

Combined Insurance Company of America
Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601
1-800-544-9382
Policyholder Service Address: P. O. Box 1160 • Glenview, Illinois 60025-8160

GROUP TERM LIFE INSURANCE POLICY

POLICY SPECIFICATIONS

POLICYHOLDER:	Kymberly Group DBA The Peoplease Group
POLICY EFFECTIVE DATE:	January 01, 2024
POLICY ANNIVERSARY DATE:	January 01, 2025 and each following January
PREMIUM DUE DATE:	January 01, 2024 and the first day of each calendar month thereafter
GOVERNING JURISDICTION:	Florida
ELIGIBLE CLASS(ES):	Eligible Employees Eligible Dependents
COVERAGE TYPE(S):	Group Term Life Insurance Certificate

COMBINED INSURANCE COMPANY OF AMERICA (referred to as We, Us, Our, or the Company) will provide benefits under this Policy. We make this promise subject to all of this Policy's provisions. The telephone number listed above may be used to make inquiries, obtain information about coverage, or received assistance with resolving complaints.

The Policyholder should read this Policy carefully and contact Us promptly with any questions. This Policy is delivered in and is governed by the laws of the Governing Jurisdiction.

This Policy may be changed in whole or in part. Only an officer of the Company can approve a change. The approval must be in writing and endorsed on or attached to this Policy. No other person, including an agent, may change this Policy or waive any part of it.

Benefits under this Policy are provided on an indeterminate basis and may vary according to the terms of the Policy. This is a non-participating Policy.

Signed for the Company at Chicago, Illinois to take effect on the Policy Effective Date.



Richard L. Williams, Jr., President



Brandon Peene, Secretary

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POLICYHOLDER PROVISIONS

CLERICAL ERROR

Upon discovery of a misstatement of age or rescission of coverage, We will adjust the benefits to the amount that the premiums paid for the insurance would buy at the correct age. Complete proof must be supplied by the Policyholder documenting any clerical errors.

EFFECTIVE DATE OF COVERAGE

The Policy becomes effective on the Policy Effective Date shown in the Policy Specifications. Coverage for each Covered Person begins on the Certificate Effective Date shown in the Certificate Specifications of each Individual Certificate.

ENTIRE CONTRACT

The Entire Contract consists of:

1. This Policy;
2. The Policyholder's application;
3. Any amendments and attachments issued;
4. The Certificates of the Insureds; and
5. Enrollment data and any individual enrollment forms of the Insureds.

INFORMATION REQUIRED FROM THE POLICYHOLDER

The Policyholder must provide Us with detailed information about persons who are eligible to become insured under the Policy, information about Insureds, and any other information that may be reasonably required.

Policyholder records that have a bearing, in Our opinion, on the Policy will be available for review by Us at any reasonable time as determined by Us.

LEGAL ACTION

No legal action can be brought to recover benefits under the Policy for at least 60 days after written Proof of Loss has been furnished to Us; nor after 5 (five) years from the date Proof of Loss is required.

RENEWAL

The Policy shall automatically renew on each anniversary of the Policy Anniversary Date, subject to the Termination of Policy provision.

EVIDENCE OF INSURABILITY

We may ask for evidence of insurability if:

- 1) The employee is not enrolled for this insurance within the first 31 days after he first becomes eligible for this insurance.
- 2) The employee's amount of insurance exceeds the guaranteed issue limit.
- 3) Family Term Life Insurance coverage is provided under the Certificate.

We reserve the right to ask for evidence of insurability if an insured's death benefit is increased.

ASSIGNMENT

The employee may assign all rights and interests in any benefits that are payable on account of the death of the employee. The assignment shall not be made to, nor be for the benefit of the Policyholder.

INCONTESTABILITY

The validity of this Policy will not be contested except for nonpayment of Premiums after it has been in force for two (2) years from the Policy Effective Date.

No statement made by any person insured shall be used in any contest unless a copy of the statement is or has been furnished to:

- 1) The Insured; or,
- 2) In the event of death or incapacity of the Insured, to the Insured's beneficiary or personal representative.

PREMIUM PROVISIONS

Policy Premiums: The premium due for this Group Policy will be the sum of the premiums applicable for all Insureds under this Policy. The Policyholder must pay the premiums to Us. The premium rates are set forth in the Appendix B that is a part of this Policy.

Premium Due Dates: The premiums are due and payable to Us in advance by the Policyholder on each premium due date. The first premium due date is the Policy Effective Date. After that, premium due dates will be as set forth in the Group Application that is a part of this Policy.

Grace Period for Paying Premiums: The Policyholder will have a grace period of 31 days from each premium due date, except the first, in which to pay the premium then due. The Policyholder will be liable for the premium due during the grace period.

Change in Premium Rates: We have the right to change the premium rates on any premium due date. We will provide the Policyholder with a [60] day advance written notice of any such change in the premium rates.

DEFINITIONS

Certificate means the document that describes the terms of the insurance made available to insured employees.

Covered Person means the Insured or Eligible Dependents who is covered under the Policy. Persons eligible for coverage are shown on the Certificate Schedule.

Eligible Class(es) means the people who may apply for coverage. The Eligible Class(es) are shown in the Policyholder Specifications.

Insured means the person covered by the Certificate and named as Insured in the Certificate Specifications.

Loss means an event for which a benefit may become payable under the Policy.

We, Our, Us or the Company means Combined Insurance Company of America.

TERMINATION AND PORTABILITY PRIVILEGE

The Policy terminates on the date there are no longer any Insureds covered under it.

