



Whole Life + Long Term Care

Summary Plan Description

July 1, 2025

This document is the Summary Plan Description (“SPD”) for this benefit. This SPD is required by federal law called the Employee Retirement Income Security Act of 1974 (“ERISA”). This SPD reflects the terms of the benefit in effect as of July 1, 2025. Ecolab has the right to amend or terminate all or part of the Plan at any time.

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**ECOLAB HEALTH AND WELFARE BENEFITS PLAN:**

**LONG-TERM DISABILITY, BASIC LIFE INSURANCE, OPTIONAL LIFE INSURANCE,  
OPTIONAL AD&D, DEPENDENT LIFE INSURANCE, BUSINESS TRAVEL  
ACCIDENT, GROUP LEGAL SERVICES, AND WHOLE LIFE + LONG TERM CARE  
OPTIONS**

**ADMINISTRATIVE INFORMATION  
SUMMARY PLAN DESCRIPTION**

**EFFECTIVE JULY 1, 2025**

**Plan Name and Description**

The name of the Plan is the Ecolab Health and Welfare Benefits Plan (“Plan”). The Plan provides health and other welfare benefits to Eligible Employees of Ecolab Inc. and subsidiaries of Ecolab Inc. that have adopted the Plan (“Participating Employers” or “Employers”) and their Eligible Dependents.

This Administrative Information Summary Plan Description (“Administrative Information SPD”) describes the long-term disability, basic life insurance, optional life insurance, optional AD&D, dependent life insurance, business travel accident, group legal services, and whole life + long term care options under the Plan.

This Administrative Information SPD and the attached Vendor Benefit Description together make up the ERISA-required Summary Plan Description. The list of options covered under this Administrative Information SPD and the title of the Vendor Benefit Description for each option is below in the *Benefit Options Chart*.

**Benefit Options Chart**

<b>Benefit Type</b>	<b>Insured or Self-Insured</b>	<b>Insurance Company Name and Contact Information</b>	<b>Vendor Benefit Description</b>
Long-Term Disability	Insured	Aflac - Continental American Insurance Company PO Box 427 Columbia, SC 29202  844-440-1060 <a href="http://www.mygrouplifedisability.aflac.com">www.mygrouplifedisability.aflac.com</a>	Your Benefit Plan  LTD Insurance Coverage
Basic Life Insurance	Insured	The Prudential Insurance Company of America PO Box 8517 Philadelphia, PA 19176  1-800-524-0542 <a href="http://www.prudential.com/gi">www.prudential.com/gi</a>	Your Employee Benefit Plan  Basic Life Benefits

Benefit Type	Insured or Self-Insured	Insurance Company Name and Contact Information	Vendor Benefit Description
Optional Life Insurance  Optional AD&D Insurance  Dependent Life Insurance	Insured	The Prudential Insurance Company of America PO Box 8517 Philadelphia, PA 19176  1-800-524-0542 <a href="http://www.prudential.com/gi">www.prudential.com/gi</a>	Your Employee Benefit Plan  Optional Life Benefits  Optional Accidental Death and Dismemberment Benefits  Dependent Life Benefits
Group Legal Services	Insured	MetLife Legal Plans. 1111 Superior Avenue Cleveland, OH 44114-2407  1-800-821-6400 <a href="http://www.legalplans.com">www.legalplans.com</a>	Group Legal Services Benefit
Business Travel Accident Insurance	Insured	AIG Accident Claims Department PO Box 25987 Shawnee Mission, KS 66225  1-800-551-0824 <a href="mailto:AHclaims@AIG.com">AHclaims@AIG.com</a>	Insured Business Travel Accident Insurance
Whole Life + Long Term Care	Insured	American Heritage Life Insurance Company 1776 American Heritage Life Drive Jacksonville, FL 32224  904-992-1776 <a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a>	Group Whole Life + Long Term Care

### Eligible Employees

You are eligible to participate in the Plan if you are an Eligible Employee. To enroll for coverage under an Insurance Policy, you must also satisfy the eligibility requirements for coverage as set forth in the Policy.

Eligible Employee. You are an Eligible Employee if you are:

1. employed by the Employer;
2. in a budgeted position;
3. regularly scheduled to work at least 20 hours per week; and
4. not excluded from the definition of Eligible Employee.

For coverage under the Business Travel Accident Benefit, you must be an active, eligible employee.

Not Eligible Employee (Excluded). You are not an Eligible Employee (excluded from the definition of Eligible Employee) if you are:

1. classified by the Employer as a temporary employee, a leased employee, or independent contractor;
2. covered by a collective bargaining agreement or contract that does not provide for your participation; or
3. employed by an Ecolab subsidiary that has not adopted the Plan.

Foreign Service for Eligible Employees. If you are a U.S. citizen or resident alien who is transferred to a full-time position with Ecolab or an Ecolab subsidiary in a foreign country (outside of the United States) on a temporary basis for 6 months or more, you will be eligible for coverage under the Ecolab Expatriate option.

Union Employees. If you are covered by a collective bargaining agreement, you are eligible for coverage only if your union agreement provides for your Plan participation.

Reclassification as an Eligible Employee. If you are reclassified as an Eligible Employee by a court, an administrative body or the Employer on a retroactive basis, you will be eligible for coverage only during periods that follow the reclassification. No Plan coverage will be retroactive.

### **Eligible Dependents**

Eligible Dependents are: (1) your Spouse or your Domestic Partner; and (2) your Dependent Child(ren).

You must enroll your Eligible Dependents within the period required by the Plan. Refer to the "Enrollment Periods and Coverage Effective Dates" section below. You must be enrolled in an option to enroll your Eligible Dependents in that option.

Proof of Dependent Status. You must provide documents supporting Eligible Dependent status when you first enroll your Spouse or Domestic Partner or your Dependent Child, such as a birth certificate, marriage certificate or domestic partner affidavit.

If you fail to provide the required documentation by the deadline imposed by the Plan Administrator, your dependent will not be enrolled and cannot enroll until the next Open Enrollment Period (unless you experience a qualifying election change event before then).

You may periodically be required to provide proof of Eligible Dependent status after initial enrollment as well.

Spouse. Spouse means your spouse through marriage recognized as valid under U.S. federal law.

Domestic Partner. To be a Domestic Partner, your partner must be:

1. of the same gender as you and the two of you must be married to each other, in a civil union, in a registered domestic partnership or a similar arrangement that is legally recognized under the laws of a state in the United States or under the laws of a jurisdiction outside of the United States; or
2. of the same or opposite gender as you and the two of you must:
  - a. be at least 18 years old and legally competent to enter into a contract;
  - b. not be married to or the domestic partner of anyone else;

- c. not be related to you by blood to a degree that would prohibit your marriage in your state of residence;
- d. have an ongoing and committed spouse-like relationship and intend to do so indefinitely;
- e. live together in the same principal residence and intend to do so indefinitely; and
- f. be jointly responsible for the direction and financial management of your household and take joint financial responsibility for each other's financial obligations.

