

**SCHOOLS INSURANCE FUND INSURANCE TRUST  
JOINDER AGREEMENT**



Employee Benefit Options



**National Insurance Services**

The below named Employer hereby requests application for participation in group insurance benefits under the Group Policies issued to the below named Group Policyholder (hereafter referred to as "Policyholder"), and underwritten by Madison National Life Insurance Company, Inc. (hereafter referred to as "Insurer"). The term **Group Policy** means only the provisions of the Group Policy that apply to the Employer, based upon the coverage requested under this Joinder Agreement.

**A. ADMINISTRATIVE**

- |  |   |
|--|---|
| 1. Policyholder:   | Schools Insurance Fund Insurance Trust  |
| 2. Employer:   | Montcalm Area ISD<br>621 New St<br>PO Box 367<br>Stanton, Michigan 48888-0367 |
| 3. Nature of Business:                                       | Public Education  |
| 4. Plan Effective Date:                                      | January 1, 2026   |
| 5. Name of Prior Carrier for:                                |   |
| Life/AD&D: <u>MESSA</u>                                      | Termination Date: <u>January 1, 2026</u>                                      |
| STD: <u>MESSA</u>  | Termination Date: <u>January 1, 2026</u>                                      |
| 6. A copy of the Prior Carrier bill is required at takeover. |   |
| 7. Minimum Hourly Work Requirement:                          | 10 hours per week   |
| 8. Waiting Period:   | None  |
| 9. New Employee Eligibility Date:                            | Upon completion of the Waiting Period   |
| 10. Employee Contribution:                                   |   |
| Dependent Basic Life   | 100% pre-tax  |
| Employee Supplemental Life/AD&D                              | 100% pre-tax  |
| Dependent Supplemental Life                                  | 100% pre-tax  |
| STD  | 100% pre-tax  |
| 11. Minimum Participation Requirement:                       |   |
| Dependent Basic Life   | None  |
| Employee Supplemental Life/AD&D                              | None  |
| Dependent Supplemental Life                                  | None  |
| STD  | None  |

12. Enrollment Period: One Time 31 Day Open Enrollment Period beginning November 10, 2025 (must occur within six months of Plan Effective Date).  
Amounts elected during the One Time 31 Day Open Enrollment Period will become effective on January 1, 2026 (cannot be more than two months after the end of the Open Enrollment Period).
13. Evidence of Insurability Requirements: Applies to Late Enrollees, Increases in Benefits and Amounts over Guarantee Issue Amounts

**B. GROUP TERM LIFE INSURANCE**

**Carrier Number: 10065**

1. Employee Classes:  
01 Non-Union Admin and Non-Union Support Staff
2. Insurance Reduction Schedule:
- Dependent Basic Insurance: No Reductions. Dependent Spouse Basic Life Insurance terminates upon the earlier of the Spouse's attainment of age 70 or the Insured Employee's Retirement. Dependent Child Basic Life Insurance terminates upon the earlier of the Child's attainment of age 19, or age 25 if a full-time student, or the Insured Employee's Retirement.
- Dependent Supplemental Insurance: Spouse Supplemental Life Insurance reduces to 50% upon the Spouse's attainment of age 70 and terminates upon the Insured Employee's Retirement. Child Supplemental Life Insurance terminates upon the earlier of the Child's attainment of age 19, or age 25 if a full-time student, or the Insured Employee's Retirement.
- Employee Supplemental Insurance: Employee Supplemental Life and AD&D Insurance reduces to 50% upon attainment of age 70 and terminates at Retirement.

3. Basic Life Insurance:  
Dependent Spouse Basic Life

<u>Class 01</u>	Plan 1	Plan 2
<u>Benefit Amount:</u>	\$2,500	\$5,000
Guarantee Issue:	\$2,500	\$5,000

Dependent Child Basic Life

<u>Class 01</u>	Plan 1	Plan 2
Age: Birth through 13 days	\$0	\$0
Age: 14 days to 6 months:	\$2,500	\$2,500
Age: 6 months through Limiting Age:	\$2,500	\$2,500
Guarantee Issue:	\$2,500	\$2,500

4. Supplemental Life Insurance:  
Employee Supplemental Life

Class 01:

Guarantee Issue:

\$1,000 increments; minimum \$5,000

\$0

An Employee may elect, without Evidence of Insurability, Employee, Spouse and Child Supplemental Life Insurance coverage equal to that which was in force with the prior carrier immediately prior to the effective date of this plan as long as the Employee is Actively at Work on the effective date of this plan.

