

## **GROUP POLICY AMENDMENT NO. 1**

Attached to and made a part of Group Policy 136744-A issued to  
Radiology Consultants of Iowa, PLC as Policyholder.

Effective January 1, 2020, and subject to the **Active Work Provisions**, the Group Policy is amended as follows:

1. The Becoming Insured portion of the **Coverage Features** is amended by the addition of Family Status Change:

Evidence Of Insurability:

Required:

- a. For late application for Contributory insurance.
- b. For reinstatements if required.
- c. For Members and Dependents eligible but not insured under the Prior Plan.
- d. For any Plan 2 Life Insurance Benefit in excess of the Guarantee Issue Amount of \$50,000.
- e. For any Dependents Life Insurance Benefit in excess of the Guarantee Issue Amount of \$10,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of dependents life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.
- f. For any increase resulting from a plan or option change you elect.

**Certain Evidence Of Insurability Requirements Will Be Waived.** Your insurance is subject to all other terms of the Group Policy.

For A Family Status Change

In the event of a Family Status Change certain Evidence Of Insurability requirements will be waived with respect to Plan 2 (additional) Life Insurance.

1. If you are eligible but not insured for Plan 2 (additional) Life Insurance, requirements a. and c. above will be waived for you if you apply for an amount of Plan 2 (additional) Life Insurance up to the Guarantee Issue Amount within 31 days of a Family Status Change.
2. If you are insured for an amount of Plan 2 (additional) Life Insurance less than the Guarantee Issue Amount, requirement f. above will be waived for you if you apply for an increase in your Plan 2 (additional) Life Insurance up to the Guarantee Issue Amount within 31 days of a Family Status Change. However, Evidence Of Insurability is required to become insured for any Plan 2 (additional) Life Insurance Benefit that exceeds the Guarantee Issue Amount.

Family Status Change means any of the following events:

1. Your marriage, divorce or legal separation.
2. The birth of your Child.
3. The adoption of a Child by you.
4. The death of your Spouse and/or Child.

5. The commencement or termination of your Spouse's employment.
6. A change in employment from full-time to part-time by you or your Spouse.

You may increase your Life Insurance due to any of the event(s) above.

2. Item C. b. of **Life Insurance** section is amended by the addition of the following:
  - (ii) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.
3. Item F. b. of **Life Insurance** section is amended by the addition of the following:
  - (iii) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.
4. The **Definitions** section is amended to provide the following Child means:

Child means:

1. Your child from live birth through age 25; or
2. Your child who meets either of the following requirements:
  - a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
  - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your natural or adopted child;
- ii. A natural or adopted dependent grandchild of the insured for federal income tax purposes at the time the application for coverages is made; or
- iii. Your stepchild and the child of your Spouse, if living in your home.

Your child is Disabled if your child is:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or b) the effective date of your Employer's coverage under the Group Policy if your child is Disabled on that date. At reasonable intervals thereafter, but not more than once a year, we may require further proof, and have your Child examined at our expense.

STANDARD INSURANCE COMPANY

By

  
Chairman, President and CEO

  
Corporate Secretary