You must submit your certificate of marriage, civil union or registered domestic partnership or a domestic partner affidavit signed by you and your Domestic Partner. Domestic Partner benefits are only available for an option if provided in the Vendor Benefit Description.

Dependent Child. Dependent Child means a child who:

1. has one of the following relationships to you or to your Spouse or Domestic Partner:
  - a. biological child;
  - b. legally adopted child;
  - c. child placed for legal adoption;
  - d. foster child; or
  - e. legal ward (child for whom you or your Spouse or Domestic Partner are legal guardian); and
2. is either:
  - a. under the Limiting Age; or
  - b. is eligible for Extended Disabled Dependent Coverage.

*Limiting Age.* The Limiting Age is age 26, regardless of marital, support, or student status.

*Extended Disabled Dependent Coverage.* To be eligible for Extended Disabled Dependent Coverage, a child must: (1) provide proof of eligibility for Extended Disabled Dependent Coverage when requested; and (2) not be self-supporting due to physical, mental or intellectual disability.

### **Enrollment Periods and Coverage Effective Dates**

You must enroll in the manner directed by Human Resources.

Initial Enrollment. If you are a new Eligible Employee (a new hire or newly eligible for coverage), you must make your benefit elections within 31 days of your hire date or date of initial eligibility, and must be an Eligible Employee on the date of your enrollment. Your coverage will be retroactive to your hire date.

Annual Open Enrollment. All Eligible Employees can make new elections or changes for the benefits plans referenced below for the next Plan Year during the Open Enrollment Period that occurs in the fall. Open enrollment elections are effective on January 1 following the Open Enrollment Period.

- LTD 10% Buy Up

- 1x Base Salary Employee Optional Life Insurance
- Whole Life + Long Term Care
- Group Legal Services

Mid-Year Election Changes. Mid-year election changes can only be made if you have experienced a qualifying Mid-Year Election Change Event (see the list below) and make new elections within 31 days of the event. You must make the election in the manner directed by the Plan Administrator. You are required to provide documents supporting your qualifying Mid-Year Election Change Event when you submit your election change form (for example, birth certificate, marriage certificate, divorce decree).

The Plan Administrator will determine whether you have experienced a qualifying Mid-Year Election Change Event and whether the change you are requesting is consistent with that event in accordance with IRS regulations.

An election change will generally be effective on the date of the Mid-Year Election Change Event. Adjusted premium contributions will begin the first pay period after the effective date of your election change. Premium payments will be made for any period of retroactive coverage. Refunds or retroactive adjustments will be made to your premium contributions.

#### Coverage and Benefits Information in Benefits Description

The terms and conditions of coverage and benefits for an option are in the Benefit Description, including:

1. additional eligibility requirements for coverage (if any);
2. commencement and termination of coverage;
3. type and amount of benefits provided;
4. restrictions, limitations and conditions of coverage and benefits; and
5. procedure for filing a benefit claim, including the period within which claims must be filed, and the appeal procedure for a denied benefit claim.

#### Business Travel Accident Benefit Overview

Business Travel Accident Insurance is an accidental death and dismemberment (“AD&D”) policy that covers you while you are traveling on Ecolab Inc. business. Benefits will be paid if, as a result of an accident, you are killed or suffer a listed injury.

The benefit payable on account of your accidental death is called the “Principal Sum.” Generally, the Principal Sum is an amount equal to three times your base annual pay; provided that the Principal Sum for Ecolab Officers is limited to \$6,000,000 and for other employees is limited to \$1,000,000.

If you suffer one of the following injuries as a result of an accident while traveling on business away from the city of your permanent assignment for your Participating Employer, you will receive a payment equal to the fraction of the Principal Sum indicated:

Dismemberment	Benefits
Loss of two or more Members (hand, foot and eye)	1
Quadriplegia (total paralysis of both arms and both legs)	1

Loss of one Member	1/2
Paraplegia (total paralysis of both legs)	1/2
Loss of thumb and index finger of the same hand	1/4

This insurance is subject to other terms and conditions set forth in the policy.

You may obtain a copy of the policy by written request to the Plan Administrator.

### Benefit Payments

Benefits do not vest under this Plan. Benefit payments are limited to the amount due under the Plan and late benefit payments will not include interest or penalties.

If a benefit overpayment is made, you are required to promptly repay it. If you do not, the overpayment may be offset from future benefit payments.

### Impact of Leaves of Absence on Benefits

Your participation in the Plan during leave of absence depends on whether it is paid or unpaid and the type of leave (e.g., FMLA), and on the terms of the Insurance Policy (if any).

Type of Leave	Going on Approved Leave	Returning from Approved Leave (before or at expiration of Approved Leave)
<b>Paid/Partially Paid Leave</b>	Your participation in Plan benefit options (at the active employee premium rates) will continue while you receive pay (health & safe time, vacation time, parental leave or short-term disability). Premiums will be deducted, in whole or in part, from the pay you receive during your leave. If your pay does not cover them in full, they will be deducted in the order determined by the Plan Administrator (e.g., medical premiums will be deducted first, then dental premiums, etc.) and any premiums that are not deducted will be deducted from future pay. If you experience a qualifying Mid-Year Election Change Event, refer to the Mid-Year Election Change Events section of this SPD.	Your Plan benefit options remain in place. You will not be able to make a benefit election change on your return from leave unless you experience a qualifying Mid-Year Election Change Event. Refer to the Mid-Year Election Change Events section of this SPD.
<b>Unpaid Leave, FMLA</b>	Your participation in Plan benefit options will continue at the active employee premium rates. Your premium contributions will be put in arrears and deducted from future pay. You may elect to discontinue your benefits options within 31 days from the start of your FMLA leave. If you continue coverage during your leave, but do not return to work at the end of your leave, you may be eligible to continue coverage as specified in the SPDs.	Your Plan benefit options that were in place during your leave will continue, but you can change your elections within 31 days from the date of your return. You will be required to reimburse the Employer for unpaid premium contributions during your FMLA leave.