Coverage under the Policy may also be terminated:

- 1) By the Policyholder with at least 60 days advance written notice delivered or mailed to Us; or
- 2) By Us with at least 60 days advance written notice delivered to the Policyholder.

When both the We and Policyholder agree, the Policy can be canceled on an earlier date.

The termination is without prejudice to any claim that takes place or starts prior to the date of termination.

Coverage under the Policy may be modified by Us with at least 60 days advance written notice delivered to the Policyholder.

TERMINATION OF COVERAGE UNDER THE POLICY

The Insured's coverage will terminate at the earliest of:

- 1) The date on which the Insured requests termination;
- 2) The date on which the Policy is terminated;
- 3) The date on which the Insured is no longer eligible for coverage;
- 4) The end of the period for which the last required contribution for the Insured's insurance has been paid; or
- 5) The date on which the Insured retired; or
- 6) The date on which Insured's Active Employment with the Policyholder ends subject to the Portability Privilege provision.

Termination of the Insured's insurance is without prejudice to any claim that occurred or commenced prior to the date of such termination.

Portability Privilege: If the Insured's Active Employment with the Policyholder ends, Insured may continue coverage under the Policy subject to the "Portability Provision" of the attached Certificate.

CERTIFICATES

The Certificates designated in Appendix A, and any amendments thereto, are attached to and made part of the Policy. Any discrepancy or inconsistency between the attached Certificate(s) and any individual Certificate issued to an Insured is governed by the attached Certificate.

The Certificate(s) apply to Covered Persons in accordance with the coverages and benefits elected by the Policyholder in its application and accepted by Company.

Individual Certificates: An individual certificate of insurance which sets forth (a) a description of the benefits and coverages; and (b) exclusions or limitations that apply to such benefits and coverages shall be delivered to each Insured.

Non-Participation: This is non-participating insurance. Neither the Policyholder nor any employee participates in Our profits nor surplus.

APPENDIX A

CERTIFICATE TYPE	FORM NUMBER
Group Term Life Insurance Certificate	Form No. C34587-FL

Combined Insurance Company of America

Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601

1-800-544-9382

Policyholder Service Address: P. O. Box 1160 • Glenview, Illinois 60025-8160

GROUP TERM LIFE INSURANCE CERTIFICATE

PLEASE READ YOUR CERTIFICATE CAREFULLY.

This is Your Certificate while You are insured. This Certificate is in force as of the Certificate Effective Date. The Certificate Effective Date is shown in the Certificate Specifications. A copy of the Policy is on file at the offices of the Policyholder and may be examined at any time during normal business hours. The Policyholder is shown in the Certificate Specifications. You may use the telephone number listed above to make inquiries, obtain information about coverage, or receive assistance with resolving complaints.

Benefits under this policy are provided on an indeterminate basis and may vary according to the terms of the policy.

The benefits described in this Certificate are provided under the Policy, which includes a copy of this Certificate. The Policy is a contract between Us and the Policyholder. The Policy constitutes the agreement under which payments are made. Benefit payment is governed by all terms, conditions and limitation of the Policy. We will pay the benefits set forth in this Certificate. If the terms and provisions of the Certificate are different from the Policy, the Policy will govern.

This Certificate was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete. If any information is not correct or complete, write to Us within ten (10) days of receipt of this Certificate. Incorrect or incomplete information can result in the denial of a claim, rescission, or termination of this Certificate.

Refund Privilege. You may return this Certificate within thirty (30) days after its delivery for a refund of any premium paid. If You do, We will treat the Certificate as if it had never been issued. Return it to the Policyholder, Our Home Office or to Our agent.

ACCELERATED BENEFITS CONTAINED WITHIN THE CERTIFICATE MAY BE TAXABLE. IF SO, YOU OR YOUR BENEFICIARY MAY INCUR A TAX OBLIGATION. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

For Combined Insurance Company of America



Richard L. Williams, Jr., President



Brandon Peene, Secretary

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SCHEDULE
CERTIFICATE SPECIFICATIONS

Insured:	Employer	Certificate Number:	BKRC37211
Certificate Effective Date:	January 01, 2024	Premium Amount:	
Policy Initial Effective Date:	January 01, 2024	Premium Mode:	MONTHLY
Rating Class:	Employee	Governing Jurisdiction:	Florida
Policyholder:	Kymberly Group DBA The peoplease Group	Group Policy Number:	BKRC37211

SCHEDULE OF BENEFITS

10 Year Planned Level Premium Period Life Insurance
Amount of Life Insurance

\$10,000 - \$300,000

Accelerated Benefit for Terminal Illness
Accelerated Benefit Amount

50% of the Amount of Life Insurance

The Accelerated Benefit for Terminal Illness is only available through age 55.

OPTIONAL BENEFIT:
Family Term Life Insurance Rider

DEFINITIONS

Accelerated Benefit Amount means the amount shown on the Schedule of Benefits that is payable if You are diagnosed with a Terminal Illness as defined under this Certificate.

Active Employee, Actively at Work means You are at work for pay on a permanent basis at least 17½ hours per week performing the normal duties of Your job.

Amount of Life Insurance means the amount of life benefit shown on the Schedule of Benefits.

Beneficiary means the person or persons You name to receive the Death Proceeds in the event of Your death. Benefits payable other than at Your death are paid to You.

Certificate Effective Date means the date coverage under this Certificate becomes effective. The Certificate Effective Date is shown on the Certificate Specifications. This date will be used to determine Certificate years, months, and anniversaries.

