UnitedHealthcare Insurance Company

Home Office: 185 Asylum Street, Hartford, Connecticut 06103-3408
Administrative Office: 9900 Bren Road East, Minnetonka, MN 55343
www.uhc.com

POLICY

Policyholder:	Ritalka, Inc.
Policy Number:	372589
Policy Effective Date:	January 1, 2025
Premium Due Dates:	January 1 and the first day of each month thereafter
Policy Anniversary Date:	January 1 of each year

UnitedHealthcare Insurance Company (We, Our, Us or the Company), agrees to provide benefits according to the terms, provisions, conditions and limitations of the Policy.

The Policy becomes effective on the Policy Effective Date.

Read the Policy Carefully

This is a legal contract between the Policyholder and Us. If the Policyholder has questions about the Policy, contact Our Home Office by calling 1-888-299-2070.

The Policy is issued in and governed by the laws of the State in which it is delivered.

NOTICE TO POLICYHOLDER

This is an Accident only Policy and it does not pay benefits for loss from Sickness. Review the Policy carefully. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT CONTRACT

If a Covered Person is eligible for Medicare, he should review the Guide to Health Insurance for People with Medicare available from the Company.

Signed for the Company by:

Tracy A. Arney, Secretary Jessica Paik, President

Group Accident Insurance Policy
Non-Participating (no dividends)

Noninsurance Benefits: Noninsurance benefits are not part of a Covered Person's Certificate and do not modify their insurance benefits. We may offer or arrange for various entities or vendors to offer benefits or other considerations to the Covered Person for the purpose of promoting their general health and well-being. Noninsurance benefits may be modified or terminated at any time. Such modification or termination may be made based on availability of services or other reasons at Our discretion or at the discretion of the insurer or entity providing such services.

POLICY GENERAL PROVISIONS

Certificates: We will furnish Certificates to the Policyholder to distribute or make available to each Covered Person. The Certificate(s) describe the benefits, terms, conditions, limitations and exclusions provided by the Policy. If there is a conflict between the Policy and the Certificate, the Policy will control.

Conformity with State or Federal Statutes: If any provision of the Policy conflicts with any applicable law, the provision will be deemed to conform to the requirements of the applicable law.

Rights of Authority: When making a benefit determination under the Policy, We have the sole discretionary authority:

1. to determine the Covered Person's or their Dependent's eligibility, if applicable, for benefits;
2. to interpret the terms, conditions, limitations, and exclusions of the Policy; and
3. to interpret all other provisions of the Policy including the Certificate and any riders, endorsements or amendments.

We may delegate this discretionary authority to other entities or persons who provide services in regard to the administration of the Policy. This provision applies only where the interpretation of the Policy is governed by the Employee Retirement Income Security Act (ERISA).

This provision does not:

1. prevent the Covered Person's or their Dependent's right to bring legal action as stated in the Legal Action provision; or
2. serve to deprive any insurance department of its statutory rights and obligations.

Entire Group Contract: The Entire Group Contract between the Policyholder and Us consists of the Policy, Certificate(s), any riders, endorsements, amendment(s) and the Policyholder's application (a copy of which is attached or on file at the office of the Policyholder). All Certificate(s), riders, endorsements and any amendments are listed on the Incorporation Provision page.

All statements made by the Policyholder, or Covered Person or Dependents are representations and not warranties. No statement made by the Covered Person or Dependent will be used to contest the insurance provided by the Policy, unless:

1. it is contained in a written statement signed by the Covered Person or Dependent; and
2. a copy of the statement is furnished to the Covered Person or their Beneficiary.

Only We may change the Policy or extend the time for payment of any premium. No change made by Us will be valid unless made in writing and signed by Us. Any change will be binding on all persons referred to in the Policy as of the Effective Date shown in the Incorporation Provision. No agent has the authority to change the Policy or waive any of the provisions. For purposes of the Policy, the Policyholder acts on its own behalf, or as the Covered Person's agent. The Policyholder is not an agent of Ours.

Information to be Furnished: The Policyholder may be required to furnish any information needed to administer the Policy. The Policyholder must furnish all information required by Us to:

1. compute premiums; and
2. maintain necessary records.

Records of the Policyholder, which have a bearing on insurance, must be made available for inspection by Us upon reasonable request.

Clerical Error: Clerical error by the Policyholder will not:

1. affect the amount of insurance which would otherwise be in effect;
2. continue insurance which otherwise would be terminated; or
3. result in the payment of benefits not otherwise payable.

Once an error is discovered, an adjustment in premium will be made. If the premium adjustment involves the return of unearned premium, the amount of the return may be limited to the 12 month period, which precedes the date We receive proof such an adjustment should be made or when applicable, may be calculated on a pro-rata basis for any actual coverage period.

Payment of Premiums: Insurance provided by the Policy will be in effect when the first premium for such insurance is paid. For insurance to remain in effect, each subsequent premium must be paid on or before its due date. The Policyholder is responsible for paying all premiums as they become due. The premiums may be paid to Us by another party, however We may require a mutual binding agreement among the other party, the Policyholder and Us. Premiums are payable on or before their due dates at Our Home Office. Payment of Premium for a period before it is due will not guarantee that the insurance will remain in effect for that period.