Type of Leave	Going on Approved Leave	Returning from Approved Leave (before or at expiration of Approved Leave)
<b>Unpaid/Partially Paid Leave, Military</b>	If your military leave is unpaid or partially paid, your Plan benefit options continue at the active employee premium rates through the end of the month following the month in which your military leave begins. If your military leave is partially paid, your premiums will be deducted, in whole or in part, from the pay you receive during your leave. If your pay does not cover them in full, they will be deducted in the order determined by the Plan Administrator (e.g., medical premiums, then dental premiums, etc.) and any premiums that are not deducted will be deducted from future pay. If you continue coverage during your leave, but do not return to work at the end of your leave, you may be eligible to continue coverage as specified in the SPDs.	If you did not continue your coverage during the entire period of your leave, coverage will be offered upon your re-employment in accordance with Plan rules and to the extent required by USERRA. You will be required to reimburse the Employer for unpaid premium contributions during your Military leave.
<b>Unpaid Leave, Special</b>	Your participation in Plan benefit options will continue at the active employee premium rates for so long as you continue to be eligible for coverage as described in the various SPDs for the benefits. Your premium contributions will be put in arrears and deducted from future pay. You may elect to discontinue your benefit options within 31 days from the start of your special leave. If you continue coverage during your leave, but do not return to work at the end of your leave, you may be eligible to continue coverage as specified in the SPDs.	Your Plan benefit options that were in place during your leave will continue, but you can change your elections within 31 days from the date of your return. You will be required to reimburse the Employer for unpaid premium contributions during your Special leave.
<b>Long-Term Disability</b>	When you transition to Long-Term Disability leave, your participation in Plan benefit options will continue at the active employee premium rates. Your premium contributions will be paid to Ecolab's direct bill vendor. You may elect to discontinue your benefit options within 31 days from the start of your Long-Term Disability leave. Your coverage under the benefit options will end as specified in the various SPDs for those benefits, and expenses that you incur during your period of non-participation will not be eligible for reimbursement. If you continue coverage during your leave, but do not return to work at the end of your leave, you may be eligible to continue coverage as specified in the SPDs.	Your Plan benefit options will continue and premium contributions will resume the first of the month following your return to work date. You can change your benefit elections within 31 days from the date of your return.

## **Benefit Claims and Appeals**

Benefit claims must be filed with the Insurer or Claims Administrator in the period and in the manner provided in the Benefit Description.

The Insurer or Claims Administrator is the named fiduciary for benefit claims and appeals and has complete discretionary power and authority to make benefit determinations. A benefit is not payable unless the Insurer or Claims Administrator says that it is.

You are required to complete the claims and appeal procedure outlined in the Benefit Description before you can bring a claim in a court. After you have completed the claims and appeal procedure, you have a limited time to bring a claim in court. See the "Limitation of Legal Action" section below for more information.

## **Participation Claims and Appeals**

If you believe that you have been improperly denied eligibility to participate in the Plan, enroll dependents, make election changes or correct premium contributions, you may file a Participation Claim with the Plan Administrator. Direct your Participation Claim to the attention of the Human Resources Benefits Department.

### Definitions.

1. "Participation Claim" is a claim that relates to anything other than a claim for the payment of benefits that is made by a Claimant in accordance with the Plan's procedures for filing a Participation Claim. Participation Claim includes claims of eligibility to participate in the Plan, enroll dependents, make coverage changes, and to correct Employee contributions. A Participation Claim does not include an eligibility claim arising out of a request for a Plan benefit (such a claim is subject to the benefit claim and appeal procedures in the Vendor Benefit Description).
2. "Claimant" means an individual who, individually or through a Representative, has made a Participation Claim.
3. A "Representative" is an individual who can act on behalf of the Claimant. A parent or guardian will generally be considered the Representative of a child. In all other situations, the Claimant must notify the Plan in writing of a Representative.

### Claim Submission.

1. A Participation Claim must be submitted to the Plan Administrator in writing and include the reason why the Claimant believes that the Participation Claim is valid. Completion and submission of enrollment, coverage change or other forms required by the Plan Administrator satisfies these requirements.
2. A Participation Claim must be made in the manner required by the Plan Administrator and within the period applicable to the type of Claim at issue:
  - a. An Employee's request to enroll himself or herself or a Spouse, Dependent, Domestic Partner or Domestic Partner's Child in Plan coverage must be made within the enrollment or coverage change period required by the Plan (for example, during open enrollment, within 31 days of an Employee's hire or becoming eligible for coverage, within the 31 days of the acquisition of a new Dependent or within 31 days of an event that permits a coverage change).

- b. A request to correct the amount of an Employee coverage contribution must be made within 60 days of the date of the improper contribution. A contribution is made on the date that it is deducted from the Employee's pay.

#### Initial Review.

1. The Plan Administrator will provide its initial review determination to the Claimant within 90 days of receiving the Participation Claim. This period can be extended by up to 90 days in special circumstances, provided notice is given to the Claimant.
2. If a Participation Claim is denied in whole or part, the Plan will provide a written notice to the Claimant that includes:
  - a. the reason(s) for the denial;
  - b. a description of any additional material or information necessary for the Claimant to perfect the Participation Claim and an explanation as to why the information or material is necessary; and
  - c. an explanation of the Plan's appeal review procedure for the Participation Claim, including the applicable time limits.

#### Appeal Review.

1. The Claimant must appeal an initial Participation Claim denial within 30 days of his or her receipt of the denial. The appeal must be in writing and include the reason why the Claimant believes that the Participation Claim is valid.
2. The Claimant may submit written comments, documents, records, and other information to the Plan Administrator and the information will be considered on review regardless of whether it was submitted or considered in the initial review.
3. The Plan will provide to the Claimant reasonable access to documents, records, and other information which are, in the judgment of the Plan Administrator, relevant to the Participation Claim.
4. The Plan Administrator will provide its appeal review determination to the Claimant within 60 days of receiving the appeal of the denial of the Participation Claim. This period can be extended by up to 60 days in special circumstances, provided notice is given to the Claimant.
5. If the Participation Claim is denied on appeal review, the Plan will provide written notice to the Claimant that includes the reason(s) for the continued denial.

### **Notices**

#### Conditions of Participation

Participation in the Plan by an Eligible Employee is voluntary. Participation in the Plan does not give any Employee the right to continued employment.

As a condition of participation, each Eligible Employee and Eligible Dependent agrees to:

1. be bound by all of the terms and conditions of the Plan and, for an insured option, the Insurance Policy;
2. make the contributions required; and

3. furnish such information and execute such instruments and forms as the Plan Administrator and Insurer or Claims Administrator may request.

#### Committing Fraud or Intentional Misrepresentation Against the Plan

If you commit fraud or intentional misrepresentation of a material fact against the Plan (which may include enrolling someone in coverage who you know or should know does not qualify as your Eligible Dependent, continuing enrollment of someone in coverage who you know or should know has lost eligibility or filing a false claim) the Plan (or your Participating Employer) may take action, which may include the following:

1. Termination of Plan Coverage. Your coverage may be terminated. Coverage for the person you enrolled may be terminated. If you have committed fraud or made an intentional misrepresentation of a material fact, coverage may be terminated retroactively.
2. Repayment of Plan Benefits. You may be responsible for all benefits paid for a person who was not eligible for coverage or as a result of a false claim.
3. Discipline. You may be subject to discipline, including termination of your employment.
4. Notification of Law Enforcement. Law enforcement may be notified that you have committed intentional misrepresentation or fraud against the Plan.