Complication of Pregnancy means:

- 1) Conditions requiring hospital stays (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, and shall not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and
- 2) Non-elective caesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Not included are conditions associated with the management of a difficult pregnancy which do not constitute a nosologically distinct Complication of Pregnancy. These include:

- 1) Caesarean section;
- 2) Elective abortion;
- 3) False labor;
- 4) Occasional spotting;
- 5) Physician prescribed rest; or
- 6) Morning sickness (hyperemesis gravidarum)

Eligible Employee means a person who is an Active Employee.

Insured means an Eligible Employee who is covered by this Certificate, as named in the Certificate Specifications.

Immediate Family means:

- 1) You or Your Spouse; or
- 2) Any of Your, or Your Spouse's children, parents, grandparents, grandchildren, brothers, sisters, or their respective spouses.

Physician means a person performing tasks that are within the limits of his or her medical license and is:

- 1) Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- 2) A legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

A Physician cannot be Your Immediate Family..

Planned Level Premium means the premium that We charge at the beginning of a Planned Level Premium Period for term life insurance. The Planned Level Premium is based on expected experience for the group and is subject to change at the end of each Policy Year.

Planned Level Premium Period means the maximum time during which a Planned Level Premium may be charged.

Policy means the group Policy issued to the Policyholder.

Policy Initial Effective Date means the first date that coverage begins for any class under the Policy.

Policy Year means a period of time:

- 1) Beginning on the Certificate Effective Date or its anniversary; and
- 2) Continuing through the end of the day preceding the next anniversary.

Policyholder means the entity to whom the group Policy is issued. The Policyholder is shown on the Certificate Specifications.

Prior Plan means the plan of insurance providing similar benefits, sponsored by the Policyholder and which is in effect directly prior to the Policy Initial Effective Date.

Sickness means illness or disease, including pregnancy and Complications of Pregnancy.

Terminally Ill, Terminal Illness means a Sickness that will, with a reasonable degree of medical certainty, result in Your death within twelve (12) months from the date the attending Physician signs a claim form on which the diagnosis of the Terminal Illness is stated.

The attending Physician must confirm that You suffer from a Terminal Illness commencing while the Certificate is in force.

We, Us, Our and Company all mean Combined Insurance Company of America.

You or Your means the Insured named in the Certificate Specifications.

BENEFITS

LIFE INSURANCE

This Certificate provides term life insurance.

The initial term shall be based on the remaining time in your Prior Plan's coverage as of the Certificate Effective Date, if applicable.

You may renew Your 10-year Planned Level Premium Period coverage for additional ten (10) year periods before You reach age 70. Planned Level Premiums at renewal will be based on Your age at renewal. The final renewal period may be less than ten (10) years based on Your age and the length of time remaining before You reach age 80. If the period of time is less than ten (10) years, then the term period will be from the end of prior term period until You attain age 80. Issue ages for this 10-year Planned Level Premium coverage are limited to 18 to 70.

Amount of Life Insurance

While this Certificate is in force, We will pay the Amount of Life Insurance benefit shown on the Schedule of Benefits when We receive Proof of Loss, such as a death certificate, showing that You have died.

ACCELERATED BENEFIT FOR TERMINAL ILLNESS

This benefit provides accelerated payment of the Amount of Life Insurance if You are diagnosed with a Terminal Illness while covered under this Certificate. When We receive Proof of Loss showing that You have a Terminal Illness while this Certificate is in force, We will pay the Accelerated Benefit Amount shown on the Schedule of Benefits.

The Amount of Life Insurance payable at death will be reduced by the amount of Accelerated Benefit Amount paid.

When a claim is paid, We will provide an explanation of benefits showing the dollar amount of the Accelerated Benefit paid and the remaining Amount of Life Insurance available for You.

Conditions and Limitations - Accelerated Benefit for Terminal Illness

We will pay the Accelerated Benefit for Terminal Illness if:

- 1) You are diagnosed with a Terminal Illness;
- 2) The Terminal Illness diagnosis was made by a Physician; and
- 3) You submitted a claim form for this benefit.

Only one Accelerated Benefit Amount shall be paid per lifetime. This benefit is available through age 55.

If You have designated irrevocable Beneficiaries, to pay this benefit, We must receive consent from all irrevocable Beneficiaries.

DEATH BENEFIT PROVISION**Death Proceeds**

Upon receipt of proof of Your death, We will pay the Death Proceeds to Your Beneficiary.

The amount of Death Proceeds is the sum of:

- 1) The Amount of Life Insurance shown on the Schedule of Benefits;
- 2) The portion of Premium paid for a period beyond the month in which You died; and
- 3) Interest on the Death Proceeds be paid from the date You receive written due proof of death of the Insured until the date the claim is paid, with interest at an annual rate equal to or greater than the Moody's Corporate Bond Yield-Monthly Corporate as of the day the claim was received;

Less:

- 1) Any unpaid Premium due before the date of Your death; and
- 2) Any Accelerated Benefit paid under the Accelerated Death Benefit for Terminal Illness provision of this Certificate.

EXCLUSION

If You die by suicide, while sane or insane, within two years of the Certificate Effective Date, Our liability for Death Proceeds is limited to the Premiums paid.

**ELIGIBILITY, EFFECTIVE DATE, TERMINATION OF COVERAGE,
AND PORTABILITY PRIVILEGE****ELIGIBILITY FOR COVERAGE**

To be eligible for coverage under this Certificate:

- 1) You must be age 18 but not more than age 70;
- 2) Your enrollment is approved by Us; and
- 3) You are an Eligible Employee on the Certificate Effective Date.

