Supplemental Life/AD&D Certificates for employees who enroll for this contributory coverage. These Certificates are not valid unless the insured receives a Confirmation Statement letter showing approval of coverage, the amount and the effective date.

RLH will mail the Confirmation Statement letter with a copy of the insured’s Evidence of Insurability form RLH 096 directly to the insured if their home address is provided. Otherwise the Confirmation Statement letter and EOI form will be mailed to the insured care of the group.

The Confirmation Statement letter will instruct the insured to see the Human Resources department for a Certificate of Coverage.

Please call 1-800-794-5390 if you have any questions. Thank you.
SUPPLEMENTAL LIFE/AD&D INSURANCE CERTIFICATE OF COVERAGE
FOR CLASS 02 EMPLOYEES: ADMINISTRATIVE, CONTRACT AND CONFIDENTIAL CLASSIFIED EMPLOYEES, INCLUDING CLASSIFIED SUPERVISORS; AND CLASS 05 EMPLOYEES: ADMINISTRATIVE SUPERINTENDENTS

POLICYHOLDER: EUGENE SCHOOL DISTRICT
NO. 4J

POLICY NUMBER: OR 035946

This certificate is not valid unless accompanied by a Confirmation Statement from Regence Life and Health. The Confirmation Statement is a letter that verifies the benefit amount you have been approved for and your effective date of coverage. Your coverage will begin on the effective date shown on the Confirmation Statement provided you are Actively at Work on that date and the required premium has been paid.

BENEFIT PROVISIONS

SUPPLEMENTAL LIFE/AD&D FOR EMPLOYEE:
Benefits will be paid according to the amount shown on your Confirmation Statement.
Life benefits will reduce to 65% at age 65 and to 50% at age 70.

ALL BENEFITS TERMINATE AT RETIREMENT OR LOSS OF ELIGIBILITY, WHICHEVER OCCURS FIRST.

Certificate: This is your certificate, which:
1. is a summary of your insurance under the group policy;
2. is not a contract of insurance;
3. is subject to the terms of the group policy; and
4. voids and replaces any prior certificates issued under the group policy number shown above.

Policy: We have issued the group policy to the policyholder. This policy is a contract of insurance:
1. between your policyholder and us; and
2. through which you are insured.

Signed for the Regence Life and Health Insurance Company on the insured's effective date.

SECRETARY

PRESIDENT

CERTIFICATE FOR GROUP LIFE INSURANCE

OPSI 008 ED 3/89 (Rev. 11/96)
We are pleased to announce a Supplemental Life and AD&D Insurance Program for you. This coverage is in addition to your basic group life insurance and is purchased through payroll deduction.

You may elect a $50,000 Supplemental Life and AD&D benefit amount. Coverage may only be applied for within 31 days of initial eligibility based on your date of hire, or during the Annual Open Enrollment period. Increases in coverage may only be applied for during the Annual Open Enrollment period. Evidence of insurability is not required if coverage is applied for within 31 days of initial eligibility. Evidence of insurability is required for all amounts applied for during the Annual Open Enrollment period. You will be contacted if additional information is required. Coverage will become effective on the date of the next billing cycle following approval by Regence Life and Health Insurance Company.

Benefits under this Supplemental Insurance Program will not be paid for death resulting from suicide, intentional self-inflicted injury, or an attempt to injure oneself, while sane or insane, during the first two years of coverage.

You must be enrolled in your employer's basic group life insurance plan to be eligible.

Supplemental Life and AD&D Insurance premium is $9.00 per employee.

The Supplemental Benefits will reduce to 65% at age 65 and to 50% at age 70.

All Benefits terminate when the insured employee is no longer eligible or retires. Conversion and waiver of premium privileges are included.
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DEFINITIONS

"Actively at work" or "active work" - you are working for your employer:
1. in the usual course of your employer's business;
2. full time at the principal place of employment; and
3. for at least the greater of:
   a. the number of hours per week that your employer stated on his application as the normal work week; or
   b. 20 hours per week.

"Age" - the age at your last birthday.

"Amount" - the amount of insurance.

“Annual open enrollment” – a 31 day period agreed upon between the Employer and Us in which you can increase insurance or apply for insurance if application was not made during your 31 day initial eligibility period. Insurance applied for during the annual open enrollment period requires approval of evidence of insurability.

"Beneficiary" - the person(s) to whom we will pay the proceeds.

