



Gratiot Isabella RESD
Ithaca, MI

Administrators

*Certificate of
Insurance*

GROUP TERM LIFE INSURANCE



Administered by: National Insurance Services

**MADISON NATIONAL LIFE
INSURANCE COMPANY, INC.**

Mailing Address: P.O. Box 5008, Madison, Wisconsin 53705

(HEREIN CALLED THE COMPANY)

Certifies that it has issued the group insurance policy shown below. The Company certifies, subject to the terms of that policy, to insure the named employee and his or her eligible dependents, if any, for whom the applicable premium has been paid, for the benefits described in this Certificate.

Policyholder: TRUSTEE OF NATIONAL INSURANCE SERVICES INSURANCE TRUST

This Certificate will in no way void any of the terms contained in the Group Insurance Policy. It replaces any and all certificates and certificate riders issued for the above named employee under the policy referred to herein.



Larry R. Graber, PRESIDENT

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NATIONAL INSURANCE SERVICES TRUST

SCHEDULE OF BENEFITS

Gratiot Isabella RESD

Carrier ID #: 5091

State: MI

Group Effective Date: January 1, 1999

Benefits Revised Date: June 1, 2009

Classification: 1) Administrators

Covered Under Part III

Sec. A	Sec. B	Sec. C
(Y)	(Y)	(Y)

Basic Life: 1 times annual salary rounded to the next higher \$1,000 to a maximum of \$145,000

Basic AD&D: 1 times annual salary rounded to the next higher \$1,000 to a maximum of \$145,000

VESTING TABLE

If your employer has remitted the premium for your coverage for the following time period:	You are eligible for this percentage of your Pre-retirement Group Term Insurance:
0 through 35 months	0%
3 full years	3%
4 full years	7.5%
5 full years	12%
6 full years	18%
7 full years	24%
8 full years or more	30%

The amount of Basic Life and AD&D Insurance reduces to 65% upon your attainment of age 65, reduces to 50% upon your attainment of age 70 and will terminate upon your retirement, unless you are eligible to continue Basic Life Insurance under Part III (B).

Minimum Hour Requirement for Active Service: 15 Hours per Week

Eligibility Date: Date of Hire

Individual Terminations:

Under 'PART IX – WHEN INDIVIDUAL INSURANCE ENDS', item '4.' under the paragraph which begins 'Your insurance will end on the earliest of the following:' is hereby deleted in its entirety and replaced with:

'4. on the date you are no longer in active service in any class or classes insured under this policy; except:

- a. As a result of a condition for which you are eligible under the Waiver of Premium Benefit;
- b. For Insureds on a leave of absence under the Federal Family and Medical Leave Act (FMLA) of 1993, and its amendments, coverage will continue until the later of the leave period required by the Act, or the leave period required by applicable state law, provided that:
 - i. We receive written notice in advance of a leave approved by the Employer which includes the beginning and ending date of the leave and the Insured's in-force life amount or the amount of the Insured's covered salary if the life benefit is salary based;
 - ii. FMLA leaves of absence and the right to continue coverage during FMLA leaves are available to all Insureds in the same class covered under the Policy; and
 - iii. The Employer remits the required premium for coverage.
- c. For Insureds on a board approved unpaid medical leave, coverage will continue provided that:
 - i. We receive written notice in advance of a leave approved by the Employer which includes the beginning and ending date of the leave and the Insured's in-force life amount or the amount of the Insured's covered salary if the life benefit is salary based;
 - ii. Unpaid leaves of absence and the right to continue coverage during unpaid leaves are available to all Insureds in the same class covered under the Policy; and
 - iii. The Employer remits the required premium for coverage.

Coverage extended during an unpaid leave will terminate on the earlier of the date the unpaid leave is scheduled to end (unless the employee returns to active, eligible status on or before the date the leave is scheduled to end) or 9 months after the end of the leave period described in b. above.