EFFECTIVE DATE

Your coverage will start on the Certificate Effective Date shown in the Certificate Specifications.

TERMINATION OF YOUR INSURANCE

You will cease to be insured under this Certificate on the earliest of the following dates:

- 1) The date on which You request termination of Your coverage;
- 2) The date on which the Policy is terminated;
- 3) The date on which You are no longer in an eligible class;
- 4) The date on which Your class is no longer included for insurance;
- 5) The end of the period for which the last required contribution for Your insurance has been paid;
- 6) The date on which Your Active Employment with the Policyholder ends subject to the Portability Privilege provision of this Certificate;
- 7) The date on which You retired;
- 8) The date Your Planned Level Premium Period expires and You do not renew;
- 9) Your 80th birthday; or
- 10) The date of Your death.

Termination of Your insurance is without prejudice to any claim that occurred or commenced prior to the date of such termination.

The Portability Privilege provision provides certain rights at times when Your coverage would otherwise end as required by the Termination of Your Insurance provision.

PORTABILITY PRIVILEGE

If You are no longer eligible for coverage for any other reason (except death and failure to pay the premium), You may continue coverage under this Certificate if:

- 1) You are less than Age 70;
- 2) This Certificate is in force on the date that You port Your coverage;
- 3) We receive the first premium for Your coverage within thirty-one (31) days after Your coverage would have been terminated if it were not for this Portability Privilege provision;
- 4) Your request to continue Your coverage is made on a form We furnish or approve for that purpose; and
- 5) You have provided Us with satisfactory Evidence of Insurability, if required.

The coverage provided under this Portability Privilege provision is subject to the terms and conditions of this Certificate. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

CONVERSION

If insurance on any Eligible Employee or any portion of it ceases because:

- 1) You are no longer employed;
- 2) You are no longer in an eligible class;
- 3) Your class is no longer included for insurance; or
- 4) The Policy terminates, then:

You are entitled to have issued, without Evidence of Insurability, a policy or certificate of insurance. The policy or certificate will be issued subject to the following:

- 1) When the Policy terminates or Your class is no longer included for insurance, Conversion is only available to You if You have been covered under the Certificate for at least five (5) years. We may, at Our option, agree to allow conversion, regardless of length of coverage under the Certificate.
- 2) The first premium must be paid within thirty-one (31) days after termination of coverage under the Policy.
- 3) When coverage under the Certificate ceases, the amount of insurance converted will be the amount of insurance provided by the Certificate on the date that coverage ceased, less any Accelerated Benefit for Terminal Illness paid.

- 4) The premium will be Our then customary rate applicable to the form and amount of the policy or certificate, to the class of risk to which You belong, and to Your Attained Age on the Effective Date of the new policy or certificate.
- 5) Optional Benefits will not be issued with the converted Policy.
- 6) If You die during the thirty-one (31) day period for payment of premium but before a certificate or policy is issued and in force, benefits will be paid under the policy or certificate as provided by the terms of this Certificate.

CLAIM PROVISIONS

You, the claimant or an authorized representative of either may submit Claims.

Notice of Claim

Written notice of claim must be given to Us at Our address shown on the first page of this Certificate or as otherwise designated in writing by Us within thirty (30) days after loss covered by this Certificate occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us. The notice should include Your name, address, telephone number, and Certificate Number as shown in the Certificate Specifications.

Claim Forms

When We receive the notice of claim, We will send the claimant forms for filing Proof of Loss. If these forms are not sent to the claimant within fifteen (15) days of our receipt of the notice of claim, the claimant will meet the Proof of Loss requirement by giving Us a written statement of the nature and extent of the Loss within the time limit stated in the Proof of Loss provision below.

Proof of Loss

Proof of Loss must be given to Us within ninety (90) days after a loss occurs or starts.

If it is not possible to give proof within these time limits, it must be given as soon as reasonably possible. Proof of claim may not be given later than one year after the time proof is otherwise required, except if the individual is legally unable to provide Proof of Loss.

Proof of Loss includes a claim form or other documentation satisfactory to Us.

Proof of Loss may also include statements completed by the Insured and/or the claimant, the Policyholder and the attending Physician documenting:

- 1) The nature of the loss;
- 2) The date, or inclusive dates of loss;
- 3) The cause of loss; and
- 4) For life insurance Death Proceeds, a certified copy of the death certificate.

On request, We will tell You, the claimant or the Beneficiary what forms or documents are required.

We may require authorizations to obtain medical and psychiatric information as Well as non-medical information, including personal financial information.

We will provide You or the claimant with a claim form upon request. You are responsible for the cost of obtaining a completed claim form.

We may request additional Proof of Loss such as records of hospitals and Physicians. We will be responsible for the cost of obtaining such records.

Time of Payment of Claims

All Benefits payable under the Certificate will be paid as soon as We receive Proof of Loss acceptable to Us.

Payment of Claims

All benefits are payable as stated in the Beneficiary section of the Assignment and Beneficiary Provisions.

When a claim for an Accelerated Benefit is paid, We will provide an explanation of benefits showing the dollar amount of the benefit paid and the remaining available Amount of Life Insurance.

When a claim is paid as a result of the death, We will provide an explanation itemizing how the Benefit was calculated.

ASSIGNMENT AND BENEFICIARY PROVISIONS**Assignment**

You may assign Your benefits under this Certificate.

