Your estate.

Benefits will be paid equally among surviving children or surviving parents.

Mode of Payment

We will pay death benefits in a lump sum.

Beneficiary or Mode of Payment Change

The beneficiary and mode of payment may be changed, subject to any restrictions or limitations in this Policy. To make a change, written request should be sent to the office where the beneficiary records are kept. If You do not know where the records are kept, send the request to Us. When recorded and acknowledged by Us, the change will take effect as of the date the request is signed. However, the change will not apply to any payments or other action taken by Us before the request was acknowledged.

Payment For Other Than Loss of Life

Benefits payable under this provision for any loss other than loss of life will be paid to You in a lump sum.

Exposure and Disappearance

You will be presumed to have died, for the purposes of this coverage, if after the forced landing, stranding, sinking or wrecking of a vehicle:

- (a) You disappear;
- (b) Your body is not found; and
- (c) a valid death certificate is issued by a court of appropriate jurisdiction.

Airbag Benefit

Definition

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

Benefits

If You are Injured in an Automobile Accident and that Injury results in Your death, We will pay 10% of the amount of the Principal Sum, up to a maximum of \$50,000. This benefit is paid in addition to the Principal Sum.

Exception

We will not pay Airbag Benefits if the Automobile Accident occurs when:

- (a) You are not seated directly behind an Airbag; or
- (b) the Automobile is being used for professional racing, stunting, or exhibition work.

Common Carrier Benefits

If You are Injured while riding as a fare-paying passenger, and not as an operator or member of the crew, in any public air, land or water conveyance provided by a common carrier primarily for passenger service, and those injuries result in Your death, We will pay an amount equal to the Principal Sum (for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT provision). This benefit is paid in addition to the Principal Sum.

In no event will this benefit exceed \$1,000,000.

Seat Belt Benefits

Benefits

If You are Injured in an Automobile Accident while You were wearing a Seat Belt, and that Injury results in Your death, We will pay 10% of the amount of the Principal Sum, up to \$50,000. We must receive satisfactory written proof that Your death resulted from an Automobile Accident and that You were wearing a Seat Belt at the time of the Accident. A copy of the police accident report must be submitted with the claim. This benefit is paid in addition to the Principal Sum.

Exceptions

We will not pay Seat Belt benefits if the Automobile Accident occurs when the Automobile is being used for professional racing, stunting, or exhibition work.

Exclusions

We will not pay for any loss which:

- (a) results, whether the Insured Person is sane or insane, from:
 - (1) an intentionally self-inflicted Injury or Sickness; or
 - (2) suicide or attempted suicide;
- (b) results from the Insured Person's participation in a riot or in the commission of a felony;
- (c) results from an act of declared or undeclared war;
- (d) is incurred while the Insured Person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable;
- (e) occurs more than 365 days after the Injury; NOTE: This 365 day limit will not apply if You are in a coma or being kept alive by an artificial support system at the end of the 365 days.
- (f) does not result from an Accident;
- (g) results from Injuries You receive in any aircraft while operating, riding as a passenger, boarding or leaving. This exception does not apply while You are riding as a passenger in a commercial aircraft on a regularly scheduled flight or while Traveling on Business of the Policyholder or a Participating Employer;
- (h) results in Injuries You receive while riding in any aircraft engaged in:
 - (1) racing;

- (2) endurance tests; or
- (3) acrobatic or stunt flying;
- (i) is caused by You, and is a result of Injuries You receive, while under the influence of any Controlled Drug, unless administered on the advice of a Physician; or
- (j) is caused by You, and is a result of Injuries You receive, while Intoxicated.

PAYMENT OF CLAIMS

How to File Claims

Before benefits are paid, we must be given a written proof of loss, as described below. In the event of your death or incapacity, your beneficiary or someone else may give us the proof.

Proof of Loss Requirements

1. First, request a claim form from the Plan Administrator or from us.

This request should be made:

- (a) within 20 days after a loss occurs; or
- (b) as soon as reasonably possible.