- d. For Insureds on any other type of board approved leave of absence, coverage will continue for 6 weeks from when the leave commences as long as the leave is approved by the board, it runs concurrently with any other leave and the Employer remits the required premium for coverage.'

You are entitled to the benefits described in this certificate if you are eligible for insurance under the provisions of the Trust Master Policy. This Certificate replaces any other certificates for the benefits described inside. As a Certificate of insurance, it is not a contract of insurance; it only summarizes the provisions of the Trust Master Policy and is subject to the Policy's term. A copy of the Policy may be examined at the National Insurance Services Trustee Office.

The Trust Policy is underwritten by Madison National Life, 1241 John Q. Hammons Drive, Madison, WI 53717.

PART I – DEFINITIONS

For the purpose of the policy:

“Active service” means you must be working:

1. for the employer on a permanent full-time basis and paid regular earnings;
2. at least 30 hours per week unless otherwise specified in the Schedule of Benefits; and either:
3. at the employer’s usual place of business; or
4. at a location to which the employer’s business requires you to travel.

You will be deemed to be in active service on each day of a regular paid vacation or on a regular nonworking day on which you are not disabled if you were in active service on the last preceding regular working day.

“Company” means Madison National Life Insurance Company, Inc.

“Eligibility date” means the date an insured person becomes eligible for insurance under the policy. Classes eligible are shown in the Schedule of Benefits.

“Employee” is as defined in the Schedule of Benefits.

“Employer” means any employer who:

1. executes a Joinder Agreement with the Trustee of National Insurance Services Insurance Trust; and
2. designates the Trustee as the entity to act as policyholder for it in conjunction with providing benefits described in the policy.

“Injury” means bodily injury resulting directly from an accident and independently of all other causes. The injury must occur and total disability must begin while the insured person is insured under the policy.

“Insured” means an employee insured under the policy.

“Insured dependents” means an insured’s spouse and/or child(ren) who are:

1. shown as eligible in the Schedule of Benefits; and
2. insured under the policy.

“Insured person” means an insured or an insured dependent.

“Joinder Agreement” means an agreement made between an employer and the policyholder and approved by the Company to provide insurance under the policy.

“Policy” means the Group Term Life Insurance Policy under which your Certificate is issued.

“Policyholder” means the policyholder named in this Certificate.

“Sickness” means illness or disease which causes total disability. The total disability must begin while the insured person is insured under the policy.

“Total Disability” and “totally disabled” mean that because of injury or sickness:

1. you cannot perform each of the substantial and material duties of your regular occupation; and
2. after benefits have been paid for 24 months you cannot perform each of the substantial and material duties of any gainful occupation for which you are reasonably fitted by training, education or experience; and

3. you are under the regular care and attendance of a physician.

“Regular care and attendance” means observation and treatment by a physician. Such care and attendance is as required by current standards of medicine for the injury or sickness causing total disability.

“You” and “your” mean the employee named in this Certificate.

PART II – WHEN INDIVIDUAL INSURANCE BEGINS

The classes eligible for insurance are shown in the Schedule of Benefits.

An insured person’s insurance begins on the effective date shown in the Schedule of Benefits.

If you are not in active service due to injury or sickness on the date your insurance is due to begin, insurance will not begin until you have returned to active service. If an eligible dependent is hospital confined on the date his or her insurance is due to begin, insurance will not begin until:

1. his or her hospital confinement ends; and
2. he or she is able to perform his or her normal activities.

PART III – BENEFITS

A. LIFE INSURANCE BENEFIT DURING YOUR ACTIVE SERVICE

If an insured person dies while insured under the policy, the Company will pay the applicable life insurance benefit shown in the Schedule of Benefits, on receipt of due proof of death.

B. LIFE INSURANCE BENEFIT DURING YOUR RETIREMENT

1. If you Retire Before Age 65 – Your Schedule of Benefits shows whether you are in a class which is eligible for life insurance benefits after retirement but prior to age 65. In order to be eligible for this benefit, you must meet both of the following requirements:
 - a. you are at least 55 years old; and
 - b. you have worked 15 or more of the last 20 years as a teacher, an employee, counselor, or an administrator in an accredited institution of elementary, secondary, or higher education, or for other governmental employers.