Grace Period A Grace Period of 31 days will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will continue in effect provided the premium is paid by the Policyholder before the end of the Grace Period. The Grace Period will not continue the insurance beyond a date shown in any Termination provision.

Premium Rate Change: On or after the second Policy Anniversary Date, We have the right to change premium rates as of any Premium Due Date but not more than once in any 12 month period. We will notify the Policyholder in writing at least 60 days prior to the change in rates.

The premium rate may change prior to this time for reasons that affect the insurance risk, which include:

1. a change occurs in benefits;
2. a division, subsidiary, or affiliated company is added or deleted;
3. the number of Employees insured changes by 10% or more; or
4. a new Law or a change in any existing Law is enacted which applies to the Policy. A change may take effect on an earlier date if both the Policyholder and We agree to it. Except in the case of fraud, any premium adjustments, refunds or charges will be made for only the current Policy year.

Premium Rates: The premium rates for the Policy are on file at the office of the Policyholder.

TERMINATION PROVISIONS

Termination of the Policy: The Policy may be canceled by either the Policyholder or Us.

1. We may cancel the Policy prior to its first Policy Anniversary Date or at any time thereafter if any of the following occurs:
   a. the Policyholder does not provide Us with information that We need to administer the Policy;
   b. the Policyholder fails to perform any of its obligations that relate to the Policy;
   c. the number of Covered Persons decreases to less than 10;
   d. the Policyholder fails to pay premium within the Grace Period; or
   e. the Policyholder ceases to sponsor coverage under the Policy, or sponsors the same or similar coverage through another arrangement without Our written agreement.
2. We may cancel or offer to modify the Policy if any of the following occurs:
   a. less than 20% of all eligible Employees are participating, or

If We cancel the Policy, We must give written notice to the Policyholder or mail such notice to the Policyholder's last address as shown in Our records. The notice will state that such cancellation shall be effective not less than five days thereafter. If the Policy has been continued beyond its original term, the Policyholder may cancel the Policy at any time by written notice delivered or mailed to Us, effective upon receipt or on a later date specified in the notice. In the event of cancellation, We will return promptly the unearned portion of any premium paid. Regardless of whether We or the Policyholder cancels, the earned premium shall be computed pro rata, unless the mode of payment is monthly or less, or if the unearned amount is for less than one month. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

INCORPORATION PROVISION

All of the provisions in the Certificate(s), which may include riders, endorsements and amendments issued for the Policyholder and shown below are incorporated in and made part of the Policy.

DOCUMENTS	DESCRIPTION	EFFECTIVE DATE
Accident Insurance Certificate – Option A	All active full-time Employees	January 1, 2025
Accident Insurance Certificate – Option B	All active full-time Employees	January 1, 2025
Accident Insurance Certificate – Option C	All active full-time Employees	January 1, 2025
Certificate Modifications Rider	Amends the Certificate as outlined	January 1, 2025
Policy Modification Rider No. 1	Certificate: Updated Non-Medical Leave of Absence and Layoff	January 1, 2025

UnitedHealthcare Insurance Company
185 Asylum Street
Hartford, Connecticut
1-866-615-8727

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW

If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy or contract from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

Minnesota Life and Health Insurance Guaranty Association
4760 White Bear Parkway, Suite 101
White Bear Lake, MN 55110
Phone: (651) 407-3149

The maximum amount the guaranty association will pay for all policies or contracts issued on one life by the same insurer is limited to $500,000. Subject to this $500,000 limit, the guaranty association will pay up to $500,000 in life insurance death benefits, $130,000 in net cash surrender and net cash withdrawal values for life insurance, $500,000 in health insurance and long term care benefits, including any net cash surrender and net cash withdrawal values, $500,000 in disability income insurance, $250,000 in annuity net cash surrender and net cash withdrawal values, $410,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be $500,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to $250,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than $10,000,000 in claims from all Minnesota residents covered by the plan. If total claims exceed $10,000,000, the $10,000,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

THE COVERAGE PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY, CONTRACT, OR POLICY, YOU SHOULD NOT RELY ON COVERAGE BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF LIFE, ANNUITY, OR HEALTH INSURANCE POLICIES AND CONTRACTS OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES FINANCIALLY IMPAIRED OR INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL LIFE, ANNUITY, AND HEALTH INSURANCE POLICIES AND CONTRACTS ARE REQUIRED TO PROVIDE THIS NOTICE."

POLICY/CERTIFICATE MODIFICATIONS RIDER

Policy/Certificate Amendment No. 1

Modification(s) to the Policy/Certificate

Policyholder: Ritalka, Inc.

Policy Number: 372589

It is agreed that the Policy/Certificate is amended as follows:

1. Effective January 1, 2025, the Non-Medical Leave of Absence and Layoff was updated to reflect covered for 3 months.

This Policy is signed for UnitedHealthcare Insurance Company by:

Tracy A. Arney, Secretary Jessica Paik, President

UnitedHealthcare Insurance Company
Hartford, Connecticut 06103-3408