Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company
3300 Mutual of Omaha Plaza | Omaha, NE 68175

Home Office: 3300 Mutual of Omaha Plaza, Omaha, Nebraska 68175

This Policy is issued to **2nd Adventure Payroll Services** (the "Policyholder").

This Policy is a legal contract between the Policyholder and us. It is issued in consideration of payment of premiums and the Policyholder's application. **PLEASE READ THIS POLICY CAREFULLY.**

This Policy will be interpreted under the Employee Retirement Income Security Act of 1974, as amended (ERISA). This Policy is issued in the State of Iowa. To the extent state law is not preempted by ERISA, and only to that extent, this Policy will also be interpreted under the law of the State of Iowa, without giving effect to the principles of conflicts of law of that state or any other state, territory or district. Any part of this Policy which is in conflict with the applicable laws of the State of Iowa is changed to conform to the minimum requirements of that state's laws.

This Policy is effective January 1, 2025 at the Policyholder's main office.

We agree to pay benefits subject to the terms, conditions, and limitations of this Policy.

The Certificate is made a part of this Policy.

GROUP POLICY NO. GVTL-CMKF

Publication Date: January 10, 2025

UNITED OF OMAHA LIFE INSURANCE COMPANY

James T. Blackledge
Chief Executive Officer

Jay A. Vanbeat
Corporate Secretary

GENERAL PROVISIONS

Capitalized terms are defined in the Certificate or other documents made a part of this Policy.

PREMIUM CHANGES

We reserve the right to change premium rates any time after:

a) the most recent premium rate guarantee date described in this Policy;
b) there is an increase or decrease of 10% or more in the Policyholder's Employee population or the number of Employees insured under this Policy*;*
c) our liability or cost of administration is changed due to a change in federal, state, or local law, statute or regulation;
d) this Policy's terms are changed;
e) coverage is reinstated following the Policyholder's failure to pay premium during the grace period;
f) a division, subsidiary, associated company, affiliated company or an eligible class is added to or deleted from this Policy;
g) we decide to non-renew a class of business; or
h) there is a change which materially affects the risk for insurance provided by this Policy.

We must give the Policyholder at least 60 days advance written notice of any premium rate change.

PAYMENT OF PREMIUMS

The premium for this Policy equals the sum of the individual premiums for each Insured Person as described in the Premium Rider. The first premium is due on the effective date of this Policy. Subsequent premiums are due on the first day of each subsequent month or other modal period agreed to in writing by an authorized representative in our home office. Premium payments must be made to our home office or to a location we designate, using a payment method we accept. We will consider premium to be paid on the date we receive it.

GRACE PERIOD

There is a grace period of 31 days for payment of premium. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in 31-day grace period that follows. We consider premium to be paid on the date we receive it.

Insurance will stay in force during the grace period as long as premium is paid before the end of the grace period. If we receive written notice requesting cancellation of insurance on a current or future date, the grace period will not apply. Coverage will end on the cancellation date specified in such notice, as long as the full premium has been paid up to that date.

If premium is not paid by the end of the grace period, insurance will end the day after the last day of the grace period.

TERMINATION

Following at least 60 days advance written notice to the Policyholder, we have the right to terminate this Policy if:

a) the number of Employees insured is less than 10 or less than 25% of those eligible for insurance;
b) the Policyholder does not perform one or more of its duties under this Policy;
c) the Policyholder relocates to a state where this Policy is not marketed;
d) our liability or cost of administration is changed due to a change in federal, state, or local law, statute or regulation;
e) there is an increase or decrease of 15% or more in the Policyholder's Employee population or the number of Employees insured under this Policy*;*
f) a division, subsidiary, associated company, affiliated company or an eligible class is added to or deleted from this Policy;
g) we decide to non-renew a class of business; or
h) there is a change which materially affects the risk for insurance provided by this Policy.

The Policyholder has the right to terminate this Policy at any time. The Policyholder must give us written notice of at least 31 days before the date this Policy is to terminate, unless the Policyholder gives us written notice that this Policy will terminate during the grace period.

This Policy will automatically terminate the day after the last day of the grace period if the Policyholder fails to pay its portion of the premium.

If this Policy terminates for any reason:

a) all unpaid premiums up to the date of termination are due, including premiums for the grace period or any part of the grace period; and
b) all unpaid premiums are due no later than the date of termination.

