

**Amalgamated Life Insurance Company**  
**Home Office: 333 Westchester Avenue, White Plains NY 10604**  
**Telephone Number – 1-800-315-9178 – Fax Number: 914-614-9821**  
***www.amalgamatedlife.com***

**GROUP LEVEL TERM LIFE INSURANCE CERTIFICATE**

Amalgamated Life Insurance Company certifies that, subject to the terms of the group Policy under which this Certificate is issued, you are insured for the benefits as shown in the Certificate Schedule and described in this Certificate.

This Certificate provides valuable information about your benefit plan under the group Policy.

**Please Read Your Certificate Carefully. AVIATION RISKS ARE NOT ASSUMED. IN CASE OF ANY DOUBT, WRITE YOUR COMPANY FOR FURTHER INFORMATION.**

This is not an insurance contract. The insurance contract is held by the group Policyholder. You may request to inspect it at the Policyholder's office during usual business hours.

The Policy under which this Certificate is issued may be amended or canceled, as stated in its provisions. Such an action may be taken without the consent of or notice to any Insured.

Insurance takes effect only if you are eligible for it, you elect it and you pay the required premium.

**TERM OF COVERAGE:** Coverage starts on the Certificate Date at 12:01 A.M., Standard Time at the Policyholder's address. It ends at 12:01 AM on the same Standard Time on the Expiration date, subject to the Grace Period. This Certificate remains in force for the Term Period during your lifetime as long as you pay the required premiums when due or during the grace period.

Signed for Amalgamated Life Insurance Company at its Home Office on its effective date.



Paul Mallen  
President



Ellen R. Dunkin  
Secretary

**Group Level Term Life Insurance Certificate**

**10 Year Term Life Period**

**Non-Renewable**

Premiums are guaranteed for the Term Period  
Death Benefit remains level for the Term Period  
Subject to reduction at Age 70

**Non-Participating – No Dividends**

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**FOR INFORMATION ABOUT YOUR COVERAGE OR TO MAKE A COMPLAINT CALL 1-800-315-9178  
OR YOU MAY WRITE TO US AT OUR HOME OFFICE.**



**Named Insured & Spouse**  
**Non-Tobacco**  
**10 year level term**  
**rate per \$1,000 of**  
**face amount**

**Non-Tobacco 10 Year Level Term**

<b>Attained Age</b>	<b>Amalgamated Rate/\$1,000</b>	<b>Attained Age</b>	<b>Amalgamated Rate/\$1,000</b>
18	\$0.185	41	\$0.262
19	\$0.185	42	\$0.262
20	\$0.185	43	\$0.262
21	\$0.185	44	\$0.277
22	\$0.185	45	\$0.292
23	\$0.185	46	\$0.323
24	\$0.185	47	\$0.354
25	\$0.185	48	\$0.369
26	\$0.185	49	\$0.385
27	\$0.185	50	\$0.415
28	\$0.185	51	\$0.431
29	\$0.185	52	\$0.462
30	\$0.185	53	\$0.492
31	\$0.185	54	\$0.538
32	\$0.185	55	\$0.585
33	\$0.200	56	\$0.631
34	\$0.215	57	\$0.692
35	\$0.215	58	\$0.754
36	\$0.215	59	\$0.831
37	\$0.231	60	\$0.923
38	\$0.231	61	\$1.015
39	\$0.246	62	\$1.123
40	\$0.262	63	\$1.246
		64	\$1.385

Monthly premium for Child(ren) coverage is \$5.40 per month for \$10,000 of coverage.

A \$3.85 per policy fee per month applies in-addition to insurance premium above.