An Employee who was enrolled in the Survivor Income Benefit with the prior carrier immediately prior to the effective date of this plan may elect, without Evidence of Insurability, up to \$30,000 in Employee Supplemental Life Insurance coverage to replace this benefit. This election must be made within 30 days of the effective date of this plan. Total Employee Supplemental is still limited to the lesser of 5 x Annual Salary or \$300,000.

Maximum Issue:

Lesser of 5 x Annual Salary or \$300,000

Spouse Supplemental Life

Class 01:

Guarantee Issue:

Lesser of 50% of the Employee's Supplemental Life amount or \$150,000

\$0

Refer to Employee Supplemental Life Guarantee Issue for exceptions.

Child Supplemental Life

Class 01:

Age: Birth through 13 days

Age: 14 days to 6 months:

Age: 6 months through Limiting

Age:

Guarantee Issue:

\$0

Lesser of 25 % of the Employee's Supplemental Life amount or \$20,000

Lesser of 25 % of the Employee's Supplemental Life amount or \$20,000

\$0

Refer to Employee Supplemental Life Guarantee Issue for exceptions.

5. Additional Benefits:

- a. Conversion of Insurance Benefit:
- b. Waiver of Premium Benefit:
- c. Living Benefit:
- d. Portability Benefit:

Included for all classes

Included in Class 01

Included in Class 01

Included in Class 01

6. Accidental Death and Dismemberment (AD&D) Insurance

Employee Supplemental AD&D

Class 01: Matches Employee Supplemental Life amount  
Guarantee Issue: \$0  
 An Employee may elect, without Evidence of Insurability, Employee Supplemental AD&D Insurance coverage equal to that which was in force with the prior carrier immediately prior to the effective date of this plan as long as the Employee is Actively at Work on the effective date of this plan.

7. Additional AD&D Benefits:

a. Seat Belt Benefit: Included in Class 01

**C. GROUP SHORT TERM DISABILITY (STD) INSURANCE Carrier Number: 10265**

Eligible Employees may elect coverage under either the Standard Short Term Disability Insurance or the Coordinated Short Term Disability Insurance, but not both

1. Coordinated Short-Term Disability (STD) Insurance

Class Number:	01
Class Description:	Non-Union Admin and Non-Union Support Staff
Elimination Period	
Injury:	0 Consecutive Calendar Days
Physical Disease	15 Consecutive Calendar Days
First Day Hospital Benefit:	Included
STD Benefit Percentage:	66.67% of Weekly Predisability Earnings
Maximum Weekly Benefit:	\$1,200
Guarantee Issue:	\$1,200
Maximum Benefit Period:	The length of the Elimination Period under the employer-paid LTD coverage. No STD Benefits will be paid for periods of time for which LTD Benefits are payable.
Definition of Disability:	Total
Definition of Predisability Earnings	Base pay only
Own Occupation Period:	From the end of the Elimination Period to the end of the Maximum Benefit Period
Claim Payment Method:	Bi-weekly
24 hour coverage	No, Non-occupational only
Recurrent Disability:	6 months
Social Security Integration:	Full Family
Freeze:	Social Security Freeze
Pre-existing Condition Exclusion:	12/12 - initial amounts and increases
Mental Disorder Limitation:	None – Same as any Physical Disease

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Substance Abuse Limitation:

None – Same as any Physical Disease

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#### **D. TERMS AND DEFINITIONS**

All terms are as defined in the Certificates of Insurance (hereafter referred to as Certificate).