Termination of this Policy will not affect benefits otherwise payable for a claim incurred while this Policy is in force.

REINSTATEMENT AFTER TERMINATION

If this Policy terminates for any reason, the Policyholder may request to reinstate it. We will reinstate only if:

a) an authorized representative in our home office agrees in writing to reinstate this Policy;
b) the Policyholder agrees in writing to accept any written conditions of reinstatement that we impose;
c) all past due premiums are paid, including any premium for the time insurance was in effect during the grace period; and
d) the premium due from the date of reinstatement until the next premium due date is paid.

CERTIFICATES

We will electronically issue the Policyholder a Certificate form for delivery by the Policyholder to each Insured Person. The Certificate describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under this Policy.

ENTIRE CONTRACT AND CHANGES

The entire contract of insurance consists of this Policy, the Certificate, the Policyholder's signed application, any supplemental applications made part of the Certificate, any riders and any endorsements.

This insurance contract may be changed any time we and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. No change in this Policy will be effective until approved by our authorized representative in our home office. Such approval must be in writing and attached to and made a part of this Policy.

MISSTATEMENT OF AGE OR GENDER

If an Insured Person's age or gender is misstated, we may adjust the premium or the benefits payable. An adjustment of the benefits payable will be based on what the premium would have purchased at the correct age or gender.

INCONTESTABILITY

We will not contest this Policy after it has been in force two years, except for nonpayment of premium.

POLICYHOLDER RESPONSIBILITIES

The Policyholder will notify:

a) list billed classes - both the Insured Person and us when the Insured Person's insurance under this Policy ends if the Insured Person ceases to be eligible for insurance under this Policy;
b) each Insured Person and us when insurance under this Policy ends if this Policy is terminated and is not replaced by another policy or plan with no interruption in coverage; and
c) list billed classes - us when the amount of insurance coverage for which an Insured Person is eligible changes.

Notice shall be provided within 31 days from the date insurance ends or, for any list billed classes, the amount of insurance coverage changes for the Insured Person. Notice to the Insured Person shall include information about any options available to continue or obtain insurance.

If we do not receive notice under a) above within this 31 day time period, we may require the Policyholder to reimburse us for the amount of any claims paid on behalf of any ineligible person and/or any dependents of such person during the time the person was ineligible. The Policyholder must reimburse us for claims under this provision within 60 days after receipt of our written request for payment.

The Policyholder is responsible for keeping the following records:

a) persons insured by classification and any persons eligible but not insured;
b) the amount of money the Policyholder contributes toward premiums;
c) beneficiary designation information, if applicable; and
d) any other information which we may reasonably request.

The Policyholder will provide us with copies of these records upon request. These records must be open to us for inspection at any reasonable time.

The Policyholder will provide, as we require, any information on our forms which is needed for insurance administration. The Policyholder is responsible for enrolling eligible persons for coverage under this Policy and performing other administrative duties agreed to by us. The Policyholder will perform its responsibilities in accordance with the terms of this Policy and our policies and procedures. The Policyholder may delegate some of its responsibilities to a third party.

The Policyholder and any third party utilized by the Policyholder to perform such administrative functions, act on behalf of the Policyholder and do not represent us or act on our behalf. The Policyholder and such third party have no authority to alter or expand our liability under this Policy and have no authority to waive, modify or compromise any defense or right we may have under this Policy.

The Policyholder agrees to indemnify and hold us harmless from and against any and all claims, actions, damages, liability and expenses, including, without limitation, reasonable attorneys' fees, arising from or related to the failure of the Policyholder, or a third party to whom the Policyholder has delegated its responsibilities, to perform its responsibilities in accordance with the terms of this Policy or our policies and procedures.

ASSIGNMENT

No assignment of this Policy is binding upon us unless an officer in our home office agrees to it in writing and not until it is recorded with us at our home office.

PREMIUM RIDER

This rider is made a part of Group Policy GVTL-CMKF.

This rider is effective January 1, 2025.