**Named Insured & Spouse**  
**Tobacco**  
**10 year level term**  
**rate per \$1,000 of**  
**face amount**

**Tobacco Use 10 Year Level Term**

<b>Attained Age</b>	<b>Amalgamated Rate/\$1,000</b>	<b>Attained Age</b>	<b>Amalgamated Rate/\$1,000</b>
18	\$0.215	41	\$0.431
19	\$0.215	42	\$0.477
20	\$0.215	43	\$0.523
21	\$0.215	44	\$0.554
22	\$0.231	45	\$0.615
23	\$0.231	46	\$0.662
24	\$0.231	47	\$0.708
25	\$0.231	48	\$0.769
26	\$0.246	49	\$0.831
27	\$0.246	50	\$0.908
28	\$0.246	51	\$0.985
29	\$0.262	52	\$1.062
30	\$0.262	53	\$1.169
31	\$0.277	54	\$1.292
32	\$0.292	55	\$1.431
33	\$0.292	56	\$1.585
34	\$0.308	57	\$1.738
35	\$0.323	58	\$1.954
36	\$0.323	59	\$2.169
37	\$0.338	60	\$2.431
38	\$0.354	61	\$2.692
39	\$0.385	62	\$2.985
40	\$0.415	63	\$3.338
		64	\$3.708

Monthly premium for Child(ren) coverage is \$5.40 per month for \$10,000 of coverage.

A \$3.85 per policy fee per month applies in-addition to insurance premium above.

## DEFINITIONS

**Actively at Work** means the individual is performing the regular duties of employment on that day either at the Employer's place of business or at some location to which the Employee is required to travel for the Employer's business. Actively at Work includes each day of a regular paid vacation and each regular non-work day if the Employee was Actively at Work on the last preceding regular work day.

**Active Member** means an individual is 1) eligible for insurance according to the Policyholder's rules of eligibility as approved by our Home Office; and 2) eligible for insurance under the Policy in accordance with the terms and conditions of the Eligibility Section.

**Certificate Date** means the date on which this coverage shall begin as shown on the Certificate Schedule. (Page 3). Coverage begins at 12:01 A.M. on the Certificate Date, provided the Company has approved the coverage applied for and has received the policy premium as shown on Page 3.

**Certificate Holder** means the insured employee/member.

**Death Benefit** means the amount payable upon the Insured's death.

**Dependent Child** means:

1. The unmarried child or grandchild of the Insured if the child is under 26 years of age. "Child" includes a child of blood, marriage or civil union, or named in a court order duly entered who is dependent on the Insured for maintenance and support. This also includes children during pendency of adoption proceedings and stepchildren.
2. The unmarried child or grandchild of the Insured, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, or physical handicap and who became so incapable prior to the age at which dependent coverage would otherwise terminate.

**Eligible Dependents** means the Spouse or Dependent Child, as defined, of the insured Certificate Holder.

**Expiration Date** means the date that coverage under this Certificate terminates if the Insured is living on that date.

**Insured, Insured Person** means the insured Certificate Holder, Spouse or Dependent Child insured under this Certificate and named on the Certificate Schedule.

**Policy** means the group policy that is issued to the Policyholder.

**Policyholder** means the group entity named in the Certificate Schedule.

**Spouse** means the lawful spouse of the Insured. "Spouse" also means a partner in any relationship that provides substantially all of the same rights and benefits of marriage, including but not limited to civil union partnerships.

**Term Period** means the number of years for which the Policy is issued.

**You and your** means the Certificate Holder shown in the Certificate Schedule.

**We, our, us or company** means Amalgamated Life Insurance Company at our Home Office.

## ELIGIBILITY

### APPLICABLE TO INDIVIDUALS

A. Subject to B., below

Each individual, who is eligible for insurance under this plan on the date this policy becomes effective with respect to the class(es) of which he or she is a member, will be eligible on that date for the coverages in the policy's plan of insurance for such class(es).

Each other individual will be so eligible on the day after the date he or she completes one month of continuous service in an eligible class.

B. If an individual is not Actively at Work or an Active Member on the day he or she would normally become eligible, he or she will be eligible on the day that person resumes active work or membership.

### Eligible Classes

**Class** As established by the Policyholder based on such conditions as compensation, hours of work, occupational duties, geographic situs, affiliation or membership in a labor union etc.

## INSURED EFFECTIVE DATE

If an individual enrolls for insurance within 31 days after the day he or she becomes eligible, such person will be insured on the day he or she enrolls.

If an individual enrolls for insurance more than 31 days after the day he or she becomes eligible, such person will not be insured until he or she satisfies us of his or her good health. Such person may be asked to have a health examination at his or her own expense.

If an individual is not Actively at Work or an Active Member on the day insurance would normally begin, that person will become insured on the day active work or membership resumes.