Beneficiaries

You can name primary and contingent Beneficiaries. The Beneficiary for benefits payable upon Your death will be the Beneficiary named in the Certificate enrollment form, unless You have changed the Beneficiary designation. Unless specifically designated as irrevocable, You may change the Beneficiary designation by written notice satisfactory to Us. An irrevocable Beneficiary designation may only be changed with the consent of such irrevocable Beneficiary. Unless You specify otherwise, the Beneficiary change will take effect as of the date the written notice was signed by You, subject to any payment or other action taken by Us prior to receipt of such notice. The consent of any Beneficiary, other than an irrevocable Beneficiary, is not required to surrender or assign this Certificate, or to make any other changes in this Certificate.

Death Proceeds payable will be paid in a lump sum to the primary Beneficiary. If the primary Beneficiary dies before You, proceeds will be paid to the contingent Beneficiary. If no Beneficiary survives, proceeds will be paid to Your estate.

You may name more than one primary or contingent Beneficiary. If You do, the proceeds will be paid in equal shares to the members of the appropriate beneficiary class who survive You, unless You have requested otherwise.

GENERAL PROVISIONS**Entire Contract; Changes**

The Policy, the Policyholder's Application, enrollment forms and Evidence of Insurability, if required, as well as any endorsements and amendments shall make up the entire contract. Statements made by the Policyholder or Insured shall be deemed representations and not warranties.

No change in the Policy shall be valid unless made by endorsement or amendment. Such a change is valid only if signed by Our Chairman, Chief Executive Officer, President, or a Vice President.

No other person can waive any Policy terms or make any agreements about the Policy that are binding on Us.

Conformity with State Statutes

Any provision of this Certificate which, on its effective date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of such laws.

Evidence of Insurability

We may require evidence that a person meets our underwriting standards for this insurance.

Grace Period

This Certificate has a Grace Period of thirty-one (31) days for the payment of any premium due except the first.

During the Grace Period, the Certificate is in force, unless You give Us written notice to cancel it before the end of the Grace Period. You shall be liable to Us for the payment of a pro-rata premium for the time the Certificate was in force during the Grace Period.

Incontestability

We will not contest this insurance after it has been in force during Your lifetime for two (2) years from the date it starts, except for nonpayment of premiums. If any death benefit is increased, Our two (2) year right to contest starts anew, but will apply only to the amount of the increase.

Legal Actions

Legal action cannot be taken against Us:

- 1) Sooner than sixty (60) days after due Proof of Loss has been filed; or
- 2) More than five (5) years after the time written Proof of Loss is required to be filed according to the terms of this Certificate.

Examination and Autopsy

We, at Our own expense, will have the right and opportunity to have a claimant examined by a Physician of Our choice. This right may be exercised as often as reasonably required. We, at Our own expense, will have the right to have an autopsy performed in the case of death, where autopsy is not forbidden by law.

Misstatement of Age

If the age of any person insured under this Certificate was misstated on Your enrollment form, We will adjust the benefits to the amount that the premiums paid for the insurance would buy at the correct age .

Non-Participating

The Policy is a non-participating policy. We will not pay dividends on the Policy.

Change of Insurance Carriers

The suicide limitation under the Exclusion section and the Incontestability provision under the General Provisions of this Certificate do not apply to You if:

- 1) You were insured by the Policy on the Policy Initial Effective Date;
- 2) You were covered under the Prior Plan on the day the Policyholder changed the Prior Plan to this plan; and
- 3) You have been covered by the Prior Plan for at least two (2) years prior to the Policy Initial Effective Date.

No benefit is payable if such benefit is not provided under this Certificate, even if it was provided under the Prior Plan.

Any time applied towards satisfying the suicide limitation and the Incontestability periods under the Prior Plan will be credited towards this Certificate.

Combined Insurance Company of America
A Legal Reserve Stock Corporation
(herein called Combined, We, Our or Us)

Home Office: 111 East Wacker • Suite 700 • Chicago, Illinois 60601

Policyholder Service Center: P. O. Box 1160 • Glenview, IL 60025-8160
1-800-544-9382

**FAMILY TERM LIFE
INSURANCE RIDER**

RIDER SCHEDULE

Covered Person(s): INSURED SPOUSE:
INSURED CHILDREN: ALL ELIGIBLE CHILDREN

Rider Effective Date:

Family Term Life Benefit:	Amount of Life Insurance
Spouse 10-Year Planned Level Premium Term Insurance	Up to \$50,000
Child Term Life Insurance	Up to \$25,000

This Rider is attached to and forms part of the Term Life Insurance Certificate ("Certificate"). This Rider was issued on the basis that the information provided by the Policyholder and any information provided by the Insured are correct and complete. The telephone number listed above may be used to make inquiries, obtain information about coverage, or receive assistance with resolving complaints.

This Rider is subject to all the terms, conditions, exclusions and limitations of the Certificate except as otherwise stated herein.

DEFINITIONS

For the purpose of this Rider only, the following terms are defined as follows:

Child (Children) means the Insured's child who is an Eligible Dependent as defined in this Rider and shown on the Rider Schedule.

Covered Person means an Eligible Dependent who is covered under this Rider. Covered Persons are shown on the Rider Schedule.

Eligible Dependent means a person who is:

- 1) The Insured's Spouse;
- 2) The Insured's natural child, legally adopted child, or step-child; provided that such child is unmarried and between the ages of 11 days and 24 years; or
- 3) The Insured's unmarried grandchild between the ages of 11 days and 24 years who is the Insured's dependent for federal income tax purposes.

Domestic Partner/Partner in a Civil Union means a person who resides with and is financially interdependent with the Insured.