Coverage will remain in effect until the first day of the month coinciding with or next following your 65th birthday, provided that your employer remits the required premium. Coverage will be reduced during early retirement to 30% or your preretirement group term life insurance but not to exceed \$20,000.00. If the policy is cancelled or your employer terminates coverage prior to that date, your insurance will end.

If your coverage continues to be in effect until the first day of the month coinciding with or next following your 65th birthday, you will be insured for life with no further premiums payable. The face amount of this insurance will be the amount of your coverage on the day you retire times the applicable percentage from the Vesting Table (but in no event more than \$20,000) or as otherwise specified on the Schedule of Benefits page.

2. If you Retire at Age 65 or Later – Your Schedule of Benefits shows if you are in a class which is eligible for life insurance benefits after retirement at age 65 or later. In order to be eligible for this benefit, you must also meet the following requirement: You must have worked 15 or more of the last 20 years as a teacher, an employee, counselor, or an administrator in an accredited institution of elementary, secondary, higher education, or for other governmental employers.

If your coverage continues to be in effect until the first day of the month coinciding with or next following the later of your 65th birthday or the day you retire, you will be insured for life with no further premiums payable. The face amount of this insurance will be the amount of your coverage on the day you retire times the applicable percentage from the Vesting Table (but in no event more than \$20,000) or as otherwise specified on the Schedule of Benefits page.

3. The amount of retirement group term insurance you may have after age 65 is determined by the number of years you have been covered by the Plan. You need not have been working for the entire period, but your employer must have been remitting premiums for you until at least age 65. You can count any year in which you were employed by any covered employer who participated in this plan during that year, as long as the employer is still participating in the plan on the first of the month following your 65th birthday. Your retirement group term insurance will remain in force regardless of the termination of your employer or cancellation of the policy. Should your employer’s policy be cancelled, a new paid-up certificate will be issued to you. Accidental Death and Dismemberment Benefits will not be available under the certificate for retirement group term life insurance.

The Vesting Table below shows the actual percentage of Retirement Group Term Life Insurance for which you will be eligible that will appear on the Schedule of Benefits page, or as otherwise specified:

If your employer has remitted for your coverage for this number of years...	You are eligible for this percentage of your Preretirement Group Term Insurance...
0 through 35 months	0%)
3 full years	3%)
4 full years	7.5%)
5 full years	12%)
6 full years	18%)
7 full years	24%)
8 full years	30%)

In order to be eligible to receive the percentage of the amount of insurance shown above, your employer must have continued to remit for the group term life insurance until age 65, whether or not you continued working up to age 65.

C. ACCIDENTAL DEATH AND DISMEMBERMENT

If you suffer any of the following losses, the Company will pay the indicated percentage of the principal sum, provided such loss:

1. results from an accident that occurs while you were insured; and

- occurs within 90 days of that accident.

The principal sum is shown in the Schedule of Benefits.

Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and the Entire Sight of One Eye	100%
Loss of One Foot and the Entire Sight of One Eye	100%
Loss of One Hand or One Foot	50%
Loss of Entire Sight of One Eye	50%

“Loss” with reference to hand or foot means complete severance through or above the wrist or ankle joint; except that “loss” shall be deemed not to have occurred in regard to any hand or foot that is surgically reattached.

“Loss” with reference to eye means irrecoverable loss of entire sight.

If you suffer more than one of the above losses as a result of the same accident, the benefit provided under this provision will be paid only for the greatest loss.

With respect to the Accidental Death and Dismemberment Benefit only, the policy does not provide benefits for any loss caused by or resulting from:

- declared or undeclared war or any act of war;
- service in the armed forces of any country;
- suicide or intentionally self-inflicted injury;
- flying in a company owned, operated, leased or chartered aircraft;
- commission of or attempt to commit a felony; or being engaged in an illegal occupation;
- sickness or disease, ptomaine or bacterial infection (except infections occurring through an accidental cut or wound).