### APPLICABLE TO DEPENDENTS

If a dependent is eligible for coverage under this policy as an individual, he or she will not be so eligible as a dependent. If an individual and his or her spouse are both insured under this policy as employees/members, their children may be enrolled as dependents of one of the insured parents.

If an individual has dependents who are enrolled more than 31 days after becoming eligible, such dependents will not be insured until they satisfy us of their good health. Each dependent may be asked to have a health examination at the individual's expense.

In any other case, dependents will be insured:

- (a) on the day they become eligible, if the individual enrolls for their insurance on or before the day they become eligible.
- (b) on the day the individual enrolls them, if he or she enrolls for dependents' insurance within 31 days after the day they become eligible.

Except for a child at birth, if a dependent is confined to a hospital or other institution covered under the Policyholder's plan on the day such person's insurance would normally begin, he or she will be insured on discharge.

An individual's dependents will not be insured before the day his or her insurance begins.

## INDIVIDUAL TERMINATIONS

Subject to any extension of coverage benefit option, the insurance under this Policy for any Insured Person ends on the earliest of:

1. the date this Policy ceases;
2. the date premium payments for the insurance of the Insured Person cease, subject to the Grace Period;
3. the date the Insured Person begins active service in the armed forces of a country at war, declared or undeclared;
4. the Expiration Date shown in the Certificate Schedule; or
5. the date of death.

An Insured Dependent's coverage under the Policy ends on the earliest of:

1. the date your coverage ends;
2. the premium due date if premiums for the Insured Dependent are not paid when due;
3. the date you request, in writing, that coverage for the Insured Dependent be terminated; or
4. the date the Insured Dependent ceases to be an Eligible Dependent.

Termination of coverage will not affect a claim for a covered loss incurred while the Insured Dependent's coverage was in force under the Policy.

## PREMIUM PROVISIONS

### Premium Payments

The premium payable for this Certificate is shown on the Certificate Schedule. The first premium must be paid on or before the Certificate Date. Premiums are payable in advance of the period to which they apply. All premiums are payable to our Home Office or to an agent authorized by us to collect premiums.

### Grace period

We will grant a grace period of 31 days for the payment of each premium falling due after the first premium. During the grace period, the Certificate continues in force. If premium is not paid by the end of the grace period, the certificate will be terminated.

If the Insured dies during the grace period, we will pay the Death Benefit, less any unpaid premium. When the certificate ceases you will be liable to us for all unpaid premiums, including a pro-rata premium.

### Reinstatement

This Certificate may be reinstated within five years after default in premium payment and prior to age 65. The Certificate will be reinstated subject to:

1. receipt of your application for reinstatement;
2. proof of insurability satisfactory to us; and
3. payment of all past due premiums with interest compounded annually at 6% per year.

All rights and privileges under the reinstated certificate remain the same subject to any provisions of the reinstatement.

The Incontestability provision applies from the effective date of reinstatement. If this Certificate has been in force for two years during the lifetime of the Insured, it is contestable only as to statements made in the reinstatement application.

## LIFE INSURANCE

### Death Benefit

If an individual Insured dies while this Certificate is in force, we will pay the Death Benefit proceeds to the Beneficiary, subject to the provisions of this Certificate. The Death Benefit, for which his or her life is insured, is shown in the Certificate Schedule. Due proof of death must be received by us at our Home Office.

The Death Benefit payable at the Insured's death will be:

1. The Death Benefit in effect at the Insured's death; plus
2. Any insurance on the Insured's life provided by Riders, as applicable; less
3. Any premium which is due and unpaid for a period from the premium due date to the end of the Certificate month in which the Insured's death occurs.

Death Benefit proceeds will be paid to the Beneficiary in one lump sum in the amount specified in the Certificate Schedule.

### Refund of Unearned Premium

We will refund any unearned life insurance premium upon the death of the Insured. Such refund will be made to the designated Beneficiary and will be included with the Death Benefit.

### Exclusions

No benefit will be paid for death resulting from:

2. aviation of any description except while flying as a fare-paying passenger in any aircraft then licensed to carry passengers

## CONVERSION PROVISION

You, your insured Spouse or insured Dependent Child may elect to convert your coverage under this Certificate to an individual permanent life insurance policy if your insurance coverage is reduced or ends due to:

1. termination of employment;
2. termination of membership in the class or classes eligible for coverage under the Policy;
3. termination of the Policy;
4. attainment of a particular age;
5. a reduction in the amount of insurance.