"Certificate" - a document given to you as proof of your coverage under the policy. It is not part of the entire contract of insurance. It contains all statements required by law.

"Children" - this term includes your:
1. natural children; or
2. legally adopted children; or
3. stepchild or foster child.

Each child must depend on you for support and either:
1. live with you; or
2. be a full time student.

Each child must also be:
1. unmarried; and
2. under the age(s) shown in the policy schedule.

For newborns, "child" means a live birth which is recorded by valid birth certificate in the jurisdiction where the birth occurred.

"Class" - a grouping of insureds:
1. based on their job positions; and
2. determined by the policyholder.

"Contributory insurance" - (if required) you must pay a part of the premiums. All such payments are:
1. made directly to the policyholder; and
2. forwarded to us.

"Conversion" - you may exchange your rights under this policy for an individual policy. This only applies to: 1) term life insurance; or 2) dependent's life insurance.

"Coverage" - all the terms and provisions appearing under one of the following captions of this policy, if provided: 1) Term Life Insurance; or 2) Accidental Death and Dismemberment; or 3) other benefit riders.
"Covered" - you are insured under this policy.

"Date of death" - the date of the insured's death.

"Dependent" - your spouse and children who are not:
1. insured employees themselves under this policy; or
2. in full time military service.

A dependent can only be insured:
1. under one insured employee; and
2. for contributory insurance -- if the eligible employee has made a written request for dependent's insurance.

"Earnings" - wages. This term does not include:
1. overtime pay; or
2. bonuses; or
3. any other form of extra compensation.

Except for commissioned salespeople, the rate of earnings is that in effect just prior to the date the disability starts.

For commissioned salespeople, commissions will be averaged for the lesser of:
1. the 12 month period of employment just prior to the date total disability starts; or
2. the period of employment.

"Effective date" - the date this policy is put in force. It is shown on the first page of the policy.

"Eligible employee" - a person who:
1. is a member of the eligible classes shown in the policy schedule;
2. is within the age requirements shown in the policy schedule;
3. has satisfied any waiting period shown on your employer's application; and
4. is actively at work on the insured's effective date. If the employee is not actively at work on the date he would otherwise be eligible, see "Deferred effective date."

"Evidence of insurability" - evidence of good health acceptable to us.

"He," "his," and "him" - refer to both genders.

"Illness" - sickness, disease, pregnancy, or complications of pregnancy.

"In force" - this policy is in effect. Premiums are paid and all insuring conditions are met.

"Injury" - bodily injury which:
1. results directly and independently of all other causes from an accident;
2. occurs after the effective date of coverage for such injury; and
3. results in: a) disability; b) death; or c) dismemberment.
"Insured" - a person who:
   1. is an eligible employee;
   2. has fulfilled all conditions under this policy to become insured; and
   3. has insurance in force under the policy.

"Insured's application" - includes:
   1. his enrollment card; and
   2. any evidence of insurability.

"Insured's effective date" - the date you become covered under this policy.

"Noncontributory insurance" - you are not required to pay any part of the premiums.

"Notice" - written notice in a form satisfactory to us for that purpose.

"Person" - is used in the singular. There may be more than one person - natural or legal.

"Physician" - a licensed physician practicing within the scope of his license.

"Proceeds" - the amount of insurance we will pay as a benefit. This amount is:
   1. shown in the certificate schedule; and
   2. subject to the amount that you are eligible for as shown in the policy schedule for your class.

"Proof" - a properly completed claim form, plus:
   1. for life insurance - a) a certified copy of the death certificate; or b) death decreed by a court order;
      or
   2. for disability or accidental death and dismemberment insurance - written proof acceptable to us.

"Spouse" - your legal husband or wife.

"We", "us", and "our" - Regence Life and Health Insurance Company.

"You" and "your" - insured employee.
BENEFIT AND BENEFICIARY PROVISIONS

Benefit: We will pay the proceeds to the beneficiary:
1. when we receive proof of your: a) disability; and/or b) death;
2. if coverage insuring the type of loss has been selected:
   a. in the policy; and
   b. for your class;
3. if the premiums have been paid for that coverage; and
4. subject to all policy provisions.

Beneficiary: Your enrollment card lists your choice of beneficiary.

Proceeds will be paid:
1. to you -- for proceeds paid during your lifetime; or
2. to the beneficiary (as defined); or
3. to your estate -- if no beneficiaries survive you; or
4. according to the "Facility of Payment" provision for term life insurance.