CLASS(ES)

All Eligible Employees

LIFE INSURANCE PREMIUMS

Employee or Spouse

The monthly premium for each $1,000 of life insurance for each Employee or Spouse is as follows:

Attained Age of Employee	Monthly Premium
< 25	$0.050
25 - 29	$0.060
30 - 34	$0.080
35 - 39	$0.097
40 - 44	$0.128
45 - 49	$0.221
50 - 54	$0.376
55 - 59	$0.672
60 - 64	$0.871
65 - 69	$1.369
70 - 74	$2.060
75 - 79	$4.813
80 - 84	$4.813
85 - 89	$4.813
90 - 100	$4.813

The premium for Spouse life insurance under the Policy is based on the Employee's Attained Age.

Dependent Child(ren)

The monthly premium for all Dependent children is $0.20 for each $1,000 of life insurance.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE PREMIUMS

The monthly premium for AD&D insurance is as follows:

Employee and Spouse	$0.024 for each $1,000
All Dependent Children	$0.02 for each $1,000

RATE GUARANTEE DATE

January 1, 2027 or any date thereafter agreed to in writing by our authorized representative in our home office.

PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with us or any of our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

PUBLICATION DATE

January 10, 2025

UNITED OF OMAHA LIFE INSURANCE COMPANY

Corporate Secretary

NOTICE OF PROTECTION PROVIDED BY IOWA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Iowa Life and Health Insurance Guaranty Association Act (the "Association" and the protection it provides for policyholders. This safety net was created under Iowa law, located at Iowa Code Chapter 508C, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that Your life, annuity, health insurance company or health maintenance organization becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Iowa law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

a) Life Insurance
   1. $300,000 in death benefits
   2. $100,000 in net cash surrender and withdrawal values
b) Health Insurance
   1. $500,000 for health benefit plans (see definition below)
   2. $300,000 in disability income protection insurance benefits
   3. $300,000 in long-term care insurance benefits
   4. $100,000 in other types of health insurance benefits, including net cash surrender and withdrawal values
c) Annuities
   1. $250,000 in the present value of annuity benefits, including net cash surrender and withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contacts, is $350,000. Special rules may apply with regard to health benefit plans.

"Health benefit plan" is defined in the applicable Iowa law and generally includes hospital or expense policies, contracts or certificates, or HMO subscriber contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excludes policies that provide coverages for limited benefits (such as dental-only or vision-only insurance), Medicare Supplement insurance, disability income insurance and long-term care insurance.

Note: Certain policies and contracts may not be covered or fully covered. If coverage is available, it will be subject to substantial limitations and exclusions. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements under Iowa law.

Benefits provided by a long-term care rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity contract to which the long-term rider relates.

To learn more about the Association and the protections it provides, as well as those relating to group contracts or retirement plans, please visit the Association's website at **www.ialifega.org**, or contact:

Iowa Life and Health Insurance Guaranty Association
700 Walnut Street, Suite 1300
Des Moines, IA 50309
(515) 248-5712

Iowa Insurance Division
1963 Bell Ave, Suite 100
Des Moines, IA 50315
(515) 654-6600

Information about the financial condition of insurers is available from a variety of sources, including financial rating agencies such as AM Best Company, Fitch Ratings Inc., Moody's Investors Service, and S&P Global Ratings.

The Association is subject to the supervision of the Commissioner of the Iowa Insurance Division. Persons who desire to file a complaint to allege a violation of the laws governing the Association may contact the Iowa Insurance Division. State law provides that any suit against the Association shall be brought in the Iowa District Court in Polk County, Iowa.

Insurance companies and agents are not allowed by Iowa law to use the existence of the Association or its coverage to encourage You to purchase any form of insurance or HMO coverage. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Iowa law, then Iowa law will control.

ADDITIONAL SERVICES DISCLOSURE

From time to time, We or our affiliates may offer, provide, or arrange through a third party to provide certain services to Policyholders and/or their Employees. Some services may be provided at a reduced cost.

The additional services may include one or more of the following:

- employee assistance program
- travel assistance
- identity theft
- Family and Medical Leave Act administration
- benefit administration
- care advocacy
- healthcare financial management
- medical cost and quality comparisons
- medical second opinion
- surgery benefit management
- pharmaceutical cost comparisons
- audit services
- payroll services

We are not responsible for the provision of services by our affiliates or third parties. We are also not liable to Policyholders or their Employees for the failure to provide or the negligent provision of such services by our affiliates or third parties.