When we receive the request, we will send a claim form for filing proof of loss. If we do not send it within 15 days, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive a written statement within the time shown in 3 below.

2. Next, complete and sign the claim form. If a physician must complete part of the claim form, have the physician complete and sign that part.
3. Finally, return the claim form to the Plan Administrator or to us. The claim form is due:
 - (a) within 90 days after the loss occurs; or
 - (b) as soon as reasonably possible, but not later than one year after (a) above, unless the claimant is not legally capable.

When Claims are Paid

Policy benefits will be paid as soon as we receive acceptable proof of loss.

Direct Payments

Any loss of life benefit will be paid in accord with the Accidental Death and Dismemberment Benefits provision(s).

Any other benefits will be paid to you except that benefits unpaid at your death may be paid, at our option to:

- (a) your beneficiary; or
- (b) your estate.

If your beneficiary is unable to give a valid release or if benefits unpaid at your death are not more than \$1,000.00, we may pay up to \$1,000.00 to any relative of yours who we find is entitled to the benefit.

Any payment made in good faith will fully discharge us to the extent of the payment.

Examination and Autopsy

We sometimes require that a claimant be examined by a physician of our choice. We will pay for these examinations. We will not require more than a reasonable number of examinations. Where not prohibited by law, we may also require an autopsy. We will pay for this autopsy.

ACCIDENTAL DEATH AND DISMEMBERMENT CLAIM REVIEW PROCEDURES

As Federally Mandated

DEFINITIONS

An “**Adverse Benefit Determination**” means a denial, reduction, or termination of, or a failure to provide or make payment (in whole or in part) for a benefit, including any such denial, reduction, termination, or failure to provide or make payment that is based on a determination of the Insured Person’s eligibility to participate in a plan.

A document, record, or other information will be considered “**Relevant**” to a claim if it:

- (a) was relied upon in making the claim decision;
- (b) was submitted, considered, or generated in the course of making the claim decision, without regard to whether it was relied upon in making the claim decision; or
- (c) demonstrates compliance with administrative processes and safeguards designed to ensure and verify that claim decisions are made in accordance with the Policy and that, where appropriate, Policy provisions have been applied consistently with respect to similarly situated claimants.

INITIAL CLAIM DECISION

Initial Claim Decision. We will make a claim decision regarding a accidental death and dismemberment claim within 90 days after Our receipt of the claim.

Extensions. The initial 90 day period may be extended for up to 90 days, if We (1) determine that special circumstances require an extension of time for processing the claim and (2) notify the claimant, prior to the expiration of the initial 90 day period, of the special circumstances requiring the extension and the date by which We expect to render a decision.

Time Periods. The period of time within which a claim decision is required to be made will begin at the time a claim is filed, without regard to whether all the information necessary to make a claim decision accompanies the filing.

NOTICE OF ADVERSE BENEFIT DETERMINATION

We will provide the claimant with written or electronic notice of any Adverse Benefit Determination within 90 days after Our receipt of the claim, subject to the extension described above. The notice will include:

- (a) the specific reason(s) for the Adverse Benefit Determination;
- (b) reference to the specific Policy provision(s) on which the Adverse Benefit Determination is based;
- (c) a description of any additional material or information necessary to complete the claim and the reason We need the material or information; and
- (d) a description of the Policy’s appeal procedures, including the time limits for such procedures.

(****)

APPEALS OF ADVERSE BENEFIT DETERMINATIONS

The claimant must appeal within 60 days following receipt of notification of an Adverse Benefit Determination.

The request for an appeal should include:

- (a) The Insured Person's name;
- (b) the name of the person filing the appeal if different from the Insured Person;
- (c) the Policy number; and
- (d) the nature of the appeal.

The claimant will have the opportunity to submit written comments, documents, records, and other information relating to the claim.

The claimant will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information Relevant to the claim.

Our review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial claim decision.