The Accidental Death and Dismemberment Benefit is not available to your insured dependents.

PART IV – CONTINUATION OF LIFE INSURANCE BENEFIT DURING TOTAL DISABILITY

A. WAIVER OF PREMIUM BENEFIT

If you become totally disabled, prior to age 60, the Company will waive the premium for you and your insured dependents. The waiver of premium will begin on the first of the month following nine months of total disability in a row.

This waiver of premium benefit will end on the earliest of the following:

- on the date your total disability ends;
- on the 91st day after the Company requests proof of continuing total disability, provided the insured has failed to furnish the Company with such proof, or within one year from such time proof was required, we will not invalidate or reduce a claim unless the Company is prejudiced thereby, and it was reasonably possible to meet the time limit;
- on the premium due date immediately prior to your 70th birthday;
- on the date the policy is cancelled (see Section B, Extension of Life Insurance Benefits);

5. on the effective date of any individual life insurance policy obtained in accordance with Part V, Right to Convert.
6. with respect to your dependent: on the date your dependent reaches the termination age shown in Part IX, When Individual Insurance Ends.

If your Waiver of Premium Benefit terminates as a result of either (1) or (2) above, you must resume paying premium on the next premium due date.

The life insurance benefit which is continued during total disability is the applicable amount of life insurance in force as to each insured person on the date total disability began (subject to any reductions shown in the Schedule of Benefits).

B. EXTENSION OF LIFE INSURANCE BENEFIT

If you were eligible for the Waiver of Premium Benefit as stated in Section A, and you continue to be totally disabled on or after the date the policy is cancelled, the Company will continue coverage without payments of premium. The amount of life insurance benefit continued is the applicable amount of life insurance in force as to you on the date total disability began (subject to any reductions shown in the Schedule of Benefits).

With respect to you, this Extension of Life Insurance Benefit shall end on the earliest of the following:

1. on the date your total disability ends;
2. on the 91st day after the Company requests proof of continuing total disability, provided the insured has failed to furnish the Company with such proof, or within one year from such time proof was required, we will not invalidate or reduce a claim unless The Company is prejudiced thereby, and it was reasonably possible to meet the time limit;
3. on the premium due date immediately prior to your 70th birthday;
4. on the effective date of any individual life insurance policy obtained in accordance with Part V, Right to Convert.

If you die while you are covered under this Extension of Life Insurance Benefit, proof that total disability had continued from the date proof was last furnished must be given to the Company before payment of the life insurance benefit is made in accordance with this Section B.

This Extension of Life Insurance Benefit does not apply to your insured dependents.

- C. If your coverage terminates due to (1), (2), (3), or (4) of Section A of this Part IV, and you are at least age 65, and you meet the other requirements of Section B(3) of Part III, you will be eligible for retirement group term life insurance in the amount described in that Section as if you had retired on the date your coverage terminated under this part.

If your coverage terminates due to (1), (2), or (3) of Section B of this Part IV, and you are at least age 65, and you meet the other requirements of Section B(3) of Part III, you will be eligible for retirement group term life insurance in the amount described in that Section as if you had retired on the date your coverage terminated under this part.

PART V – RIGHT TO CONVERT

- A. If an insured person is no longer eligible for part or all of the life insurance benefit provided by the policy, such insured person is entitled to apply to the

Company for an individual policy of life insurance, without submitting evidence of insurability, provided:

1. the policy applied for:
 - a. is a type of individual life policy, other than term life, then being issued by the Company; and
 - b. does not include accidental death, disability or other supplemental benefits; and
2. the amount of life insurance applied for under such individual life policy is in accordance with Section B of this Part V; and
3. the insured person applies and pays the first premium for such individual life policy within 31 days following termination or reduction of the life insurance benefit under the policy. Such individual life policy will become effective on the first day following the end of such 31 day period.