#### **E. PREMIUMS, PAYMENTS AND TERMINATION**

1. Premium Rates are outlined on the pages 9 of this Joinder Agreement and are guaranteed until September 1, 2028.
2. Payment of Premiums
  - a. Premiums are due on the 1<sup>st</sup> of the month of coverage for which the premium applies (e.g., premium for coverage in October would be due October 1<sup>st</sup>).
  - b. The premium due on each Premium Due Date is the sum of the premiums for all Insured Persons under the Group Policy. Premium rates for each Employer covered under the Group Policy are shown in this Joinder Agreement.
  - c. The Employer determines the amount, if any, of each Insured Person's contribution toward the cost of insurance.
  - d. Each premium is payable on or before its Premium Due Date directly to the Insurer at their home office.
  - e. Premium is due for an Insured Person for each month the Insured Person is covered under the Group Policy. The Employer must notify the Insurer immediately whenever an employee becomes eligible or ceases to be eligible for coverage. Effective dates of coverage or termination dates which occur mid-month will be billed as follows:
    - i. If the effective date of coverage is between the 1st of the month and 15th of the month, premium for an entire month will be due to the Insurer. If the effective date of coverage is between the 16th of the month and the end of the month the Employer will be billed for the next full month of coverage. The Insurer does not prorate premium.
    - ii. If the date coverage ends is between the 1st of the month and the 15th of the month, no premium will be due for that month. If the date of termination is between the 16th of the month and the end of the month the Employer will be responsible for an entire month's premium.
  - f. All premiums will be based upon information provided by the Employer in the Census Reports.
3. Changes in Premium Rates.
  - a. Special Circumstances. The Insurer may change premium rates, to be effective on the next Premium Due Date, if any of the following occur:
    - i. A change or clarification in a law or governmental regulation affects the amount payable under the Group Policy. Any such change in premium rates will reflect only the change in the Insurer's obligations.
    - ii. One or more changes occur in the factors material to the underwriting risk the Insurer assumed under the Group Policy with respect to the Employer, including, but not limited to, the number of persons insured, age, gender and occupational classification.
    - iii. The premium contribution arrangement for insured employees changes or varies from that stated in this Joinder Agreement when issued or last renewed.
    - iv. Plan design changes are requested by the Employer.

- v. The Insurer and the Employer mutually agree to change premium rates.
      - b. In all other cases, and subject to a period for which the Insurer has provided the Employer with a written rate guarantee, the Insurer may change premium rates upon 60 days advance written notice to the Employer. Any such change in premium rates may be made effective on any Premium Due Date, but no such change will be made more than once in any Contract Year. Contract Year means successive 12-month periods computed from the end of the initial rate guarantee period, or from a time agreed to in writing by the Employer and Insurer.
4. Premium Adjustments. Premium adjustments involving a return of unearned premiums to an Employer will be limited to the 12 months just before the date the Insurer receives a request for premium adjustment.
5. Information Required from Employer
  - a. The Employer will furnish all information reasonably necessary to administer the Group Policy, including but not limited to the following:
    - i. At least one Census Report during each plan year, no later than six months prior to the next plan renewal date. The Census Report means a written report providing the following information for each Employee insured under the Group Policy: name, social security number, date of birth, gender, occupational class, Annual Salary as defined under the Group Policy and Certificate, and the amount of coverage.
    - ii. A list of all eligible employees and documentation supporting employee eligibility under the Group Policy.
    - iii. Information about employees who become eligible, whose amounts of coverage change and/or whose coverage ends.
    - iv. Occupational information and any other information that may be required to manage a claim.
    - v. Notification of the Employer's change in legal status, expansion of business, dissolution, merger, buyout or any other significant business operational change.
    - vi. Notice of any additional eligible employee segment(s).
    - vii. Any other information that may be reasonably required.
  - b. The Employer must provide such information to the Insurer or its agents in a regular and timely manner as may be reasonably specified by the Insurer and/or its agents. The Insurer and its agents have the right at all reasonable times to inspect the payroll and other records of the Employer which relate to insurance under the Group Policy.
6. Grace Period and Termination for Nonpayment.
  - a. If a premium is not paid on or before its Premium Due Date, it may be paid during the Grace Period. The coverage under the Group Policy will remain in force during the Grace Period.
  - b. Grace Period means the 31 days following the Premium Due Date.
  - c. If the premium for coverage is not paid during the Grace Period, the coverage under the Group Policy will terminate automatically at the end of the Grace Period.
  - d. The Employer is liable for premium for coverage during the Grace Period. The Insurer may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.