Spouse means the person to whom the Insured is legally married or the Insured's Domestic Partner/Civil Union, as defined under this Rider and as shown on the Rider Schedule.

FAMILY TERM LIFE INSURANCE BENEFIT

This Rider provides group term life insurance coverage for Covered Persons listed on the Rider Schedule. The amount of Life Insurance for each Covered Person is shown on the Rider Schedule.

Benefits are payable if the loss occurs:

- 1) After the Rider Effective Date; and
- 2) While this Rider is in force.

Spouse coverage ceases at age 70 and Child coverage ceases at age 26.

Spouse 10- Year Planned Level Premium Term Insurance

Your Spouse may renew his or her 10-year Planned Level Premium Period coverage for additional ten (10) years before he or she reaches age 60. Planned Level Premiums at renewal will be based on Your Spouse's age at renewal. The final renewal period may be less than ten (10) years based on Your Spouse's age and the length of time remaining before Your spouse reaches age 70. Issue ages for this 10-Year Planned Premium coverage are limited to 18 to 60.

The Spouse Amount of Life Insurance shown on the Rider Schedule will be paid upon receipt of due proof that Your Spouse died while this Rider is in force.

Child Term Life Insurance

The Amount of Life Insurance shown on Rider Schedule will be paid upon receipt of due proof that Your Child died while this Rider is in force.

Death Proceeds

Upon receipt of proof of a Covered Person's death, We will pay the Death Proceeds.

EXCLUSIONS

If a Covered Person listed in the Rider Schedule, whether sane or insane, dies by suicide within two years of the Rider Effective Date, Our liability for Death Proceeds is limited to the Premiums paid.

TERMINATION

The insurance under this Rider shall terminate when the first of the following occur:

- 1) The date You request that insurance on Your Eligible Dependents be terminated;
- 2) The date the Covered Person is no longer eligible for insurance under this Rider; or
- 3) The Grace Period expires and the required premium remains unpaid.

CONVERSION


If coverage of the Spouse listed in the Rider Schedule terminates due to the death of the Insured or the divorce or annulment of the marriage to the Insured, or termination of the Domestic Partner/Civil Union with the Insured, the Spouse may purchase a policy or certificate of insurance. The Spouse may elect to include coverage for dependent Children under the new policy or certificate if coverage for Dependent children is terminated under this Rider due to the death of the Insured or by request of the Insured at the time of the divorce, annulment, or termination of the Domestic Partner/Civil Union. The Spouse must enroll for conversion within 60 days after the death, divorce, or annulment or termination of the Domestic Partner/Civil Union and pay the premium for the converted coverage within 31 days after application or enrollment is made. No evidence of insurability will be required.

If coverage of a Child listed in the Rider Schedule terminates because the Child reaches age 26, the Child may purchase a policy or certificate of insurance. The Child must enroll for conversion within 60 days after his 26th birthday and pay the premium for the converted coverage within 31 days after enrollment is made. No evidence of insurability will be required.

The effective date of the new policy or certificate will be the date of the termination of coverage under this Rider. The benefits provided in the new policy or certificate shall be substantially the same as the benefits provided under this Rider. The premium for the new policy or certificate will be that applicable to the attained age of the Spouse or Child and the form and amount of insurance issued. The class of risk under the new policy or certificate will be the same as the class of risk under this Rider, or the most comparable class available.

No other Policy or Certificate provision or condition is changed in any way by this Rider, except as described above.

For Combined Insurance Company of America



Richard L. Williams, Jr., President



Brandon Peene, Secretary



FACTS

WHAT DOES COMBINED INSURANCE COMPANY OF AMERICA DO WITH YOUR PERSONAL INFORMATION?

Why?

Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and payment history
- insurance claim history and medical information
- account transactions and credit scores

When you are no longer our customer, we continue to share information about you as described in this notice.

How?

All insurance companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers' personal information; the reasons Combined chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Combined share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies —	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	Yes	Yes

To limit our sharing

☎ Call 1-800-544-9382 — our menu will prompt you through your choices

Please note:

If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

Questions?

Call 1-800-544-9382 or go to www.combinedinsurance.com

What we do

How does Combined protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.</p>
How does Combined collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • apply for insurance or pay insurance premiums • file an insurance claim or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes—information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	<p>Your choices will apply to everyone on your policy.</p>

Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include the Combined Life Insurance Company of New York, and other financial companies.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Nonaffiliates we share with can include insurance companies and direct marketing companies.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>Our joint marketing partners include categories of companies such as insurance companies.</i>

Other important information

For Insurance Customers in AZ, CA, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR, and VA only: Under state law, you have the right to see the personal information about you that we have on file. To see your information, write Combined Insurance, Attention: Privacy Officer, PO Box 1160, Glenview, IL 60025-8160. Combined may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is wrong, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

For California Residents Only: Your state law requires financial institutions to obtain your consent prior to sharing information about you with non-affiliated third parties while you are resident of California.