Change of beneficiary: During your lifetime, you may change the beneficiary. Notice of the change must be
dated and signed by you. You should give the notice to the policyholder. The change takes effect on the date
it is signed. We are not liable for any action we take before we receive the notice at our home office.

INSURING PROVISIONS

Eligibility: See definition of "Eligible employee."

Evidence of insurability: must be sent to us if:
1. your enrollment is made more than 31 days after you or your dependent were first eligible; or
2. you or your dependent increase coverage.

Evidence of insurability, if required, delays the effective date until we approve the evidence.

Evidence of insurability will be at the employee's expense for late enrollees.

Insured's effective date: Subject to the "Deferred effective date," you become insured:
1. if you enroll on or prior to being an eligible employee -- when you become an eligible
   employee; or
2. if you enroll within 31 days after you become an eligible employee -- when you enroll; or
3. if you enroll more than 31 days after you become an eligible employee -- when we accept
   evidence of insurability.
The date you enroll is deemed to be the date:
   1. you completed the enrollment card to our satisfaction and signed it; and
   2. you gave the card to the policyholder.

If you do not give evidence of insurability as required:
   1. your eligibility ends; and
   2. you will be subject to the same requirements if you become eligible at a later date.

Deferred effective date: Your effective date or an increase in coverage will be deferred:
   1. if on the date you would otherwise become insured or receive the increase in coverage:
      a. you are absent from active work; and
      b. your absence is caused by an injury or illness; and
   2. until the date you return to active work.

Termination of employee's insurance: Your coverage ends on the last day of the month when:
   1. this policy terminates; or
   2. you stop paying the required premiums -- for contributory insurance; or
   3. the employer does not remit premiums -- for noncontributory insurance; or
   4. you cease to be in an eligible class; or
   5. you cease to be an employee; or
   6. you enter military service -- except temporary duty of less than 30 days.

Note: If you retire, your insurance ends on your retirement date.

Changes to this policy: No agent can:
   1. change this policy; or
   2. waive any of its terms.

Changes can be made only:
   1. if your employer and we agree; and
   2. by a written endorsement executed by us.

In performing any duties in connection with this policy, your employer is:
   1. your agent; and
   2. not our agent.

Incontestability: No statement made by you about your or your dependents' insurability will be used to contest the validity of this insurance, unless:
   1. the coverage has been in force prior to the contest for less than two years during:
      a. for the insured's coverage -- your lifetime; or
      b. for the dependents' coverage -- your dependent's lifetime.
   2. it is in the insured's application signed by you; and
   3. a copy of the insured's application is or has been given to:
      a. you; or
      b. the beneficiary.

Except in the case of fraud, all statements made by you are deemed to be:
   1. representations; and
   2. not warranties.

Misstatement of age or class: We will pay based on the amount of insurance:
   1. if your age or class is misstated -- that you are entitled to at your true age or class; or
   2. if your dependent's age is misstated -- that your dependent is entitled to at his true age.
Physical exams and autopsy: We will have the right and opportunity to examine you:
   1. by a physician of our choice;
   2. at our own expense;
   3. while a claim is pending or being paid; and
   4. as often as we may reasonably require.

We also have the right to make an autopsy:
   1. in the case of death;
   2. where it is allowed by law; and
   3. at our expense.

This provision also applies to dependents -- if dependent's life insurance is included.

Time of payment of claims: We will pay the proceeds for insured losses as soon as we receive proof.

Other insurance: This insurance is not in lieu of worker's compensation; it does not affect any requirement for worker's compensation coverage.

Assignment: You may assign any of your rights. We are not liable for the assignment's: 1) validity; or 2) sufficiency. We are not bound by an assignment until we receive it.

GENERAL PROVISIONS
ACCIDENT AND HEALTH ONLY

Legal proceedings: A claimant may not file suit unless:
   1. proofs of loss are filed within 3 years of the time required by this policy; and
   2. at least 60 days have passed since the required proofs of loss were filed.

Notice of claims: Written notice of claim must be given to us:
   1. within 60 days after the date of a loss covered by this policy; or
   2. as soon thereafter as reasonably possible.

Claim forms: We will furnish the claimant with forms for filing proofs of loss within 15 days after we receive notice of the claim. If we do not do so, the claimant can comply with the requirements for filing proof of loss by giving us this proof:
   1. within the term fixed in the "Proof of loss" provision; and
   2. covering the losses': a) occurrence; b) character, and c) extent.