7. Termination for Other Reasons

- a. The Policyholder may terminate the Group Policy and the Employer may terminate coverage under the Joinder Agreement by giving the Insurer at least 60 days written notice. The effective date of termination will be the later of:
  - i. The date stated in the notice; or
  - ii. The Premium Due Date immediately following the date the Insurer receives the notice.
  
- b. The Insurer may terminate coverage under the Group Policy as follows:
  - i. On any Premium Due Date if the number of persons insured is less than the Minimum Participation requirements provided for under this Joinder Agreement.
  - ii. On any Premium Due Date if the Insurer determines that the Employer has failed to promptly furnish any necessary information requested or has failed to perform any other obligations relating to the Group Policy or coverage under the Group Policy.
  - iii. On any Premium Due Date by giving the Employer at least 60 days advance written notice.
  - iv. On the date the Employer breaches any part of the Entire Contract.

**F. GENERAL PROVISIONS**

1. **Certificates.** The Insurer will prepare the Certificates setting forth the main features of the Group Policy applicable to each Insured Person. The Insurer and Employer may agree to distribute the Certificates to Insured Persons in paper format, or to make the document available and accessible for review by Insured Persons on the Employer's website. The Employer will be responsible for providing sufficient notice to the Insured Person of the existence and availability of the Certificate, including instructions on how to view the document, and a statement that a paper copy of the document will be made available upon request. Upon receiving such a request from either the Employer or Insured Person, the Insurer will provide a written copy of the Certificate to the Employer for distribution to the Insured Person. If the terms of the Certificate differ from the terms of the Employer's coverage under the Group Policy, the latter will govern.
  
2. **Agency and Release.** Individuals selected by the Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them and do not represent or act on behalf of Madison National Life Insurance Company. The Policyholder, Employer and such individuals have no authority to alter, expand or extend the Insurer's liability or to waive, modify or compromise any defense or right the Insurer may have under the Group Policy.
  
3. **Notice of Suit.** The Policyholder and Employer shall promptly give the Insurer written notice of any lawsuit or other legal proceedings arising under the Group Policy.
  
4. **Entire Contract and Changes**
  - a. The Group Policy, the Certificate of Coverage/Insurance, this Joinder Agreement, the applications of the Policyholder, Employers and employees and any applicable riders, addenda and/or amendments constitute the Entire Contract.

- b. The Group Policy may be changed in whole or in part. No change in the group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Policyholder for attachment to the Group Policy. No change in an Employer's coverage under the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Employer for attachment to their Joinder Agreement. No agent has authority to change the Group Policy or an Employer coverage under the Group Policy or to waive any provisions thereof.
  - c. We have authority to determine all questions arising in connection with the Policy, including its interpretation. Our failure to enforce any provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.
- 5. **Incontestability.** All statements made by the Employer are, in the absence of fraud, representations and not warranties. The Insurer cannot contest the Policy or this Joinder Agreement after it has been in force for 2 years from its Date of Issue. No statement shall be used to contest the validity of coverage or reduce benefits, unless it is in writing, signed by the Employer, and a copy of such statement is furnished to the Employer.
- 6. **Non-Participating:** The Policy is non-participating. It does not share in Our profits or surplus earnings.
- 7. **Conformity With State Laws:** If any provisions of Our forms are contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.
- 8. **Workers' Compensation. State Disability Insurance.** The coverage provided under the Group Policy is not a substitute for coverage under a Workers' Compensation or state disability income benefit law and does not relieve the Employer of any obligation to provide such coverage.
- 9. **Misstatement.** If Policyholder or Employer premiums for the Insured Person are based on age or gender and the Insured Person's age or gender has been misstated, there will be a fair adjustment of premiums based on his or her true age or gender. If benefits for the Insured Person are based on age or gender and the Insured Person's age or gender has been misstated, there will be an adjustment of said benefits based on his or her true age or gender. We may require satisfactory proof of age or gender before paying any claim.
- 10. **Clerical Error.** A clerical error may be made by the Insurer, Employer or Policyholder in keeping data. If so, when the error is found the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