We must receive the application for conversion and any required premium within 31 days of termination under the Policy.

No evidence of insurability will be required. The new policy may be on any of the forms we then issue, except:

1. it may not provide term insurance except as stated below;
2. it may not provide benefits for disability;
3. it may not provide extra benefits for accidental death;
4. it must meet our issue rules as to amount and age.

You may choose to have the converted policy preceded by term insurance for not more than one year with premiums payable at the same frequency as for the conversion policy.

You will be notified of your right to convert within 15 days before or after the change in coverage under this Certificate. You must apply to us and pay the first premium for the converted policy within 31 days of the change. The converted policy will take effect 31 days after the change.

If you are not notified in that period, the time to apply to us is extended to the earlier of 45 days after notice is given or 90 days after the change. The converted policy will take effect on the later of 31 days after the change or when the first premium is paid.

The premium for the new policy will be based on:

1. attained age, and
2. amount of the policy.

The amount of the converted policy may not exceed:

1. the amount for which the person was covered under this policy; less
2. any amount for which the person is eligible under this Policy or becomes eligible under any other group policy in the 31 days after the change.

The incontestability period does not start anew, but is effective as of the date the original Policy coverage was issued.

If the Insured dies within the 31-day conversion period, benefits under the Policy will be paid as if coverage had continued, regardless of whether or not the Insured applied for conversion coverage.

### **PORTABILITY OPTION**

If an Insured Person is no longer Actively at Work or an Active Member or the Policy terminates, coverage under this Certificate may be continued. A request to exercise this Portability option must be sent to us prior to the Insured Person's 65th birthday. Premiums must be paid directly to us at our Home Office by automatic deductions from your bank checking or savings account. Our receipt of your authorization to deduct premiums from your bank account is treated as receipt of payment. The first premium must be paid within 31 days of the earlier of:

1. the Policy termination date; or
2. the date the Insured Person is no longer Actively at Work or an Active Member

Additional benefit riders, if any, may be ported along with the amount of life insurance that was in effect under this Certificate and for which no application to convert has been made.

The incontestability period does not start anew, but is effective as of the date the original Policy coverage was issued.

If the Insured Person stops paying the premiums under this option, this Certificate (and any riders) will end, subject to the Grace Period provision.

You retain the right to elect conversion at any time after coverage is continued under this option.

### **CLAIM PROVISIONS**

#### **Notice of Claim**

Written notice of claim must be given to us within 20 days after the date of any loss. Late notice will be accepted if it is shown to have been furnished as soon as it is reasonably possible. Notice given by or on behalf of an insured or a beneficiary to us at our Home Office, or to any authorized agent of ours, with information sufficient to identify an insured, shall be deemed notice to us.

#### **Claim Forms**

When we receive notice of claim, we will send the required forms for filing proof of loss

#### **Proof of Loss**

Written proof of loss must be given to us at our Home Office within 90 days after the date of loss. If it is not possible to give us written proof in the time required, we will not reduce or deny any claim for this reason if proof is filed as soon as reasonably possible.

#### **Time of Payment of Claims**

Benefits are payable immediately upon our receipt of written proof of loss.

## GENERAL PROVISIONS

### Entire Contract

The Policy, the attached application for the Policy, the Certificate of insurance, the attached enrollment form completed by an insured person and any attached endorsements, amendments or riders, if any, are the entire contract. All statements made by you or for any an Insured will be deemed representations and not warranties. No statement may be used to defend against a claim or to deny a claim under, unless the statement is contained in the written application.

Any change to the policy must be approved by the President, a Vice President or an Assistant Vice President of the Company. This approval must be in writing and attached to the policy. No agent or other person may change this policy or waive any of its provisions.

### Incontestability

We will not contest this insurance after it has been in force for two years during the lifetime of the insured from the Certificate date, except for the failure to pay premiums.