Proofs of loss: Written proof of loss:
   1. must be furnished to us at our home office; and
   2. should be furnished within 90 days after the date of loss.

Failure to furnish proof within such time will not invalidate nor reduce any claim if proof is furnished as soon as is reasonably possible; however, in no event, except in the absence of legal capacity of the claimant, may proof be given later than one year from the time proof is otherwise required.

Proof of continuing disability must be given within 90 days of the date such proof is requested.
COVERAGE 1 - Term Life Insurance
(only available to employees)

Term life benefit: We will pay the proceeds to the beneficiary:
1. if this coverage has been selected:
   a. in the policy;
   b. for your class; and
   c. as shown in the policy schedule;
2. if the premiums have been paid for this coverage;
3. subject to all policy provisions; and
4. when we receive proof of your death.

Term life proceeds: The amount we will pay is that amount for which your life is insured at the date of death.

Facility of payment

The following paragraphs describe to whom we will pay the proceeds when an insured dies. Our liability for
the payment ends if we make it in good faith.

Payment to beneficiaries: We will pay proceeds to the designated beneficiary or beneficiaries as listed on
your enrollment application in the highest category, with the categories ranking in the following order:
primary, first contingent, second contingent, etc.

If one or more beneficiaries in the same category dies before the insured, the deceased beneficiaries and their
estates have no right to the proceeds except as provided in the next paragraph. Two or more surviving
beneficiaries in the same category will share equally, unless otherwise specified.

In the event a child of the insured who is designated as a beneficiary dies before the insured, that child's
proceeds will be divided into equal portions and made available to the child's children (the insured's
grandchildren), if any.

When there is no surviving beneficiary: If there is no designated beneficiary, or if the designated
beneficiary does not survive the insured, we will pay the proceeds in equal shares to the insured's surviving
relatives of the highest rank of the following:
1. spouse;
2. children;
3. grandchildren;
4. parents;
5. siblings;
6. the insured's estate.

If the beneficiary is a minor or incompetent: If a beneficiary is a minor or not competent, we have the right
to pay up to $500 to the person or institution who appears to us to have assumed the beneficiary's custody and
principal support. We will take this action until or unless a formal complaint is made by a legal representative
of the beneficiary.

We will pay remaining benefits upon proof acceptable to us, of guardianship or conservatorship to the legal
estate of the minor child or incompetent beneficiary.

Additional payment of proceeds: We may pay up to $500 of the proceeds, according to law, to any person
who appears to us to have incurred costs from the insured's last illness, death or funeral.
Optional modes of settlement: The proceeds may be paid on a monthly basis for a fixed term of years:
1. if you send us your written request;
2. if we agree; and
3. if each payment will be at least $25.00.

The amount of the payments is figured from this table:

<table>
<thead>
<tr>
<th>Years Payable</th>
<th>Monthly Payments</th>
<th>Years Payable</th>
<th>Monthly Payments</th>
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<td>1</td>
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<td>5</td>
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<td>$  9.39</td>
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<tr>
<td>3</td>
<td>$28.79</td>
<td>15</td>
<td>$  6.64</td>
</tr>
<tr>
<td>4</td>
<td>$21.86</td>
<td>20</td>
<td>$  5.27</td>
</tr>
</tbody>
</table>

These payments are based on an interest rate:
1. of 2 1/2% per year, and
2. compounded yearly.

We will also pay an excess interest that we may declare from year to year.

The first payment will be paid:
1. on the date the proceeds would have been paid in one sum; or
2. on the date you request.

If all beneficiaries under this mode die, we will:
1. pay the unpaid proceeds plus the earned interest in one sum; and
2. pay this one sum to:
   a. the beneficiary's estate; or (at our option)
   b. to one or more of the beneficiary's surviving relatives.

Other modes of settlement: Other modes of settlement may be arranged if you and we agree. We will furnish data on these other modes upon request.

Suicide exclusion: Supplemental Benefits under the policy will not be paid for death resulting from suicide, intentional self-inflicted injury, or an attempt to injure oneself, while sane or insane, during the first two years of coverage. In the event you apply for and have approved by us an additional amount of Supplemental Insurance, this exclusion will apply only to the increase in coverage and for the first two years after the effective date of the increase in coverage.

Extension of employee life insurance during total disability
(AD&D benefits are not included.)