Premium for such individual life policy will be based on:

- a. the Company's usual rate for the amount and type of individual life policy;
- b. the insured person's class of risk; and
- c. the insured person's attained age.

B. The amount of life insurance for which the insured person can apply under the individual life policy is subject to the following:

1. the insured person may convert all or part of the amount of life insurance benefit for which he or she is no longer eligible due to:
 - a. reductions resulting from attainment of a specific age, as shown in the Schedule of Benefits; or
 - b. loss of individual eligibility.
2. if the insured person has been insured under the policy for at least five years, he or she may convert the lesser of the amounts shown in (i) or (ii) below for which he or she is no longer eligible due to:
 - a. cancellation of the policy;
 - b. cancellation of the class of insureds to which the insured person belongs; or
 - c. reduction of benefits for the class of insureds to which the insured person belongs:
 - i. \$10,000;
 - ii. all or part of the amount for which the insured person is no longer eligible. This amount will be reduced by the amount of any life insurance for which the insured person becomes eligible to receive under a group policy issued or reinstated by the Company or any other insurer during the 31 day period immediately following termination of insurance under the policy.
3. if an insured person has been insured under the policy for less than five years, he or she may not convert any amount of life insurance benefit for which he or she is no longer eligible due to the conditions enumerated in item B(2) above.

- C. If the insured person dies during the period within which he or she is entitled to convert to an individual policy issued to him or her in accordance with A or B above, the maximum amount of life insurance which the insured person would have been entitled to have issued to him or her under such individual policy shall be payable as a claim under the group policy; whether or not application for the individual policy or the payment of the first premium has been made.

The rights or benefits granted under this provision are in lieu of any other rights or benefits granted under this policy.

PART VI – INSTALLMENT SETTLEMENT OPTION

You may elect to have the proceeds of the life insurance benefit paid in installments by filing a written request with the Company. At the time of election, the amount and terms of the installments shall be in accordance with those then being offered by the Company. If you do not request an installment settlement option, your beneficiary may do so after your death.

PART VII – BENEFICIARY

Your beneficiary shall be that person or persons indicated on your individual application for insurance. You shall be the beneficiary of your insured dependents.

Unless you have made an irrevocable beneficiary designation, you may change your beneficiary by sending a written request for such change to the Company. When such request is received by the Company, the change of beneficiary shall take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment previously made by the Company.

If you have named more than one beneficiary, benefit shall be paid to the beneficiaries who survive you, in equal shares, unless you have specified a different proportion.

If your beneficiary predeceases you or if you do not designate a beneficiary, then the applicable benefit amount will be paid to your estate.

PART VIII – CHANGE OF CLASS OR EARNINGS

If a change in your class or earnings would increase the amount of the benefits you are entitled to receive under the policy, such increase in benefits will become effective on the premium due date following such change, provided notice of the change is given to the Company within 30 days of the change.

If notice is not given within the required time, such increase in benefits:

1. must be approved by the Company; and
2. will become effective on the premium due date following the Company's approval.

If you are not in active service due to injury or sickness on the date an increase in benefits is due to begin, such increase in benefits will not begin until you have returned to active service.

If a change in your class or earnings would decrease the amount of benefits you are entitled to receive under the policy, such decrease in benefits will become effective on the premium due date following the change.

PART IX – WHEN INDIVIDUAL INSURANCE ENDS

Your insurance will end on the earliest of the following:

1. when the policy is cancelled;
2. when the insurance is cancelled for the class of insureds to which you belong;
3. the beginning of the period for which premium is not paid, subject to the grace period;
4. on the date you are no longer in active service in any class or classes, insured under the policy, except as a result of a condition for which you are eligible under the Waiver of Premium Benefit, or if you would be eligible for retirement group term insurance as described in Part III (B).
5. on the premium due date just before your 70th birthday, unless you are eligible for the retirement group term insurance benefit as described in Part III (B).
6. on the 16th day after you enter the armed forces of any country or international authority.