### Beneficiary

Any Death Benefit payable for loss of life, including benefits with respect to accidental death, if any, will be paid to the Beneficiary you designated in the Enrollment Form, subject to any change in Beneficiary made in accordance with the Change of Beneficiary provision below. You will be the Beneficiary for any Death Benefit payable in the event of a Dependent's death, if you survive the Dependent. Otherwise, the Death Benefit will be payable to Your estate.

If there is no named beneficiary, as to any part of the benefits, living at the date of death of the insured, that part will be paid in a lump sum to the executors or administrators of the insured's estate, or at our option, to the survivors in the first surviving class of those that follow:

- a. spouse
- b. children, equally
- c. parents, equally
- d. siblings, equally

If no beneficiary survives, benefits will be paid in a lump sum to the insured's estate.

### Change of Beneficiary

Unless an irrevocable beneficiary designation has been made, you may change the beneficiary at any time while the Insured is living by written request. The beneficiary's consent is not needed. This change will take effect on the date the notice is signed. Any payment by us prior to receipt of such change will fully discharge us to the extent of such payment.

### Misstatement of Age

If an Insured's Age was misstated on the Enrollment Form for this insurance coverage, we will adjust the Death Benefit to the amount that the most recent premium would buy at the Insured's correct Age.

### When Notice is to be Given by Us

Any notice to be given by us will be sent to the Certificate Holders last known address and any assignee of record at the assignee's last known address.

### Assignment

We will not be bound by any assignment of this Certificate by you unless:

1. it is in writing; and
2. it is filed at our Home Office.

We will not be responsible for the validity of any assignment. Any assignment is subject to any payment we make or other action we take before we record it.

### Claims of Creditors

To the extent allowed by law, benefits will be exempt from creditors.

### Conformity with State Law

Any provision of this certificate that is in conflict with the applicable statutes of the state whose law governs this certificate or with any applicable federal statute is amended to conform to the minimum requirements of such statutes.

## **Group Level Term Life Insurance Certificate**

### **Non-Renewable**

Premiums are guaranteed for the Term Period  
Death Benefit remains level for the Term Period  
Subject to reduction at Age 70

**Non-Participating – No Dividends**

**AMALGAMATED LIFE INSURANCE COMPANY**  
**333 Westchester Avenue, White Plains, NY 10604**

Amalgamated Life Insurance Company (“we”, “us”, “our”) has issued this Rider as part of the Certificate to which it is attached. The effective date of this Rider is the Certificate Date shown in the Certificate Schedule. Except as shown in this Rider, the provisions of the Certificate will prevail.

**PLEASE READ THIS RIDER CAREFULLY.**

**ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT RIDER**

**WHAT IS COVERED**

We will pay the applicable benefit amount for an accidental death or dismemberment resulting from accidental bodily injury incurred by the Insured. Payment is subject to receipt of due proof of the Accidental Death or Dismemberment of the Insured. The Loss must have occurred: (a) within **90** days after the accident causing such Loss; (b) while this Rider is in force.

All benefits other than for loss of life will be paid to the Individual. Benefits for loss of life will be paid to the Insured’s beneficiary.

The amount shown in the Schedule of Benefits for Accidental Death & Dismemberment is paid for loss of:

Life	Any two or more:
Both hands or both feet	One foot,
Sight of both eyes	One hand,
Speech & Hearing	Sight of one eye
	Speech
	Hearing

50% the amount shown in the Schedule of Benefits is paid for loss of:

One hand or  
One foot or  
Sight of one eye  
Speech  
Hearing

Loss means a) severance of hand or foot at or above the wrist or ankle joint; b) the total and irrecoverable loss of sight; c) total and irrecoverable loss of audible speech communication; d) total deafness in both ears, which cannot be corrected to any functional degree by any aid or device.

If more than one loss is suffered in any one accident, payment will be made only for the loss with the largest benefit. Payment will be made only for the loss that results from the accident without regard to any former loss.