For Nevada Residents Only: We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by **calling 1-800-544-9382**, emailing us at combinedinsurance.com, or writing to Combined Insurance, Attention: Privacy Officer, PO Box 1160, Glenview, IL 60025-8160. You are being provided this notice under Nevada state law. In addition to contacting Combined, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing bcpinfo@ag.state.nv.us, or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

For Vermont Residents Only: Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

APPENDIX B

RATES

State	Form Number
Florida	C34588-FL

Level Term

Level Term Rates

	Level Term Life							
	Employee Chart For Level Term Life - 10 Year							
	48 Deductions							
Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$300,000
18	\$0.32	\$0.79	\$1.58	\$2.36	\$3.15	\$4.73	\$6.30	\$9.45
19	\$0.32	\$0.79	\$1.58	\$2.36	\$3.15	\$4.73	\$6.30	\$9.45
20	\$0.32	\$0.79	\$1.58	\$2.36	\$3.15	\$4.73	\$6.30	\$9.45
21	\$0.35	\$0.86	\$1.71	\$2.56	\$3.41	\$5.12	\$6.83	\$10.24
22	\$0.37	\$0.92	\$1.84	\$2.76	\$3.68	\$5.51	\$7.35	\$11.03
23	\$0.37	\$0.92	\$1.84	\$2.76	\$3.68	\$5.51	\$7.35	\$11.03
24	\$0.37	\$0.92	\$1.84	\$2.76	\$3.68	\$5.51	\$7.35	\$11.03
25	\$0.40	\$0.99	\$1.97	\$2.96	\$3.94	\$5.91	\$7.88	\$11.81
26	\$0.40	\$0.99	\$1.97	\$2.96	\$3.94	\$5.91	\$7.88	\$11.81
27	\$0.40	\$0.99	\$1.97	\$2.96	\$3.94	\$5.91	\$7.88	\$11.81
28	\$0.42	\$1.05	\$2.10	\$3.15	\$4.20	\$6.30	\$8.40	\$12.60
29	\$0.45	\$1.12	\$2.24	\$3.35	\$4.46	\$6.70	\$8.93	\$13.39
30	\$0.47	\$1.19	\$2.36	\$3.55	\$4.73	\$7.09	\$9.45	\$14.18
31	\$0.47	\$1.19	\$2.36	\$3.55	\$4.73	\$7.09	\$9.45	\$14.18
32	\$0.53	\$1.31	\$2.63	\$3.94	\$5.25	\$7.88	\$10.50	\$15.75
33	\$0.53	\$1.31	\$2.63	\$3.94	\$5.25	\$7.88	\$10.50	\$15.75
34	\$0.56	\$1.39	\$2.76	\$4.14	\$5.51	\$8.27	\$11.03	\$16.54
35	\$0.58	\$1.45	\$2.89	\$4.34	\$5.78	\$8.66	\$11.55	\$17.33
36	\$0.63	\$1.58	\$3.15	\$4.73	\$6.30	\$9.45	\$12.60	\$18.90
37	\$0.68	\$1.71	\$3.41	\$5.12	\$6.83	\$10.24	\$13.65	\$20.48
38	\$0.74	\$1.84	\$3.68	\$5.51	\$7.35	\$11.03	\$14.70	\$22.05
39	\$0.82	\$2.04	\$4.07	\$6.11	\$8.14	\$12.21	\$16.28	\$24.41
40	\$0.89	\$2.24	\$4.46	\$6.70	\$8.93	\$13.39	\$17.85	\$26.78

Level Term

	Level Term Life							
	Employee Chart For Level Term Life - 10 Year							
	48 Deductions							
Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$300,000
41	\$0.94	\$2.36	\$4.73	\$7.09	\$9.45	\$14.18	\$18.90	\$28.35
42	\$1.03	\$2.56	\$5.12	\$7.69	\$10.24	\$15.36	\$20.48	\$30.71
43	\$1.08	\$2.70	\$5.39	\$8.07	\$10.76	\$16.15	\$21.53	\$32.29
44	\$1.13	\$2.82	\$5.65	\$8.47	\$11.29	\$16.94	\$22.58	\$33.86
45	\$1.21	\$3.02	\$6.04	\$9.06	\$12.08	\$18.11	\$24.15	\$36.23
46	\$1.37	\$3.41	\$6.83	\$10.24	\$13.65	\$20.48	\$27.30	\$40.95
47	\$1.50	\$3.75	\$7.49	\$11.22	\$14.96	\$22.45	\$29.93	\$44.89
48	\$1.68	\$4.20	\$8.40	\$12.60	\$16.80	\$25.20	\$33.60	\$50.40
49	\$1.84	\$4.60	\$9.19	\$13.79	\$18.38	\$27.56	\$36.75	\$55.13
50	\$2.00	\$4.99	\$9.98	\$14.96	\$19.95	\$29.93	\$39.90	\$59.85
51	\$2.15	\$5.39	\$10.76	\$16.15	\$21.53	\$32.29	\$43.05	\$64.58
52	\$2.31	\$5.78	\$11.55	\$17.33	\$23.10	\$34.65	\$46.20	\$69.30
53	\$2.50	\$6.24	\$12.47	\$18.71	\$24.94	\$37.41	\$49.88	\$74.81
54	\$2.63	\$6.56	\$13.13	\$19.69	\$26.25	\$39.38	\$52.50	\$78.75
55	\$2.78	\$6.96	\$13.91	\$20.87	\$27.83	\$41.74	\$55.65	\$83.48
56	\$3.13	\$7.81	\$15.62	\$23.44	\$31.24	\$46.86	\$62.48	\$93.71
57	\$3.44	\$8.60	\$17.20	\$25.80	\$34.39	\$51.59	\$68.78	\$103.16
58	\$3.76	\$9.39	\$18.77	\$28.16	\$37.54	\$56.31	\$75.08	\$112.61
59	\$4.07	\$10.17	\$20.35	\$30.52	\$40.69	\$61.04	\$81.38	\$122.06
60	\$4.39	\$10.96	\$21.92	\$32.89	\$43.84	\$65.76	\$87.68	\$131.51
61	\$4.70	\$11.75	\$23.50	\$35.25	\$46.99	\$70.49	\$93.98	\$140.96
62	\$5.04	\$12.60	\$25.20	\$37.80	\$50.40	\$75.60	\$100.80	\$151.20
63	\$5.36	\$13.39	\$26.78	\$40.16	\$53.55	\$80.33	\$107.10	\$160.65
64	\$5.70	\$14.25	\$28.49	\$42.72	\$56.96	\$85.45	\$113.93	\$170.89
65	\$6.02	\$15.04	\$30.06	\$45.09	\$60.11	\$90.17	\$120.23	\$180.34
66	\$6.51	\$16.28	\$32.55	\$48.83	\$65.10	\$97.65	\$130.20	\$195.30
67	\$7.07	\$17.66	\$35.31	\$52.96	\$70.61	\$105.92	\$141.23	\$211.84
68	\$7.72	\$19.30	\$38.59	\$57.89	\$77.18	\$115.76	\$154.35	\$231.53
69	\$8.38	\$20.94	\$41.87	\$62.81	\$83.74	\$125.61	\$167.48	\$251.21
70	\$9.11	\$22.77	\$45.55	\$68.32	\$91.09	\$136.64	\$182.18	\$273.26