APPEAL DECISION

Notice of Appeal Decision. We will notify the claimant of Our appeal decision within 60 days after receipt of a timely appeal request, unless We determine that special circumstances require an extension of time for processing the appeal. We will provide the claimant with written or electronic notice of Our appeal decision. Notice of an Adverse Benefit Determination will include:

- (a) the specific reason(s) for the Adverse Benefit Determination;
- (b) reference to the specific Policy provision(s) on which the Adverse Benefit Determination is based;
- (c) a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information Relevant to the claim.

Notice of Extension. If We determine that an extension is required, We will notify the claimant in writing of the extension prior to the termination of the initial 60 day period. In no event will the extension exceed 60 days from the end of the initial period. The extension notice will indicate the special circumstances requiring the extension and the date by which We expect to render the appeal decision.

Time Periods. The period of time within which an appeal decision is required to be made will begin at the time an appeal is timely filed, without regard to whether all the information necessary to make an appeal decision accompanies the filing. If a period of time is extended as described above due to the claimant's failure to submit information necessary to decide a claim, the period for making the appeal decision shall be "tolled" or suspended from the date on which the extension notice is sent to the claimant until the earlier of (1) the date on which We receive the claimant's response; or (2) the date established by Us in the notice of extension for the furnishing of the requested information.

STANDARD PROVISIONS

Insurance Contract

The insurance contract consists of:

- (a) the Policy;
- (b) the Policyholder's application attached to the Policy; and
- (c) any application for You.

Changes in the Insurance Contract

The insurance contract may be changed (including reducing or terminating benefits or increasing premium costs) any time We and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. A change in the insurance contract:

- (a) does not require the consent of any Insured Person or beneficiary; and
- (b) must be:
 - (1) in writing;
 - (2) made a part of the Policy; and
 - (3) signed by one of Our officers.

A change may affect any class of Insured Persons, including retirees if retired coverage is included in the Policy.

Applications

We may use misstatements or omissions in the application of an Insured Person to contest the validity of insurance, reduce coverage or deny a claim, but We must first furnish You or Your beneficiary with a copy of that application. We will not use a person's application to contest or reduce insurance which has been in force for two years or more during that person's lifetime and in no event, unless it is in a written instrument signed by them. However, if You are not eligible for insurance, there is no time limit on Our right to contest insurance or deny a claim.

Statements in an application are treated as representations, not as warranties.

Legal Actions

No legal action can be brought until at least 60 days after We have been given written proof of loss. No legal action can be brought more than three years after the date written proof of loss is required.

DEFINITIONS

Terms defined in this provision are used in, or apply to other provisions throughout the Policy, Certificate and any Riders. Definitions of other terms may be found in other provisions.

Injury means an accidental bodily injury which requires treatment by a Physician. It must result in loss independently of Sickness and other causes.

Participating Employer means an employer that has been determined by the Policyholder as eligible to participate in the Policyholder's pension plan and that is affiliated with the conservative movement, or employs a member of the cantor's assembly or the rabbinical assembly.

Physician means any of the following licensed practitioners:

- (a) a doctor of medicine (MD), osteopathy (DO), podiatry (DPM) or chiropractic (DC);
- (b) a licensed doctoral clinical psychologist;
- (c) a Master's level counselor and licensed or certified social worker who is acting under the supervision of a doctor of medicine or a licensed doctoral clinical psychologist;
- (d) a licensed physician's assistant (PA); or
- (e) where required to cover by law, any other licensed practitioner who is acting within the scope of his/her license.

A physician does not include a person who lives with You or is part of Your family (You; Your spouse; or a child, brother, sister or parent of You or Your spouse).

Our, We, Us means the Company shown on Your Certificate of Insurance.

Rider means a provision added to the Policy or Your certificate to expand or limit benefits or coverage.

Sickness means a disease, disorder or condition, which requires treatment by a Physician.

You, Your, Insured Person means a Member or member who is insured under the Policy.

Group Policy Number MP-AVT4



Mutual of Omaha

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