If the Insured becomes paralyzed as a direct result of an accidental bodily injury sustained while covered under this Rider, the benefit percentages listed below are payable. Paralysis must occur within one year from the date of the accident causing the paralysis. The benefit payable is a percentage of amount shown in the Schedule of Benefits for Accidental Death & Dismemberment, and is as follows

- Quadriplegia (complete and irreversible paralysis of both upper and both lower limbs) 100%
- Paraplegia (complete and irreversible paralysis of both lower limbs) 75%
- Hemiplegia (complete and irreversible paralysis of upper and lower limbs on one side of the body) 50%
- Uniplegia (total paralysis of one limb) 25%

**NOT COVERED**

No benefits will be paid for losses resulting from or caused directly or indirectly by:

1. War or any act of war, whether declared or undeclared, terrorism, insurrection, rebellion, or participation in a riot or civil commotion;
2. Sickness, disease or bodily infirmity. (This does not include bacterial infection which results from an accidental cut or wound or accidental ingestion of a poisonous food substance;
3. Taking a poison or asphyxiation from or inhaling of gas, or intentionally taking narcotics, drugs, barbiturates, hallucinogenic drugs, alcohol or any combination of these when not part of a professional medical treatment;
4. Intentionally self-inflicted injury, while sane or insane;
5. Suicide or attempted suicide, while sane or insane;
6. Injury sustained while engaged in or taking part in aeronautics and/or aviation of any description or resulting from being in an aircraft except while a fare-paying passenger in any aircraft then licensed to carry passengers
7. Commission of or participation in a crime

**NO RIGHT TO CONVERT**

The coverage provided by this rider may not be converted.

**NOTICE OF CLAIM**

Written notice of the event on which claim is based must be given to us at our Home Office no later than thirty days after the loss for which claim is made. Late notice will be accepted if it is shown to have been furnished as soon as it is reasonably possible; in the absence of any adequate explanation, a late processing fee up to \$500 may be charged against benefits payable.

On receipt of such notice we will furnish forms for filing proof of claim. If the claimant has not been given such forms within fifteen days after receipt of notice that person can fulfill the terms of the policy as to proof of claim by giving written proof of: (1) the occurrence of the loss; (2) the nature of the loss; and (3) the extent of the loss.

Such proof must be given within the time stated in "PROOF OF CLAIM" below.

**PROOF OF CLAIM**

Written proof of claim must be given to us at our Home Office on our forms within ninety days after the date of loss for which claim is made.

Late proof will be accepted if it is shown to have been furnished as soon as it is reasonably possible.

**PAYMENT OF CLAIMS**

On receipt of due proof of claim: (1) benefits for loss of life will be paid in accordance with the terms of this policy; and (2) all other benefits will be paid to the Insured ; a late processing fee up to \$500 may be charged against benefits payable if late proof cannot be justified based on grounds of extenuating circumstances.

**EXAMINATIONS**

We, at our own expense, have the right to have a doctor examine any Insured when we deem it reasonably necessary while there is a claim pending under this policy. We also have the right to make an autopsy in case of death where the law does not forbid it.

**LEGAL ACTIONS**

No one may sue for payment of claim: (1) less than sixty days after due proof of claim is furnished; or (2) more than three years after the date proof of claim is required by this policy.



Paul Mallen  
President

**AMALGAMATED LIFE INSURANCE COMPANY**  
**333 Westchester Avenue, White Plains, NY 10604**

Amalgamated Life Insurance Company (“we”, “us” “our) has issued this Rider as part of the Certificate to which it is attached. The effective date of this Rider is October 1, 2020. Except as shown in this Rider, the provisions of your Certificate will prevail.  
PLEASE READ THIS RIDER CAREFULLY.

**ACCELERATED BENEFIT RIDER**

This Rider provides for the accelerated payment of a portion of the Certificate Death Benefit applicable to the Certificate Holder, his/her covered Spouse, and covered Dependent Child named in the Certificate if all requirements of this rider are met and the Insured, covered spouse or covered dependent child of the Insured named in the Certificate is diagnosed with a terminal condition as defined in this rider.

The amount of accelerated benefit will be 50% of the Certificate Death Benefit that is scheduled to be in effect one year from the date an accelerated benefit is requested. The amount so payable will in compliance with the requirements of the state in which the policy is delivered.

The Accelerated Benefit, less any administrative charge, will be paid in a lump sum and any remaining Death Benefit under the Certificate will be reduced by the amount of Accelerated Benefit. We will issue a new Certificate to reflect the new reduced certificate death benefit amount and the effect that payment of this benefit has on the remaining certificate death benefit. The amount of any Accidental Death Benefit will not be affected by the payment of the Accelerated Benefit. Premium must continue to be paid for the Insured under the Group Policy after payment of an Accelerated Benefit in order to keep the remaining Certificate Death Benefit in force.