#### Limitation of Legal Action

For insured options, the limitation of actions provision contained in the Policy will apply.

For self-insured options (and insured options if the Policy does not contain a limitation of action provision), the following will apply:

No action with respect to eligibility to participate or for any benefit under this Plan may be brought more than six months following the final decision in the final appeal review brought pursuant to the claim and appeal procedure set forth in the Vendor Benefit Description, or for eligibility claims, the participation and claims procedure described in this SPD. In no event can any action with respect to eligibility to participate or with respect to any benefit under this Plan be brought more than three years after the date the event giving rise to the claim occurred.

#### No Guarantee of Tax Consequences

Although Ecolab intends to provide certain Plan benefits on a tax-free basis, Ecolab does not guarantee that the benefits are tax-free or the tax consequences to you. You are responsible to pay any local, state or federal taxes that you owe as a result of your Plan participation or receipt of Plan benefits.

#### **ERISA Plan Information**

Plan Name and Type: Ecolab Health and Welfare Benefits Plan. The Plan provides health and other welfare benefits to Eligible Employees of Ecolab Inc. and other Participating Employers.

Participating Employers: Ecolab Inc. and subsidiaries of Ecolab Inc. that have adopted the Plan. If you have questions about whether your employer is a Participating Employer, contact the Plan Administrator.

Plan Number: The Plan number is 501.

Plan Year: The Plan Year is the 12-month period beginning each January 1 and ending the following December 31.

Plan Sponsor Taxpayer Identification Number: Ecolab's Taxpayer Identification Number is 41-0231510.

Plan Sponsor and Plan Administrator: Ecolab Inc. is the Plan Sponsor and Plan Administrator of the Plan.

Ecolab Inc.  
Attn: Benefits Department – EGH3  
1 Ecolab Place  
St. Paul, MN 55102  
(800) 964-0265

Plan Administrator Discretionary Authority: The Plan Administrator's determinations regarding coverage, claims and all other aspects of the Plan are binding. The Plan Administrator has complete discretionary power and authority with respect to all Plan matters, including eligibility and benefits, factual determinations and Plan interpretation. A benefit is not payable unless the Plan Administrator determines that it is. The Plan Administrator may delegate its authority to Plan service providers, such as the Insurer or Claims Administrator.

Right to Amend or Terminate Plan: Ecolab reserves the right to amend or terminate all or part of this Plan and will do so by written instrument signed by an authorized Ecolab officer. Plan terms cannot be modified by oral statements made by anyone. Misinformation or a mistake does not create a right to eligibility or benefits.

Insurer or Claims Administrator: The name, address and contact information for the Insurer for each option is listed in the *Benefits Options Chart* at the front of this SPD.

Premium Contributions and Plan Funding: Premiums for the Plan benefits you elect are paid through your contributions and contributions by your Participating Employer, if any. The Plan Administrator will inform you what Premium amount you will be required to pay for your coverage. Benefits for insured options are paid by the Insurer. Ecolab has no responsibility to pay any benefits under this Plan for insured options.

Legal Process: Legal process may be served on the Plan Administrator at the following address:

Ecolab Inc.  
Attn: General Counsel's Office  
1 Ecolab Place St. Paul, MN 55102

Collective Bargaining Agreements:

A copy of any collective bargaining agreement that provides for participation in this Plan is available for examination.

Provider Lists: Provider lists are furnished automatically, without charge, upon request.

## Statement of ERISA Rights

As a participant in this Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all Plan participants shall be entitled to:

### Receive Information About Your Plan and Benefits

You have the right to:

- Examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest Form 5500 and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if applicable. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants ERISA imposes duties upon the people who are responsible for the operation of this Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit provided under this Plan or exercising your rights under ERISA.

### Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

There are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. The court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the Plan Administrator's control. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in Federal court.

If the Plan fiduciaries misuse the Plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

### Assistance with Your Questions

If you have any questions about this Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

HOME OFFICE:  
1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FLORIDA 32224-6687  
www.allstatebenefits.com  
(904) 992-1776

**A Stock Company**

**GROUP WHOLE LIFE INSURANCE CERTIFICATE**

This certificate is issued to you as evidence of your insurance under the policy issued to the policyholder. This certificate summarizes and explains the parts of the policy that apply to you. You may view the policy at the policyholder's office during normal business hours.

The policy is delivered in and is governed by the laws of the governing jurisdiction and, to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

**PLEASE READ THIS CERTIFICATE CAREFULLY!**

Signed for American Heritage Life Insurance Company at its home office in Jacksonville, Florida.

A handwritten signature in black ink, appearing to read "Kurt Velazquez".

Secretary

A handwritten signature in black ink, appearing to read "Gregory J. Seidos".

President

**GROUP WHOLE LIFE INSURANCE  
MATURITY BENEFIT PAID TO THE CERTIFICATE HOLDER ON THE MATURITY DATE IF  
THE INSURED IS LIVING ON THAT DATE  
DEATH BENEFIT PAYABLE AT DEATH OF INSURED PRIOR TO MATURITY DATE  
NON-PARTICIPATING – NO DIVIDENDS**

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## POLICY SPECIFICATIONS

<b>POLICYHOLDER:</b>	ECOLAB INC.
<b>POLICY NUMBER:</b>	E1981
<b>POLICY EFFECTIVE DATE:</b>	July 1, 2025
<b>POLICY ANNIVERSARY DATE:</b>	July 1, 2026 and the first day of July each calendar year thereafter.
<b>GOVERNING JURISDICTION:</b>	Minnesota
<b>ELIGIBLE CLASS(ES):</b>	<p>All full-time and part-time active employees of the policyholder who work 20 or more hours a week.</p> <p>Employees working less than 20 hours per week and temporary, contingent workers and interns are excluded from coverage.</p> <p><b>Eligible Dependents:</b> Spouse and domestic partners of eligible employees.</p>
<b>ELIGIBILITY WAITING PERIOD:</b>	None
<b>LIFE INSURANCE BENEFIT:</b>	Amount selected by the employee – Up to \$200,000
<b>ADDITIONAL BENEFITS:</b>	
<b>Portability Privilege</b>	Insured's Life Insurance Benefit amount, up to \$200,000
<b>REQUIRED RIDERS:</b>	
<b>Accelerated Death Benefit Rider GWPTIMN</b>	75% of Insured's Life Insurance, up to \$100,000
<b>Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider</b>	Acceleration Percentage: 6%