# OPTIONS RATES

## LIFE INSURANCE

### Basic Dependent Life (Family Unit Plan)

	<u>Monthly Rate</u>		<u>Monthly Rate</u>
Plan 1 \$2,000 Spouse \$2,000 Children	\$1.00	Plan 2 \$5,000 Spouse \$2,500 Children	\$2.00

### Supplemental Life/AD&D for Employees and Dependents

#### Employee

Employees may choose an amount between \$5,000 and the lesser of 5x your salary or \$300,000, in \$1,000 increments.

#### Monthly cost per \$1,000 of Life/AD&D Coverage

To age 39	\$.09	65 to 69	\$1.63
40 to 49	\$.23	70 to 74	\$2.98
50 to 59	\$.58	75+	\$4.03
60 to 64	\$1.03		

#### Spouse (Life only)

The amount the Employee elects for his or her spouse may be the lesser of 50% of the Employee's Supplemental Life amount or \$150,000.

#### Monthly cost per \$1,000 of Life Coverage

To age 39	\$.06
40 to 49	\$.20
50 to 59	\$.55
60 to 64	\$1.00
65 to 69	\$1.60
70 to 74	\$2.95
75+	\$4.00

#### Dependent (Life only)

The amount the Employee elects for his or her dependent children may be the lesser of 25% of his or her Supplemental Life amount or \$20,000. All children age 14 day to age 25 will be covered for the amount chosen.

#### Monthly Rate

\$.15 per \$1,000 of Life coverage

## COORDINATED SHORT-TERM DISABILITY (STD) INSURANCE

<u>Age</u>	<u>60-day Benefit</u>	<u>90-day Benefit</u>	<u>120-day Benefit</u>	<u>180-day Benefit</u>
<30	\$0.59	\$0.69	\$0.76	\$0.86
30-34	\$0.59	\$0.69	\$0.76	\$0.86
35-39	\$0.59	\$0.69	\$0.76	\$0.86
40-44	\$0.59	\$0.69	\$0.76	\$0.86
45-49	\$0.59	\$0.69	\$0.76	\$0.86
50-54	\$0.72	\$0.86	\$0.94	\$1.07
55-59	\$0.72	\$0.86	\$0.94	\$1.07
60-64	\$0.95	\$1.10	\$1.22	\$1.40
64+	\$0.95	\$1.10	\$1.22	\$1.40

**G. ACCEPTANCE AND SIGNATURES**

The undersigned Employer adopts and agrees to be bound by the terms and conditions of this Agreement, as amended from time to time and Group Policy. Copies of these documents are available for Employer review at the Policyholder's place of business. The Employer may also contact the Insurer for further information.

The Group Policy is a vehicle for obtaining group insurance plans in which Employers join together as a single policyholder for the purchase and maintenance of group insurance policies.

The Insurer, in performing its obligations under the Group Policy, is acting only as an insurer with respect to the Group Policy. The Trust Administrator, in performing its obligations under the Group Policy, is acting only as a trust administrator with respect to the Group Policy. The Insured and Trust Administrator are not in any way acting as a plan administrator, a plan sponsor or a plan trustee for the purposes of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, or any other federal or state laws.

The signatures below constitute acceptance of the undersigned Employer as a participating member under the Group Policy.

Signed into effect this 6 day of November, 2025

Kathleen Flynn  
Signature of Authorized Signer for Employer

Kathleen Flynn  
Printed Name & Title of Signer

Administrator:  
National Insurance Services of Wisconsin, Inc.

Hank Ehram

By:  
Hank Ehram, President  
November 5, 2025

## NOTICE

This notice describes identities of and relationships among the Insurer, Administrator, and Policyowner of this insurance.

**Insurer:** Madison National Life Insurance Company, Inc. (MNL) is the insurance underwriter of this insurance.

**Third Party Administrator:** National Insurance Services of Wisconsin, Inc. (NIS) is the administrator for this group insurance. NIS provides administrative services for insurance issued to group, including, but not limited to, underwriting, premium billing, premium collection, client services, and policy and certificate issuance.