Definition (for this provision only)

"Totally disabled" or "total disability" - you are unable to work at any employment or occupation for which you are or become qualified by reason of education, training or experience and are not in fact engaged in any employment or occupation for wage or profit because of disability:
1. caused by injury or illness;
2. that started while your life is insured under this coverage; and
3. that has existed for a continuous term of at least 6 months.
Your life insurance will extend beyond the date it would otherwise end:

1. if you become totally disabled prior to age 60 while you are insured under this policy;
2. if the required life premiums have been paid for the first 6 months of total disability;
3. while your total disability is continuous;
4. if you give us written notice of your total disability within one year from the date the total disability began; and
5. if you give us proof of your continuous total disability:
   a. first proof -- between the 6th and 12th month after the date the total disability began; and
   b. subsequent proof -- during the last 3 months of each subsequent 12 month term after the first.

If notice of proof of your continuous total disability can't be given within these times:
1. it must be given as soon as is reasonably possible; and
2. it must be given within 3 months after the time it is otherwise required.

When we are satisfied with the proof, life insurance will be extended:
1. without further premiums after the first 6 months is paid; and
2. while your total disability continues.

We will still pay the life proceeds even though you did not give us the first proof:
1. if you die within one year of the start of your total disability; and
2. if we are given proof of:
   a. your continuous total disability from the day it began; and
   b. your death.

The amount of life insurance extended will be the lesser of:
1. the amount shown in the policy schedule; or
2. the amount in force on the last day of active work.

These provisions apply if they are in effect on the last day of active work:
1. reduction provisions;
2. termination provisions; and
3. retirement provisions.

Extended life insurance will end at the earliest date you:
1. are no longer totally disabled; or
2. fail to give us the required proof of your continuous total disability; or
3. refuse to be examined as required; or
4. retire at the normal age according to each company's requirements.

If extended life insurance ends, you become entitled to the rights under "Conversion," unless:
1. you return to work; and
2. you are insured again under the policy.

We are not liable for a death claim under this coverage unless we receive proof of your death.

**CONVERSION**

You may convert all or part of the insurance under this coverage without evidence of insurability to an individual life policy:
1. if insurance ends because:
   a. of termination of your: 1) employment; or 2) membership in an eligible class; or
   b. of your retirement; or
c. you reach a specified age; or  
d. of a policy change affecting your class; or  
e. this policy or the employer's participation ends or is amended; and  

2. if within 31 days from the end of the month after termination due to reasons other than retirement you:  
   a. give us a written request to convert; and  
   b. pay the first premium on the new policy.  

3. if insurance ends due to retirement, you must give us a written request to convert and pay the first premium on the new policy within 31 days from the retirement date.  

The new policy may be on any individual plan of life insurance, except term, issued by us:  
   1. at the age and for the amount applied for; and  
   2. without disability or other supplemental benefits.  

The new policy:  
   1. face amount may not exceed:  
      a. the amount of insurance in force on the conversion date; or  
      b. for "1.e." above -- the lesser of:  
         1) the amount which terminated -- less the amount of any life insurance for which you are or become eligible under any group policy issued or reinstated:  
            a) by us or any company; and  
            b) within 31 days after the termination of your coverage; or  
         2) $10,000.00;  
   2. premium rate will be based on:  
      a. your age on its effective date;  
      b. the rates then in use by us; and  
   3. effective date will begin at the end of the 31 day conversion period after termination.  

If you die during the 31 day conversion period, the amount we will pay:  
   1. will be paid under the group policy; and  
   2. will be the maximum amount which could have been converted, whether or not:  
      a. the application to convert was made; or  
      b. the first premium was paid.  

Any life conversion policy must be surrendered without claim. We will refund any premium paid for it.  

Conversion to an individual policy will not stop any right under extended insurance if:  
   1. all conditions of that provision are met within the time required; and  
   2. the individual policy is given to us:  
      a. for cancellation; and  
      b. without a claim under it -- except for a refund of premiums paid.
COVERAGE 2 - Accidental Death, Dismemberment, Paralysis and Loss of Sight

Definition (for this coverage only)

"Loss" - means with regard to:
1. life -- death;
2. hands and feet -- complete severance through or above the wrist or ankle joint;
3. sight -- loss of sight which is: a) entire and b) irrecoverable;
4. quadriplegia -- complete and irreversible paralysis of both upper and both lower limbs;
5. paraplegia -- complete and irreversible paralysis of both lower limbs; or
6. hemiplegia -- complete and irreversible paralysis of the upper and lower limbs on one side of the body.