## POLICY SPECIFICATIONS (Continued)

**ISSUE LIMITS:** Subject to a minimum life insurance amount of \$5,000

**Guaranteed Issue (GI) Limits:** (subject to eligibility requirements)

<b>Employee</b>	<b>Working Spouse</b>	<b>Non-Working Spouse</b>	<b>Child(ren)</b>
Subject to an overall maximum life insurance amount for all coverage issued by us of: \$200,000 for ages 18-70	Subject to an overall maximum life insurance amount for all coverage issued by us of: \$75,000 for ages 18-70	Subject to an overall maximum life insurance amount for all coverage issued by us of: \$25,000 for ages 18-70	Not eligible for coverage

## DEFINITIONS

(May contain definitions that are not included in the coverage selected)

**Active employment** or **actively employed** means the employee is working for his or her employer for earnings that are paid regularly, and that he or she is performing the material and substantial duties of his or her regular occupation. For the purposes of this coverage, the employee:

1. must be working at least the minimum number of hours as described under Eligible Class(es) in the policy; and
2. will be deemed to be in active employment on weekends or employer approved vacations, holidays, or business closures if the employee was actively employed on the last scheduled work day preceding such time off.

The employee's work site must be:

1. his or her employer's usual place of business; or
2. an alternative work site at the direction of his or her employer; or
3. a location to which his or her job requires him or her to travel.

Normal vacation is considered active employment. However, if vacation days are used to cover disability, sickness, or injury, those days are not considered active employment.

**Attained age** means the insured's age on his or her last birthday as of the most recent certificate anniversary date (or the certificate effective date if this certificate has been in force less than 1 year).

**Beneficiary** means any person or entity named by you in our records or under the terms of this certificate to receive the benefits payable under this certificate and any attached rider(s).

**Cash value** means the value as described in this certificate. The cash value is determined from the Table of Guaranteed Values for the age and certificate year of the insured based on the period for which premiums have been paid.

**Certificate** means a document that describes the terms of the coverage made available to the eligible employees of the policyholder and their eligible dependents, as defined in the policy. It provides evidence of the coverage provided to the insured under the policy.

**Certificate anniversary date** means the same day and month each year as the certificate effective date for each succeeding year the certificate remains in force.

**Certificate effective date** means the effective date of coverage under this certificate and is the date upon which certificate years, certificate anniversary dates, and premium due dates are based. The certificate effective date is shown in the Certificate Specifications.

**Certificate debt** means the sum of all unpaid certificate loans plus unpaid accrued certificate loan interest.

**Certificate holder** means the employee to whom all rights and privileges under this certificate and any attached rider(s) belong during the lifetime of the insured. The certificate holder may be someone other than the insured. The certificate holder is designated on the enrollment form and/or evidence of insurability form as the owner.

**Certificate month** means a one month period which begins on a monthly date and ends the day before the next monthly date. The first certificate month begins on the certificate effective date.

**Certificate year** means the period from the certificate effective date to the first certificate anniversary date or from one certificate anniversary date to the next. A certificate year does not include the certificate anniversary date at the end of the certificate year.

## DEFINITIONS (Continued)

**Child** means an unmarried person under age 19, or under age 26 if a full-time student, who is a citizen or resident alien of the United States or one of its territories, and who is the employee's:

1. natural child;
2. stepchild, which means a child of the employee's spouse by a past marriage or relationship;
3. legally dependent grandchild; or
4. adopted child.

He or she cannot be covered as a child or a rider insured child if he or she is an insured under a certificate.

**Employee** means a person who is a citizen or resident alien of the United States or one of its territories and in active employment with the policyholder. The employee may exercise all applicable rights provided by this certificate and any attached rider(s).

**Enrollment form** means any form or electronic process acceptable to us that is used to enroll for benefits under the policy.

**Evidence of insurability** means a statement or proof of a person's medical history on a form or electronic process approved by us that will be used to determine whether the person is approved for the coverage requested.

**Grace period** means a period of 31 days following each premium due date, after the first premium.

**In force** means coverage that remains in effect and has not terminated.

**Insured** means the person accepted for coverage by us and whose name is shown in the Certificate Specifications.

**Issue age** means the insured's age on the date this certificate was issued as shown in the Certificate Specifications.

**Loan value** means the maximum amount you may borrow according to the provisions of the policy and this certificate.

**Material and substantial duties** means duties that:

1. are normally required for the performance of the employee's regular occupation; and
2. cannot be reasonably omitted or modified. If the employee is required to work on average in excess of 40 hours per week, we will consider him or her able to satisfy that requirement if he or she is working or has the capacity to work 40 hours per week.

**Maturity date** means the certificate anniversary date on or immediately following the insured's 121<sup>st</sup> birthday and is shown in the Certificate Specifications.

**Monthly date** means the same day of each month as the certificate anniversary. If this date is not a day in the calendar, the monthly date is the first day of the next month.

**Net surrender value** means the cash value minus any certificate debt.

**Physician** means a person who is licensed to practice medicine or treat illness in the state or territory in which treatment is received. The physician cannot be the employee or a member of his or her family by blood, marriage, or adoption.

**Policy** means the group contract that governs the coverage made available to eligible employees of the policyholder and their eligible dependents, as defined in the policy.

**Policyholder** means the entity through which we make this group coverage available.

## DEFINITIONS (Continued)

**Proof of loss** means written evidence satisfactory to us that a person has satisfied the conditions and requirements for a benefit described in this certificate and any attached rider(s). The proof of loss must establish:

1. the nature and extent of the loss or condition;
2. our obligation to pay the claim; and
3. the claimant's right to receive payment.

**Proof of death** means a certified copy of the death certificate or other lawful evidence providing equivalent information.

**Rider** means additional or optional benefit(s) elected by the policyholder and attached to this certificate. No coverage is available under a rider unless elected and attached as an additional or optional benefit to this certificate.

**Rider effective date** means the effective date of coverage under a rider. The rider effective date is the certificate effective date, unless the rider is applied for at a later date. If that rider is applied for at a later date, the rider effective date is the effective date assigned by our home office.

**Rider insured** means the person whose life is insured under a rider.

**Spouse** means the person who is a citizen or resident alien of the United States or one of its territories and to whom the employee is legally married or who is required to be covered as the employee's spouse under the civil union, domestic partnership, or other family or domestic relations laws of the employee's state of residence.

Domestic partnership means a relationship where both the employee and his or her same-sex or opposite-sex partner are considered domestic partners according to the law of the employee's state of residence. If the employee's state of residence has no domestic partnership law, the relationship must satisfy the definition of domestic partnership as defined by the policyholder.

A spouse must be at least age 18, but not older than age 80 to be eligible for coverage.

He or she cannot be covered as a spouse or a rider insured if he or she is an insured under the policy.