**Receipt of Accelerated Benefit may affect eligibility for public assistance programs such as Medicare, Medicaid, Social Security, Supplemental Security Income (SSI), and other government assistance benefits and may be taxable. Please consult a personal tax advisor to determine how your eligibility for certain public funds, may be affected and the tax status of any benefits paid under this rider.**

**This rider is intended to provide an Accelerated Death Benefit that qualifies as such under the Internal Revenue Code (IRC). Tax liability for any Accelerated Death Benefit payable under this rider may depend upon a number of factors including how the Internal Revenue Service interprets applicable provisions of the IRC. The Insured should consult a tax advisor to consider any tax consequences that may arise when benefits are paid under this rider.**

## DEFINITIONS

The following definitions shall constitute the meaning of the terms used in this Rider.

**Accelerated Death Benefit:** The amount payable by Amalgamated Life Insurance Company to the Insured under this Rider.

**Certificate Death Benefit:** The amount listed on the Certificate of Insurance reduced by the amount of any Accelerated Benefit paid.

**Insured:** The Individual named as the Insured in the Certificate.

**Administrative Charge:** The amount of Accelerated Benefit is reduced as a result of the administrative cost to Amalgamated Life Insurance Company in processing the Accelerated Benefit claim. The administrative charge shall be \$75.

**Physician:** A Physician is a licensed medical doctor (M.D.) or doctor of osteopathy (D.O.) A Physician does not include the Insured, any person who lives with the Insured or a spouse, child, parent, brother, sister, grandparent, grandchild, or spouse of such relative, of the Insured or Insured's spouse.

**Terminal Condition:** A condition caused by sickness or accident which, in the judgment of a Physician and subject to the approval of the Company, will directly result in a life expectancy of twelve months or less.

Amalgamated Life Insurance Company may require a second opinion and examination of a covered individual. It will be at the Company's expense by a licensed Physician chosen by the Company. If there is a discrepancy between the two medical opinions, the opinion of the Company Physician will govern.

## GENERAL

**Frequency:** Only one Group Living Benefit will be paid for the Insured, his/her covered Spouse, and covered Dependent Child.

**Incontestability:** The Incontestability Clause as written under the Certificate of Insurance shall apply to this Rider.

**Premium:** There is no separate premium for this Rider.

## TERMINATION OF COVERAGE

The coverage under this rider will terminate for the Insured:

1. Upon written request to cancel by the group policyholder;
2. Upon termination of the Group Policy/Certificate;
3. If the Insured is no longer a member of the class(es) of insureds as defined in the Group Policy;
4. The date of the Certificate Holder's death;
5. After payment of the Accelerated Benefit.

## EXCEPTIONS AND LIMITATIONS

This benefit provides for the accelerated payment of life insurance proceeds. It is not meant to cause the Certificate Holder to involuntarily invade proceeds ultimately payable to the named beneficiary. The accelerated benefit will be made available on a voluntary basis only. Therefore, if it is required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, the applicant is not eligible for this benefit. Or, if required by a government agency to use this option to apply for, obtain, or keep a government benefit or entitlement, the applicant is not eligible for this benefit.

If the amount of term insurance in force on the Insured is scheduled to reduce because of an age related reduction, within one (1) year after the date he/she applies for a Accelerated Benefit, the maximum Accelerated Benefit will be limited to the scheduled reduced amount shown on the Policy Schedule.

No Accelerated Benefit will be paid to the Certificate Holder if:

1. The Certificate Holder made an absolute assignment or an irrevocable beneficiary designation of his/her group term life insurance, unless the absolute assignee or irrevocable beneficiary provides the Amalgamated Life Insurance Company with written consent to the acceleration.
2. The Insured's Terminal Condition resulted, directly or indirectly, from suicide or any self-inflicted injury, committed while sane or insane.
3. When all or a portion of the Certificate Holder's life insurance benefits are paid as a part of a divorce settlement.
4. If the required group life premium is due and unpaid.



Paul Mallen  
OFFICER SIGNATURE