Benefit: We will pay the proceeds to the beneficiary:
1. if this coverage has been selected:
   a. in the policy;
   b. for your class; and
   c. as shown in the policy schedule;
2. if the premiums have been paid for this coverage;
3. subject to all policy provisions;
4. when we receive proof of your loss shown below:
   a. that was caused by injury while you were insured under this coverage; and
   b. that occurs within 365 days from the date of the injury; and
5. if the loss is not excluded below.

The principal sum that applies to the insured is shown in the policy schedule for loss of:

- Life........................................................................................................Principal Sum
- Both hands or both feet or sight of both eyes........................................Principal Sum
- One hand and one foot........................................................................Principal Sum
- One hand and sight of one eye.................................................................Principal Sum
- One foot and sight of one eye..................................................................Principal Sum
- Quadriplegia..........................................................................................Principal Sum
- Sight of one eye.....................................................................................One-half of the Principal Sum
- One hand or one foot.............................................................................One-half of the Principal Sum
- Paraplegia............................................................................................One-half of the Principal Sum
- Hemiplegia............................................................................................One-half of the Principal Sum

Note: Cerebrovascular accident (CVA), commonly called "stroke", is not an injury as defined in the policy.

No more than 100% of the Principal Sum will be paid for all covered losses resulting from any one accident, except as specifically provided in the provision titled Seat Belt Benefit below.
Exclusions: We will not pay the proceeds for any loss resulting from:
1. intentionally self-inflicted injury -- or any attempt to injure oneself while sane or insane; or
2. taking part in a riot; or
3. any war or act of war -- declared or undeclared; or
4. military service; or
5. taking part in an assault or a felony; or
6. the voluntary use or consumption of any poison, chemical compound or drug except as prescribed by a physician; or
7. bodily infirmity or disease from bacterial infections (except accidental ingestion of contaminated foods) -- other than infection caused from an injury covered under this coverage.

Seat Belt Benefit

Benefit: We will pay an extra benefit, called the Seat Belt Benefit, if all of the following conditions are met:
1. an Accidental Death benefit is payable as part of the death proceeds of this policy; and
2. we receive proof that:
   a. you died as the result of an automobile accident; and
   b. at the time of the accident you were wearing a seat belt.

Definitions (For this provision only)
"Seat Belt" means a seat belt, lap and shoulder restraint, properly installed in the automobile.

"Automobile" means a motor powered land vehicle licensed for use on public highways, with four or more wheels and with seats designed for two or more persons.

Amount payable: The amount of Seat Belt Benefit payable equals the lesser of:
1. $50,000; or
2. the amount of the Accidental Death Benefit.

Police report: A true copy of any police accident report must be submitted with the claim.
Receipt of Accelerated Benefits may adversely affect eligibility for Medicaid or other government benefits or entitlements.

Receipt of Accelerated Benefits may be taxable. Assistance should be sought from a personal tax advisor.

A SUPPLEMENTAL LIFE INSURANCE PROGRAM FOR CLASS 02 AND 05 EMPLOYEES PLUS ACCELERATED BENEFIT FOR TERMINAL ILLNESS RIDER

SUPPLEMENTAL LIFE INSURANCE

An eligible employee may apply for supplemental life insurance as shown in the Supplemental Benefits Rider. All coverage under this Rider is subject to evidence of insurability acceptable to Regence Life and Health Insurance Company (herein called RLH) if coverage is increased, or coverage is applied for after 31 days of initial eligibility based on your date of hire. If approved, RLH will notify the employer and coverage for the employee will be effective on the date of the next billing cycle following approval.

All provisions of the Employee Term Insurance apply except as specifically set forth in this Rider. The employee must be enrolled in the employer's basic plan of group life insurance to be eligible for this coverage.

The amount of benefits payable under this Rider is subject to the following Benefit Reduction Table:

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage of Face Amount Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 65</td>
<td>100%</td>
</tr>
<tr>
<td>65 - 69</td>
<td>65%</td>
</tr>
<tr>
<td>70 and over</td>
<td>50%</td>
</tr>
</tbody>
</table>

All coverage under this Rider terminates when the insured employee is no longer eligible or retires.
EXCLUSIONS

Benefits under this Rider will not be paid for death resulting from:

1. suicide;
2. intentionally self-inflicted injury; or
3. any attempt to injure oneself, while sane or insane,

during the first two years of coverage.