**We, us, or our** mean American Heritage Life Insurance Company.

**Written or writing** means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law and acceptable by us.

**You or your** means the certificate holder as shown on the enrollment form and/or evidence of insurability form as the owner.

(This space intentionally left blank.)

## **PREMIUMS**

### **PAYMENT OF PREMIUMS**

Premiums are due and payable to us on each premium due date, subject to the Certificate Grace Period provision. The first premium due date is the certificate effective date.

### **NON-PAYMENT OF PREMIUM**

Unless required premium payments are made, coverage will terminate. In no case will a rider continue beyond the termination date of this certificate. Any unpaid premium that is due from you may be deducted from the payment of any claim payable for this certificate.

### **CERTIFICATE GRACE PERIOD**

During the grace period, coverage remains in force, but will terminate if timely premium payments are not received by us by the end of the grace period.

If any premium is unpaid at the end of the grace period and there is no cash value, then coverage will cease to be in force on the last day of the grace period.

If any premium is unpaid at the end of the grace period and there is a cash value, then we will automatically continue the insurance under the extended term insurance option if the certificate holder is eligible for that option. Otherwise, we will continue the insurance under the reduced paid-up insurance option.

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## **CERTIFICATE HOLDER AND BENEFICIARY**

### **CERTIFICATE HOLDER**

All certificate rights and privileges belong to you and may be exercised by you during the lifetime of the insured. If you die before the insured, the insured (or a minor insured's legal guardian) becomes the certificate holder with limited rights and privileges for a period of 60 days from the date we receive notification of your death. During that time, the insured (or a minor insured's legal guardian) may exercise the Portability Privilege or Conversion. In the event the insured (or a minor insured's legal guardian) does not exercise the Portability Privilege or Conversion, the certificate will terminate and any net surrender value will be paid to the insured. If you are the insured and you die, then we will pay the death benefit in accordance with this certificate's Death Benefit provision.

### **BENEFICIARY**

Subject to the terms and conditions of the policy, this certificate, and any attached rider(s), the beneficiary receives the death benefit when the insured dies. The certificate holder may name a beneficiary on the beneficiary designation form, enrollment form, and/or evidence of insurability form. The beneficiary may be changed by you, as explained in the Change of Beneficiary provision.

"Beneficiary" as used in this certificate refers to two classes of beneficiaries: primary and contingent beneficiaries. We will pay the death benefit to the beneficiary in the following order:

1. to the primary beneficiary, if living; otherwise,
2. to the contingent beneficiary.

If there is more than one beneficiary in a class and one of the beneficiaries dies before the insured, the remaining beneficiaries in that class will divide the deceased beneficiary's share equally.

If two or more beneficiaries are designated and their shares are not specified, we will pay the designated beneficiaries in equal shares.

If there is no named beneficiary, or if the named beneficiary does not survive the insured, we will pay any benefits due at the insured's death in the following order:

1. to the living certificate holder; otherwise,
2. to the insured's living spouse; otherwise,
3. to the insured's living natural or legally adopted child(ren) in equal shares; otherwise,
4. to the insured's living parents in equal shares; otherwise,
5. to the insured's living natural or legally adopted siblings in equal shares; otherwise,
6. to the insured's estate.

### **CHANGE OF BENEFICIARY**

Any change of beneficiary must be filed at our home office in a form acceptable to us. It will not take effect unless so filed, but if so filed and accepted by us, will take effect on the date signed by you. This will be true whether or not the insured is living on the date it is filed. There will be no prejudice to us on account of any payment we make prior to its receipt by us at our home office.

The right to change a beneficiary is reserved to you. The consent of the beneficiary or beneficiaries will not be required to assign benefits or to change a beneficiary or beneficiaries, or to make any other changes, unless the designation of the beneficiary is irrevocable.

### **ASSIGNMENT OF BENEFITS**

An assignment of benefit is not binding on us unless:

1. it is a written request; and
2. it is received by us at our home office.

An assignment will take effect when recorded at our home office. We are not responsible for the validity of any assignment.

## **BENEFITS**

### **DEATH BENEFIT**

If the insured dies prior to the maturity date and while this certificate is in force, we will pay the death benefit shown in the Certificate Specifications in a lump sum to the beneficiary within 2 months of our receipt of proof of death. We may also require submission of this certificate with the proof of death.

The death benefit is equal to:

1. the certificate death benefit amount on the date of death; plus
2. a refund of any premium paid that applies to a period after the certificate month of the insured's death; less
3. any certificate debt; less
4. any unpaid premium that applies to a period prior to the date of the insured's death.

In no event will the amount payable upon death of the insured be less than the minimum amount required to permit this certificate to qualify as life insurance under the Federal Income Tax Rules applicable to this certificate.

The death benefit will not include a refund of any premium waived under the Payor Waiver of Premium for Total Disability Rider.

### **MATURITY BENEFIT**

If the insured is living on the maturity date and while this certificate is in force, we will pay the maturity benefit shown in the Certificate Specifications in a lump sum to you.

The maturity benefit is equal to:

1. the cash value at maturity; less
2. any certificate debt; less
3. any unpaid premium that applies to a period prior to the maturity date.

**(This space intentionally left blank.)**

## CERTIFICATE LOAN AND NON-FORFEITURE OPTIONS

### CERTIFICATE LOANS

If this certificate is in force and has a loan value greater than \$100, then you may take a loan under this certificate.

The loan value is the cash value minus:

1. the existing certificate debt;
2. the interest on the existing certificate debt and the amount to be borrowed to the next certificate anniversary date;
3. any unpaid monthly premiums; and
4. an amount equal to 2 monthly premium payments.

Loans are evidenced by our check payable to and endorsed by you, or electronic versions of the same.

The minimum certificate loan amount is \$100, unless it is used to pay premiums on this certificate.

### LOAN INTEREST

The interest we will charge on certificate debt is shown in the Certificate Specifications. Interest on certificate debt is due and payable in arrears at the end of each certificate anniversary date. Interest not paid when due will be added to the existing certificate debt and bear interest at the same rate.

### LOAN REPAYMENT

You may repay certificate debt at any time, except that:

1. repayment must be made while this certificate is in force and while the insured is living; and
2. a partial repayment must be at least \$25.

A loan that exists at the end of the grace period cannot be repaid unless you reinstate this certificate.

If at any time the certificate debt exceeds the cash value, this certificate terminates.

### NON-FORFEITURE

If this certificate is in force and has a net surrender value greater than zero, then you may select one of the following non-forfeiture options by written request:

1. **Cash Surrender.** You may surrender this certificate to receive the net surrender value. If this certificate is surrendered during the grace period, the net surrender value will not be less than the net surrender value on the premium due date.
2. **Reduced Paid-Up Insurance.** The reduced paid-up death benefit will be the certificate death benefit amount divided by 1,000, then multiplied by the reduced paid-up amount shown in the Table of Guaranteed Values in the Certificate Specifications. Any outstanding loans will be continued. No further premiums are required. Coverage is still subject to the Termination of Coverage provision of this certificate.