There is no ownership affiliation between MNL and NIS.

**Policyowner:** The Policyowner of your policy/certificate of insurance is the Schools Insurance Fund Trust.

**Employer:** Your Employer participates in the group insurance under the group policy issued to the Trust.

NIS is the Administrator of the Schools Insurance Fund.

# MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

## NOTICE OF PRIVACY PRACTICES AND PROTECTION

**This Privacy Notice is provided for your information – keep a copy of it for your records.  
No response is required or requested.**

**Customer Privacy Is Our Business** - We value our relationship with our customers and are dedicated to providing them with exceptional service and competitive product offers. As part of our dedication to servicing their insurance needs, we are committed to protecting the confidentiality of nonpublic personal information about our customers. This Privacy Notice will help you understand what type of information we collect about insured individuals, how the information we collect is used, and what measures we take to protect that information.

**What Information We Collect And How We Collect It** - Depending on the type of product, we collect nonpublic personal information about insured individuals that may include:

- address,
- telephone number,
- social security number,
- account information,
- income,
- employment,
- health status, and
- other personal information relevant to their coverage.

We collect such information primarily from information we receive from individuals on applications or other forms. We may also collect information through telephone conversations or other electronic means, such as internet "cookies" (data stored on a computer by an internet browser when you use the internet to access our website) that may be used to track website usage, remember passwords customers create, and provide customers with website content specific to their needs and interests. We may also obtain information from third parties such as employers, non-affiliated insurers, physicians, hospitals and other medical providers.

**How Information Is Protected** - We restrict access to nonpublic personal information to those employees who need to know that information to provide products or services to our customers. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard such information. Information about insured individuals is accessed by our employees only when such access is necessary to conduct our business. For example, we may access information to offer other compatible products or services we provide, to process customer requests, and to administer our products or services. All employees are required to maintain the confidentiality of nonpublic personal information and to follow policies we establish to secure such confidentiality.

Additionally, we require third parties to whom we disclose nonpublic personal information, or who receive or handle such information on our behalf, to adhere to our standard of privacy protection and to establish information security procedures.

**Disclosure** - We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. Information will only be disclosed for such purposes as conducting and auditing our business, administering the business of affiliated organizations, responding to requests from government

authorities, or as authorized or requested by an insured individual. Such disclosures include, but are not limited to:

- **Affiliates** – we may provide information to affiliated companies to enable them to provide business services for us such as claims processing, underwriting, and maintenance of your accounts, and to offer products and services we provide.
- **Agents and Brokers** – we may provide information to enable agents and brokers to provide business services for us and to offer products and services we provide.
- **Joint Marketing** – we may provide information to non-affiliated third parties to jointly market insurance products or services.
- **Lending Institutions** – we may provide information to non-affiliated lending institutions, such as banks and credit unions, to offer products and services we provide, and to provide business services for us.
- **Government Entities** – we may provide information upon request from a State Department of Insurance or other government entity. The purpose for the request may be to prevent fraud, conduct an audit of our business practices, or for any other reason for which the government entity is legally permitted to request information.
- **Servicing organizations** - we may provide information to servicing organizations such as TPAs, reinsurers, attorneys, accountants, actuaries, underwriters, and other such organizations to enable them to provide business services for us.

We do not share, trade, sell, exchange or in any other way disclose nonpublic personal information except as stated above or to otherwise conduct the business of insurance.

**About this Privacy Notice** - The examples contained in this Privacy Notice are provided as illustrations and are not a comprehensive account of the rights of any party under applicable federal and state laws. The policies and protections indicated in this Privacy Notice will remain effective even after an individual's coverage is terminated, to the extent we retain information about that individual. We may change this Privacy Notice at any time and will inform you of any changes as required by law. Other applicable privacy protections may exist under state laws and we will comply with all applicable state laws when we disclose information about individual insureds.

For additional information, contact us at:

**Attn: Privacy Officer  
Madison National Life Insurance Company, Inc.  
Post Office Box 5008  
Madison, WI 53705**