In the event the insured employee or spouse:

1. applies for; and
2. has approved by RLH,

an additional amount of Supplemental Life Insurance, the above exclusions will apply only:

1. to the increase in coverage; and
2. for the first two years after the effective date of the increase in coverage.

ACCELERATED BENEFIT FOR TERMINAL ILLNESS RIDER

The following Accelerated Benefit for Terminal Illness will apply to the Supplemental Life Insurance Benefits of this Rider only.

DEFINITIONS

For the purposes of this Rider, the following definitions will apply:

"Accelerated Benefit" means the amount of Supplemental Life Insurance that will be paid in advance of a Covered Person's death if the Covered Person is Terminally Ill. The amount of the Accelerated Benefit will be determined as shown in the Benefit Amount and Benefit Cost section below.

"Covered Person" means the employee or spouse insured under this Supplemental Life Insurance Rider.

"Physician" means a medical or osteopathic physician, other than the Covered Person's spouse, parent, child, brother or sister, and other than a hospital resident or intern, who is licensed to practice medicine in the United States or Canada.

"Terminally Ill" or "Terminal Illness" means that while insured under this Rider the Covered Person is diagnosed as having a medical condition that causes the Covered Person's life expectancy to be six months or less. The Covered Person must at his or her expense provide proof satisfactory to RLH of such limited life expectancy. Such proof includes, but is not limited to, clinical, radiological and laboratory evidence.

RLH may require at its expense an examination by a physician of its choice.
BENEFIT AMOUNT AND BENEFIT COST

If the Covered Person is Terminally Ill and voluntarily requests payment of an Accelerated Benefit, RLH will pay such benefit to the Covered Person. The Accelerated Benefit amount will be as chosen by the Covered Person, except that the benefit may not exceed the lesser of:

1. 50% of the supplemental life insurance in force on the Covered Person's life; or
2. $100,000.

There is no cost for the Accelerated Benefit provision unless the Accelerated Benefit is exercised. If the Accelerated Benefit is exercised, the cost will be the interest, in advance, of the Accelerated Benefit for six months. In no event will the interest rate be higher than the greater of:

1. the current yield on 90-day Treasury bills; or
2. the current maximum statutory adjustable policy loan interest rate.

The following formula will be used to calculate the interest charged:

Let \[ A = \text{amount of Accelerated Benefit requested} \]
\[ i = \text{annual interest rate charged} \]
\[ I = \text{amount of interest charged} \]

\[ I = A - \frac{A}{1 + \left( \frac{i}{2} \right)} \]

An administrative fee of $200 will also be charged.

The cost of the Accelerated Benefit as defined above and the administrative fee will be deducted from the Accelerated Benefit proceeds.

The Accelerated Benefit will be paid in one lump sum. Only one Accelerated Benefit may be paid per Covered Person.
CONDITIONS

Payment of an Accelerated Benefit is subject to the following conditions:

1. The Terminal Illness diagnosis must be made:
   a. after the Covered Person's effective date for coverage under this Rider; and
   b. while this Rider is in effect as to the Covered Person.

2. The written consent of any assignee or irrevocable beneficiary must be given to RLH.

3. The Covered Person must send the Supplemental Life Insurance Certificate to RLH.

4. The Accelerated Benefit is available on a supplemental basis only, therefore:
   a. if a Covered Person is required by law to use this option to meet the claims of creditors,
      whether in bankruptcy or otherwise; or
   b. if a Covered Person is required by a government agency to use this option in order to apply
      for, obtain or keep a government benefit or entitlement,

   the Covered Person is not eligible for this benefit.

5. In the event the Covered Person dies after a request is made, but before the Accelerated Benefit
   is paid:
   a. the Accelerated Benefit is not payable; and
   b. the Supplemental Life Insurance proceeds will be paid to the beneficiary as if no request had
      been made.

MEDICAL REFEREE

If the Covered Person and RLH do not agree on the diagnosis of Terminal Illness, either may request, in
writing, the opinion of a medical referee. The procedure will be as follows:

1. Each party will select an independent physician.

2. Both physicians will:
   a. examine the Covered Person and all medical records; and
   b. submit an opinion.

3. If the two physicians do not agree, they will choose a third disinterested physician acceptable to
   both.

4. The third physician will:
   a. examine the Covered Person and the medical records; and
   b. serve as a medical referee.