Level Term

Spouse Chart For Level Term Life - 10 Year			
48 Deductions			
Age	\$10,000	\$25,000	\$50,000
18	\$0.60	\$0.76	\$1.52
19	\$0.62	\$0.77	\$1.54
20	\$0.62	\$0.77	\$1.54
21	\$0.67	\$0.84	\$1.69
22	\$0.68	\$0.85	\$1.71
23	\$0.69	\$0.87	\$1.75
24	\$0.69	\$0.87	\$1.75
25	\$0.75	\$0.93	\$1.88
26	\$0.76	\$0.96	\$1.92
27	\$0.78	\$0.97	\$1.94
28	\$0.83	\$1.03	\$2.07
29	\$0.85	\$1.06	\$2.13
30	\$0.90	\$1.13	\$2.28
31	\$0.91	\$1.14	\$2.30
32	\$0.97	\$1.22	\$2.45
33	\$0.99	\$1.23	\$2.47
34	\$1.00	\$1.25	\$2.51
35	\$1.05	\$1.31	\$2.64
36	\$1.18	\$1.48	\$2.97
37	\$1.26	\$1.58	\$3.16
38	\$1.39	\$1.74	\$3.50
39	\$1.52	\$1.90	\$3.81
40	\$1.64	\$2.05	\$4.11

Level Term

Spouse Chart For Level Term Life - 10 Year			
48 Deductions			
Age	\$10,000	\$25,000	\$50,000
41	\$1.77	\$2.22	\$4.44
42	\$1.86	\$2.33	\$4.67
43	\$1.98	\$2.48	\$4.97
44	\$2.11	\$2.64	\$5.28
45	\$2.25	\$2.80	\$5.62
46	\$2.52	\$3.15	\$6.31
47	\$2.79	\$3.50	\$7.00
48	\$3.11	\$3.89	\$7.78
49	\$3.40	\$4.25	\$8.52
50	\$3.72	\$4.64	\$9.29
51	\$3.99	\$4.99	\$9.99
52	\$4.26	\$5.33	\$10.68
53	\$4.58	\$5.72	\$11.46
54	\$4.87	\$6.09	\$12.19
55	\$5.15	\$6.43	\$12.86
56	\$5.74	\$7.18	\$14.37
57	\$6.35	\$7.94	\$15.89
58	\$6.95	\$8.69	\$17.40
59	\$7.56	\$9.45	\$18.91
60	\$8.13	\$10.15	\$20.32

Child Chart For Level Term Life			
48 Deductions			
Age	\$10,000	\$25,000	\$50,000
Child	\$0.62	\$1.25	\$3.12



ACE Property & Casualty Insurance Company

Home Office Address: 436 Walnut Street • Philadelphia, PA 19106

Policyholder Service Address: P. O. Box 6700, Scranton, PA

Telephone Number: 1-866-445-8874

APPLICATION FOR GROUP POLICY

Name of Employer: Kymerly Group DBA The Peoplease Group

Address: 1 W Church St, #200, Orlando, FL 32801

The Employer hereby applies for the following ACE Property & Casualty Insurance Company (ACE) Policy/Policies. Listing of Policies Applied for: Accident ☒ Critical Illness ☒ Hospital Cash ☒ Cancer Advocate Plus ☐

Classes of Eligible Employees:

Deduction Method/Payroll Frequency: Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly ☐ Other:

Billing Frequency: Weekly ☐ 28 Days ☐ Monthly ☒ Other:

The Employer hereby authorizes ACE, its licensed agents or enrollers, to offer all of the eligible employees the opportunity to enroll for coverage under the Policy/Policies issued to Employer.

An eligible employee is one who works at least _____ hours per week and who has been actively employed by employer for at least _____ months.

The Employer agrees to provide ACE's licensed agents or enrollers direct access to its employees to solicit individual applications.

The Employer further agrees to deduct any premiums for this coverage from employees' paychecks and forward these premiums to ACE when due.

Employer agrees to reimburse ACE for any and all premiums, and costs associated with the loss thereof, which are misappropriated by Employer or any of its employees, agents, or representatives.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Executed on 12 day of January 20 2024.

DocuSigned by:

Tanya Yakhnis

Signature of Officer of Employer

Tanya Yakhnis, CFO

Print Name and Title of Officer

ACE Property & Casualty Insurance Company
Authorized Agent