An insured dependent's insurance will end on the earliest of the following:

1. on the date your insurance ends;
2. the beginning of the period for which premium is not paid, subject to the grace period;
3. as to an insured dependent spouse, on the premium due date immediately prior to the insured dependent spouse's 70th birthday;
4. as to an insured dependent child, on the premium due date immediately prior to the insured dependent child's 19th birthday (23rd birthday, if attending school on a full-time basis), marriage or entry into the armed forces;
5. termination of the insured dependent provisions of the policy.

PART X – GENERAL PROVISIONS

ENTIRE CONTRACT: The policy, with the application for the policy, the individual applications, if any, and the endorsements, if any, is the entire contract between the policyholder and the Company. All statements made by the policyholder or by you, in the absence of fraud, will be deemed representations and not warranties. No such statement will void the insurance or reduce the benefits under the policy or be used in defense of a claim unless it is contained in a written application. No change in the policy will be valid until approved by an officer of the Company. This approval must be endorsed on or attached to the policy. No agent may change the policy or waive any of its provisions.

INCONTESTABILITY: As to the policyholder, the policy shall be incontestable after two years from its date of issue, except for nonpayment of premium.

The policy shall be incontestable after it has been in force as to an insured person for a period of two years. After two years from the date any insured person becomes covered under the policy, no misstatements made by such insured person in his or her application will be used to void coverage and to deny a claim for a loss that begins after the two year period.

GRACE PERIOD: Unless the Company has told the policyholder that the policy will end, a grace period of 31 days will be allowed. If the premium is not paid by the premium due date, it may be paid during the 31 day period immediately after the premium due date. This does not apply to the first premium.

PAYMENT OF CLAIMS: Benefits provided by the policy will be paid to you if living; or to the beneficiary determined in accordance with Part VII of the policy, entitled "Beneficiary;" or as otherwise directed by the beneficiary.

FACILITY OF PAYMENT: If the benefits provided by the policy are payable to your estate or to a beneficiary who is a minor or otherwise not legally competent to give a valid release, the Company may pay up to \$1,000.00 to any person related to you by blood or marriage. Any payment made in good faith will fully release the Company to the limit of the payment.

PHYSICAL EXAMINATIONS AND AUTOPSY: The Company at its own expense will have the right and opportunity to have you examined as often as reasonably necessary while your total disability claim is pending. If you fail to be examined medically when required, no further benefit will be provided for that loss.

The Company may have an autopsy made at its own expense unless forbidden by law.

ASSIGNMENT: With the consent of the Company, the policy may be assigned. The Company assumes no liability for the validity of any assignment.

NONPARTICIPATION: The policy will not share in any surplus earnings of the Company.

MISSTATEMENT OF AGE: If an insured person's age has been misstated, benefits payable for such insured person will be what the premium paid would have purchased at his or her correct age. This benefit will be subject to the applicable policy maximums.

CONFORMITY WITH STATE STATUTES: Any provision of the policy that is in conflict with the laws of the state where the policyholder is located on its effective date is amended to conform to minimum requirements.

INSPECTION OF POLICY: The policy is in the possession of the policyholder and may be inspected by you at its office anytime during business hours.

AMENDMENT NO. 14

TO BE ATTACHED TO AND MADE A PART OF THE CERTIFICATE

ISSUED TO: Gratiot Isabella RESD

It is agreed that the above Certificate be amended, effective 01/01/2000 as follows;

It is hereby agreed that the Certificate is amended to provide an additional provision to "PART IV – CONTINUATION OF LIFE INSURANCE BENEFIT DURING TOTAL DISABILITY".