5. If the opinion of the medical referee is in favor of the Covered Person, RLH will:
   a. accept the decision as binding; and
   b. pay the expenses of the physicians involved.
6. If the opinion is in favor of RLH:
   a. RLH will pay the expenses of its physician and the third referee; and
   b. the Covered Person will pay the expenses of his or her physician.

7. A decision by the referee in favor of RLH is not binding on the Covered Person, who may appeal further as provided by law.

**EFFECT ON LIFE AMOUNT**

RLH will send the Covered Person a statement showing what effect payment of the Accelerated Benefit will have on the Covered Person's supplemental life insurance amount.

Upon the death of the Covered Person, the beneficiary will receive the amount of supplemental life insurance provided under this Rider, less:

1. the cost of the Rider (as defined in the Benefit Amount and Benefit Cost section of this Rider);
2. the administrative fee; and
3. the Accelerated Benefit paid to the Covered Person.

**WAIVER OF PREMIUM**

At the time the Accelerated Benefit is paid, RLH will waive the premium for the amount of Supplemental Life Insurance which remains in force.

**BASIC LIFE INSURANCE**

This Rider will apply separately to Basic Life Insurance.

**INCONTESTABILITY**

This Rider will be incontestable after it has been in force during the Covered Person's lifetime for two years from its effective date.

**POLICY PROVISIONS**

This Rider is subject to the terms and conditions of the Group Policy which are not in conflict with the terms of this Rider.

**TERMINATION**

This Rider will terminate as to all Covered Persons on the earlier of:

1. termination of the Group Policy; or
2. cancellation of this Rider by the employer.
This Rider will terminate as to any Covered Person on the earlier of:

1. lapse or termination of the Covered Person's coverage under the Group Policy; or
2. the Covered Person's death.

This Rider does not change, waive or extend any part of the Group Policy other than as specifically set forth in this Rider.

REGENCE LIFE AND HEALTH INSURANCE COMPANY

President

[Signature]
CERTIFICATE AMENDMENT
FOR

EMPLOYER: EUGENE SCHOOL DISTRICT
NO. 4J

GROUP POLICY NUMBER: OR 035946
EFFECTIVE DATE: OCTOBER 1, 2003

The group Life Insurance certificate to which this amendment is attached is changed as follows:

DEFINITIONS CHANGE - DOMESTIC PARTNER COVERAGE:

The Definitions for “Spouse,” “Children,” and “Dependent” shall mean and include Domestic Partners and children of Domestic Partners. The following conditions apply:

Eligibility for Domestic Partners: Eligible Domestic Partners shall mean and include:

☑️ Partners of the opposite sex. ☑️ Partners of the same sex.

The domestic partner of an insured employee is eligible for coverage if the domestic partnership meets all of the following criteria:

1. Both partners are 18 years of age or older.
2. The partners share a close personal relationship and are responsible for each other’s common welfare.
3. Neither partner can be legally married to anyone else or have had another qualifying domestic partnership within the last 30 days immediately prior to enrollment in this plan.
4. The partners share the same permanent residence with the intent to continue doing so indefinitely.
5. The partners share joint financial responsibility for basic living expenses including food, shelter, and medical expenses.
6. The partners are not related by blood closer than would bar marriage in the state they reside in.

Eligibility for Children of Domestic Partners: The children of covered partners are eligible under the same terms and conditions as children of enrolled employees. They must be:

1. Unmarried.
2. Under the age(s) shown in the policy schedule.
3. Dependent on the insured employee for full or partial support.

Enrollment Guidelines: An "Affidavit of Domestic Partnership" form must be completed within 31 days of becoming a qualifying Domestic Partnership.

Domestic Partnership Coverage is terminated when:

1. The enrolled employee dies.
2. There is a change in one or more of the qualifying conditions as noted in the “Eligibility for Domestic Partners” section above. A "Statement of Termination of Domestic Partnership" form must be submitted to the plan administrator within 31 days of the date of the change.
Coverage for Children of Domestic Partners will terminate when:

1. The enrolled employee dies.
2. The domestic partnership is terminated as noted above.
3. There is a change in one or more of the qualifying conditions as noted in the “Eligibility for Domestic Partners” section.
4. A child ceases to be an eligible dependent.

ALL OTHER TERMS AND CONDITIONS OF THIS CERTIFICATE REMAIN UNCHANGED

REGENCE LIFE AND HEALTH INSURANCE COMPANY

President