Once elected, the reduced paid-up insurance option can be surrendered at any time. The surrender is effective on the date we receive the certificate holder's written request. Once the reduced paid-up insurance is surrendered, it cannot be reversed.

3. **Extended Term Insurance.** The net surrender value is used as a net single premium to purchase extended term insurance for a limited period for the insured. The amount of extended term insurance is the certificate death benefit amount on the date the extended term insurance becomes effective. No further premiums are required. The extended term insurance is not available if this certificate is rated. Coverage is still subject to the Termination of Coverage provision of this certificate.

Once elected, the extended term insurance option can be surrendered at any time. The surrender is effective on the date we receive the certificate holder's written request. Once the extended term insurance is surrendered it cannot be reversed.

## **CERTIFICATE LOAN AND NON-FORFEITURE OPTIONS (Continued)**

### **NON-FORFEITURE (Continued)**

When a non-forfeiture option is elected, any rider(s) attached to this certificate will terminate.

If the insured dies before a non-forfeiture request becomes effective, we will void your request for that non-forfeiture option and pay the death benefit pursuant to this certificate.

### **METHOD OF CALCULATION**

Cash values and paid-up benefits are computed based on the Standard Non-forfeiture Method using the applicable Commissioners Standard Ordinary (CSO) mortality table and maximum interest rate allowed by law at the time of the certificate effective date. This method is stated in the insurance laws of the state where the policy is delivered. The values are not less than the minimums required by the Standard Non-forfeiture law of the state where the policy is delivered.

### **PAYMENTS BY US AND RIGHT TO DEFER PAYMENT**

We have the right to wait up to 6 months after written notice to us before we:

1. pay the net surrender value; or
2. make a certificate loan, unless it is used to pay premiums on this certificate.

**(This space intentionally left blank.)**

## GENERAL PROVISIONS

### TERMINATION OF COVERAGE

This certificate terminates on the earliest of:

1. the end of the grace period when premiums remain unpaid;
2. the date of the insured's death;
3. the maturity date of this certificate;
4. the date you surrender this certificate for its net surrender value;
5. the date the policy is terminated;
6. the last day the employee is in active employment with his or her employer;
7. the date the employee is no longer in an eligible class;
8. the date the employee's class is no longer eligible;
9. the date the certificate debt exceeds the cash value; or
10. upon our discovery of fraud or material misrepresentation in the presentation of a claim.

### DISCRETIONARY AUTHORITY, IF GOVERNED BY ERISA

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

We have the discretion and authority to construe disputed or seemingly inconsistent provisions of the policy, this certificate, and any attached rider(s), and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever we make reasonable determinations that are not arbitrary or capricious in the administration of the policy, such determinations shall be final and conclusive.

### REINSTATEMENT

We will reinstate this certificate and any attached rider(s) if you send us a written request within 3 years after your coverage terminates as a result of a failure to make timely premium payments. You cannot reinstate this certificate if you surrendered this certificate for its cash value, exercised one of the other non-forfeiture options, or this certificate has been totally accelerated. You must also send us evidence of insurability satisfactory to us for the insured and any rider insureds. The reinstated coverage will be at the original premium class. Payment of all overdue premiums with interest compounded annually at 6% per year will be required. Cash values for the reinstated certificate will be calculated consistent with current state non-forfeiture law.

The effective date of the reinstated coverage is the date we approve the written request for reinstatement. The Incontestability provision applies from the effective date of reinstatement as to statements made in the evidence of insurability provided.

### INCONTESTABILITY

Any statement made by you will be considered a representation and not a warranty. No statements will be used to void coverage, reduce benefits, or deny a claim unless it is included in the enrollment form and/or evidence of insurability form for this certificate and any application(s) for reinstatement, which has been signed by you and a copy of such statement has been given to you or your beneficiary. No such statement will be used to contest this coverage after it has been in force for 2 years from its effective date, or date of reinstatement, except in the case of fraud (when permitted by law in the state where the coverage is delivered or issued for delivery).

### SUICIDE EXCLUSION

If the insured or a rider insured commits suicide, while sane or insane, within 2 years after the effective date of coverage for that person, the death benefit is limited to the premiums paid for that person's coverage.

### MISSTATEMENT OF AGE

If the insured's age is misstated and this misstatement impacts the rate calculation, the death benefit amount will be adjusted using the correct age in accordance with any applicable Internal Revenue Code requirements. In the event this certificate would not have been issued using the correct age, this certificate is void and we will refund any premiums paid for this certificate.

### NON-PARTICIPATING

This certificate does not share in surplus distribution.

## **GENERAL PROVISIONS (Continued)**

### **COMPLIANCE WITH FEDERAL LAWS**

We reserve the right to amend the policy and this certificate to comply with:

1. requirements of the Internal Revenue Code;
2. any regulations or rulings issued under the Internal Revenue Code; and
3. any other requirements imposed by the Internal Revenue Service.

We will give you a copy of any such amendment(s).

The policy and this certificate are intended to qualify as life insurance under the Internal Revenue Code. Accordingly, the provisions of the policy and this certificate are to be interpreted, and will be administered by us, to ensure tax qualification.

### **RECEIPT OF PREMIUMS**

You will be given credit for premiums under this certificate and any attached rider(s) at the time the premiums are actually received by us or our authorized agent. The policyholder and financial institutions (such as banks and credit unions) who send the premiums to us directly at the employee's request are not our agents, and premiums paid by those parties are not credited until actually received by us.

### **COOPERATION OF BENEFICIARY**

The beneficiary must reasonably cooperate during any investigation and/or adjudication of a claim. This includes the authorization for the release of medical records and other information.

### **APPEALS PROCEDURE**

The certificate holder, or his or her beneficiary, has the right to appeal any denial of benefits under this certificate, or any attached rider(s), up to two times. A written request for review must be submitted to us at 1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687 within 60 days of the denial of benefits.

### **LEGAL ACTION**

Prior to filing any legal action for benefits under this certificate or any attached rider(s), the certificate holder or his or her beneficiary must appeal the denial of such benefit.

The time limit on legal actions for loss covered by this certificate is five years.

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## **CONTINUATION OF COVERAGE DUE TO TERMINATION OR LAYOFF FROM EMPLOYMENT**

If the employee is voluntarily or involuntarily terminated or laid off from employment, you may elect to continue coverage until the employee obtains coverage under another group policy, or for a period of 18 months after the termination or layoff from employment, whichever is shorter.