C. RULES FOR FILING A CLAIM

You must tell us about a waiver of premium claim within (30) days after the end of the waiting period. If you cannot tell us within (30) days, you must tell us as soon after that as he or she can. You must submit claims to us at our Office. If the Company does not send the claim form within (15) days, you can simply send us written proof of total disability. That proof must show the date and the cause of your disability and how serious it is, and it must be signed by a doctor. The Company can require that you send us additional proof at reasonable intervals during your total disability. Unless you have been legally incapable of filing the proof of your total disability, we won't accept it if it is filed after (12) months from the date it should have been filed.

The provisions and conditions set forth on any page heretofore a part of this amendment as fully as if recited over the signature hereto affixed. Nothing contained in this amendment shall change any of the terms and conditions of this certificate other than as herein stated.

Executed by the Company on January 1, 2000.

MADISON NATIONAL LIFE INSURANCE COMPANY



By: _____
Officer of the Company

ACCELERATED DEATH BENEFITS RIDER

This provision becomes effective on 01/01/1999.

If you are covered for "Employee Only Life Insurance Coverage," you may elect to receive accelerated benefits on a specified portion of the life insurance benefits otherwise payable at your death.

1. You may elect this benefit option only once in your lifetime while remaining covered under the plan.
2. Accelerated benefits will not be available if you have any portion of your life insurance benefits or ownership rights thereof absolutely or irrevocably assigned or transferred, or have made an irrevocable beneficiary designation.
3. You may elect to receive as the accelerated benefit 50% of the amount of your basic group term life insurance in effect on the acceleration date, but not to exceed \$50,000. The amount payable is equal to the accelerated benefit less any amounts charged for an investment loss (interest) and administrative fees. A minimum payment of \$5,000 is required under this election. The payment will be made in one lump sum to you or to the payee you appropriately assign.
4. No payment will be made under this election unless and until we receive and approved of all of the following:
 - a. your signed and notarized election of this option on a form furnished by us;
 - b. signed and witnessed written statements of all revocable beneficiaries and assignees consenting to your election of this option;
 - c. proof satisfactory to the company from a licensed attending physician other than yourself or a member of your election of this option;
 - i) you have been diagnosed as having a terminal illness as defined below;
and
 - ii) you are of sound mind and under no constraint or undue influence.

We may require a second opinion and examination of you condition at our own expense by a physician of our choice.

-CONTINUED-

5. Payment of the accelerated benefit will reduce correspondingly the face amount of your basic life insurance benefits. This will result in reduced life insurance proceeds payable to your beneficiary(ies) at your death.
6. Our approval or payment of the accelerated benefit does not operate to waive the required monthly premium payment for your remaining life insurance, accidental death and dismemberment, and any other insurance coverages.

Payment of the accelerated benefit will not effect the amount of, or change an existing beneficiary designation for, the accidental death and dismemberment insurance benefit, if any, in effect and kept in force under the plan.

7. Your election together with our payment of the accelerated benefit constitute a valid and effective beneficiary designation change, but only with respect to the life insurance benefits, and only to the extent affected by the accelerated benefit payment, the interest and fees charge thereon.
8. Payment of the accelerated benefit will be exempt from the claims of creditors and from legal process to the extent permitted by law.
9. All other provisions of the plan, including the effective date provisions of any benefit increases and the provisions on benefit reductions because of amendments to the plan or benefit classification changes or your attained age, remain valid and in effect. Any such life insurance benefit reduction will be calculated based on your life insurance amount in effect immediately before the accelerated benefit payment.

Definitions

As used in this provision:

“Terminal illness” means a medical condition for which there is no known medical treatment that would extend a patient’s life and which could be expected in at least 80% of cases to result in death within 12 to 24 months or less.

MADISON NATIONAL LIFE INSURANCE COMPANY

For service and claim information, contact...

NATIONAL INSURANCE SERVICES

250 S. Executive Drive
Brookfield, WI 53005
(414) 785-9995
Toll Free 1-800-627-3660

UNDERWRITTEN BY:

***MADISON NATIONAL LIFE
INSURANCE COMPANY, INC.***

Mailing Address P.O. Box 5008 Madison, WI 53705