The employee is considered to be laid off from employment if there is a reduction in hours to the point where he or she is no longer in an eligible class. Termination does not include discharge for gross misconduct.

Within 14 days after termination or layoff from employment, the policyholder must provide notice to you of your right to elect to continue coverage. This notice will include the amount, manner, location, and time by which premium payments must be paid to the policyholder to retain coverage. In no event will the amount of premium charged exceed 102% of the cost of the plan.

You must elect to continue coverage and pay the premium due for such coverage within 60 days of receipt of such notice. If the insured dies during this 60-day election period and before you make an election to continue or reject continuation, we will pay the death benefit in accordance with this certificate's Death Benefit provision.

If the policyholder fails to notify you of your right to continue coverage, or if the policyholder fails to make payment to us after the policyholder's timely receipt of monthly premium from you, which results in termination of coverage, the policyholder is still liable for your coverage to the same extent as we would be if coverage were still in effect.

After coverage ends under this Continuation of Coverage due to Termination or Layoff from Employment provision, or if you elect not to continue coverage under this Continuation of Coverage due to Termination or Layoff from Employment provision, you may then elect to:

1. convert coverage under the Conversion provision; or
2. continue coverage under the Portability Privilege provision.

**(This space intentionally left blank.)**

## CONVERSION

While this coverage is in force, you may convert this life insurance to an individual non-term life insurance policy without submitting evidence of insurability, subject to the terms below, by applying for an individual policy and paying the first premium within 60 days after the earliest date one of the following events occurs:

1. the insured ceases to be in an eligible class or is in a class for which coverage under the policy ends; or
2. the policy terminates.

The conversion amount is limited by the minimums and maximums of the individual product we offer at the time of conversion.

If you are eligible to continue coverage under the Continuation of Coverage due to Termination or Layoff from Employment provision, then you may only elect to convert coverage if you have already either elected to continue coverage under the Continuation of Coverage due to Termination or Layoff from Employment provision and such coverage has ended, or after you have rejected such coverage.

The new policy will be an individual non-term life insurance policy then being offered by us or another insurance company chosen by us for conversions from this certificate. The mortality and interest basis for the new policy may be different than for this certificate. Any riders under this coverage will terminate upon conversion. The new policy will not include any additional benefits or riders unless agreed to by us.

You will be given written notice of the right to convert coverage within 15 days prior to the date coverage ends. The right to convert will expire on the later of 16 days after you are given such notice or the end of the conversion period, but in no event will the right to convert extend beyond 60 days after the expiration of the conversion period. Written notice will be given to you, which will constitute notice of the right to convert.

If the insured dies within the 60-day conversion period, and before the individual policy would become effective, the amount of insurance which you would have been entitled to have issued under the individual policy will be payable as a claim under the group policy, whether or not application for the individual policy or payment of the first premium has been made.

Conversion and the Portability Privilege are mutually exclusive. You may not elect both Portability and Conversion.

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## **PORTABILITY PRIVILEGE**

If your coverage ends pursuant to the Termination of Coverage provision, you may elect to continue your coverage under a group whole life trust policy, called the Portability Policy. If you are eligible to continue coverage under the Continuation of Coverage due to Termination or Layoff from Employment provision, then you may only elect to continue coverage under the Portability Policy if you have already either elected to continue coverage under the Continuation of Coverage due to Termination or Layoff from Employment provision and such coverage has ended, or after you have rejected such coverage. If you elect to continue coverage under the Portability Policy, you will be issued an endorsement that will transfer this certificate to the Portability Policy. All other terms, conditions, provisions, and benefits of this certificate remain the same.

You must elect portability and pay the premium due for such coverage within 60 days of termination of coverage. Evidence of insurability will not be required.

Premiums due must be paid directly to us. Premiums will be billed directly to you at your last known address.

If the insured dies within 60 days of the date his or her coverage ends and an application for portability coverage is not received by us during such time, we will pay the death benefit in accordance with the policy provision. If an application for portability coverage is received by us during such period, then we will pay the death benefit that you were entitled to port under the terms of your coverage.

The Portability Privilege and Conversion are mutually exclusive. You may not elect both Portability and Conversion.

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# AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE: 1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FLORIDA 32224-6687  
(904) 992-1776

A Stock Company

## ENDORSEMENT TO ADD OR CHANGE RIDERS AFTER POLICY DATE

The following provision is added to the General Provisions section of the policy to which this endorsement is attached.

**Adding or Changing Riders on Your Policy.** You may request the addition of any riders available at the time of request. You may also request a change to the amount or units of any rider currently attached to your policy. Any additional riders or changes to existing riders will be subject to our availability, underwriting and issue requirements at the time the request is made. Upon approval by us, the additional rider(s) or changes to existing riders will be effective on the next monthly date after the request is approved by us.

This endorsement does not change, alter or amend your policy in any way except as stated in this endorsement.

Signed for American Heritage Life Insurance Company at its home office.

Secretary

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

## CERTIFICATE ENDORSEMENT

This endorsement is attached to and made a part of the certificate. All definitions, exclusions, limitations, terms, conditions, and provisions of the certificate apply to this endorsement. If there is a conflict between this endorsement and the certificate, this endorsement will control.

The certificate is changed as follows:

- The METHOD OF CALCULATION provision under the CERTIFICATE LOAN AND NON-FORFEITURE OPTIONS section is deleted and replaced with the following:

### **METHOD OF CALCULATION**

Cash values and paid-up benefits are computed using the Standard Non-forfeiture Method and the mortality table and interest rate shown in the Certificate Specifications.

All other requirements of the certificate not specifically stated within this endorsement still apply.

A handwritten signature in black ink, appearing to read "Kurt Helms". The signature is fluid and cursive, with a long horizontal stroke at the end.

Secretary

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

## ENDORSEMENT

This endorsement is made a part of the policy, certificate, and any attached rider(s), if applicable. All definitions, exclusions, limitations, terms, conditions, and provisions of the policy, certificate, and rider(s) apply to this endorsement. If there is a conflict between this endorsement and the policy, certificate, or rider(s), this endorsement will control.

The policy, certificate, and any attached rider(s), if applicable, are changed as follows:

- The suicide exclusion period is changed from 2 years to 1 year.

All other requirements of the policy, certificate, and rider(s) not specifically stated within this endorsement still apply.

Signed for American Heritage Life Insurance Company at its home office in Jacksonville, Florida.

A handwritten signature in black ink, appearing to read "April S. [unclear]", written in a cursive style.

Secretary



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
**HOME OFFICE:**  
**1776 AMERICAN HERITAGE LIFE DRIVE**  
**JACKSONVILLE, FLORIDA 32224-6687**  
**[www.allstatebenefits.com](http://www.allstatebenefits.com)**  
**(904) 992-1776**

**A Stock Company**