Dearborn Life Insurance Company

Administrative Office:
701 E. 22nd Street
Lombard IL 60148

(A stock life insurance company, herein called “We” “Us” or “Our”)

Policyholder:	**CARES**
Policy Number:	**VF030277-0001**
Policy Effective Date:	**January 1, 2026**
Anniversary Date:	**January 1**

We agree with the *Policyholder* to insure certain eligible *Employees* of the *Policyholder. We* promise to pay benefits for loss covered by the *Policy* in accordance with its provisions.

The *Policyholder* should read this *Policy* carefully and contact Dearborn Life Insurance Company promptly with any questions.

Policyholder means the person, firm, or institution to whom the *Policy* was issued. *Policyholder* also means any covered subsidiaries or affiliates set forth on the face of the *Policy.*

Employee means an *Actively at Work,* full-time *Employee* as shown in the *Schedule of Benefits* whose principal employment is with the *Policyholder,* at the *Policyholder’s* usual place of business or such place(s) that the *Policyholder’s* normal course of business may require, and who is reported on the *Policyholder’s* records for Social Security and withholding tax purposes.

POLICY EFFECTIVE DATE AND TERM

The *Policy* takes effect on the *Policy* effective date stated above, subject to any participation requirement stated in the *Policy.* All insurance periods will be computed from that date. The *Policy* remains in force for the period for which premium has been paid. It may be renewed for further successive periods by payment of premium as stated in the *Policy.*

All periods of insurance begin and end at 12:01 A.M., Standard Time, at the *Policyholder’s* address as stated in the *Policy*, and on the *Application.*

Signed for Dearborn Life Insurance Company

Secretary President

Voluntary Group Specified Disease Insurance Policy

with

Dependent Specified Disease Benefits

Non-Participating

THIS IS NOT A WORKERS' COMPENSATION POLICY. THE EMPLOYEE DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED.

THIS IS A LIMITED BENEFIT POLICY. IT PROVIDES SPECIFIED DISEASE INSURANCE COVERAGE. THERE IS NO COVERAGE FOR HOSPITAL, MEDICAL-SURGICAL OR MAJOR MEDICAL EXPENSES.

THIS TYPE OF PLAN IS NOT CONSIDERED "MINIMUM ESSENTIAL COVERAGE" UNDER THE AFFORDABLE CARE ACT AND THEREFORE DOES NOT SATISFY THE INDIVIDUAL MANDATE THAT YOU HAVE HEALTH INSURANCE COVERAGE. IF YOU DO NOT HAVE OTHER HEALTH INSURANCE COVERAGE, YOU MAY BE SUBJECT TO A TAX PENALTY. PLEASE CONSULT YOUR TAX ADVISOR.

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ATTACHMENTS:

- Master Application
- Certificate of Insurance

PREMIUM

How is the initial premium calculated?

Initial *Specified Disease Insurance* premium is calculated in accordance with the rates set forth on the attached Rate Addendum.

When is premium paid?

The *Policy* is issued in consideration of payment of premium. Payment must be made by the premium due date shown on the *Application.*

If an addition, termination or change in insurance takes place other than on a regular due date, any premium adjustment will take effect on the next due date.

Is there a grace period for premium payment?

We will allow a grace period of 31 days for the payment of any premiums due except the first. Insurance coverage shall continue in force during the grace period unless the *Policyholder* has given *Us* advance written notice of cancellation in accordance with the terms of this *Policy.* If premium is not received by the end of the grace period, this *Policy* will terminate as of the last date for which premium was paid.

The *Policyholder* is liable for premium due on coverage provided during the grace period.

If *We* receive written notice during the grace period that the *Policy* is to be canceled, *We* will cancel it as of the later of:

1. the date requested in the cancellation notice; or
2. the date *We* receive such notice. The *Policyholder* must pay a pro rata premium for any coverage provided during the grace period.

PREMIUM RATE GUARANTEE

What is the initial premium rate guarantee?

A change in premium rates will not take effect before January 1, 2029. However, premium rates may change if the following occurs:

1. a change in the *Policy* design;
2. a change in the terms of the *Policy;*
3. addition or deletion of a division, subsidiary or affiliated company;
4. a change in the number of *Insureds* by 10% or more from the number of *Insureds* on the initial *Policy* effective date;
5. a change in the laws or regulations or other government action which applies to the *Policy;*
6. for reasons other than 1-5 above such as but not limited to a change in factors bearing on the risk assumed.

The *Policyholder* must furnish written notice and documentation satisfactory to *Us* within 31 days of the occurrence of any event described above. If the *Policyholder* fails to provide such timely notice, *We* will apply new rates retroactively to the date of the event.

We will notify the *Policyholder* in writing at least 60 days in advance of any premium rate changes. A change may take effect on an earlier date if both the *Policyholder* and *We* agree.

POLICY TERMINATION

Who may cancel the Policy or a plan under the Policy?

The *Policy* or a plan under the *Policy* can be canceled by the *Policyholder* with 31 days written notice delivered to *Us.*

We may terminate this *Policy* if:

1. The *Policyholder* fails to pay any premium within the 31-day grace period, this *Policy* will terminate in accordance with the terms set forth in the grace period provision.

2. On any premium due date if:
    a. coverage is *Contributory* and less than 75% of the eligible *Employees* participate; or
    b. the *Policyholder* fails to perform any of its obligations that relate to the *Policy;* or
    c. the *Policyholder* does not promptly provide *Us* with information that is reasonably required; or
    d. fewer than 10 *Employees* are *Insured* under the *Policy.*

If *We* cancel the *Policy*, for reasons other than the *Policyholder's* failure to pay premium, a written notice will be delivered to the *Policyholder* at least 31 days prior to the cancellation date.

ADDITIONAL PROVISIONS

What happens if an inadvertent error occurs?

Clerical error or omission by *Us* to the *Policyholder* will not:

1. Prevent an *Insured* from receiving coverage, if he is entitled to coverage under the terms of the *Policy;* or
2. Cause coverage to begin or coverage to continue for the *Insured* when the coverage would not otherwise be effective.

If the *Policyholder* gives *Us* information about an *Insured* that is incorrect, *We* will:

1. Use the facts to decide whether the *Insured* has coverage under the *Policy* and in what amounts; and
2. Make a fair adjustment of the premium.

Will certificates be issued?

We will deliver *Certificates* of insurance to the *Policyholder* for issuance to each *Insured.* The *Certificates* will describe the benefits, to whom they are payable, the *Policy* limitations and where the *Policy* may be inspected.

What is considered to be the entire contract?

1. all *Policy* provisions and any amendments and/or attachments issued;
2. the *Certificate* of coverage; and
3. the *Policyholder's* signed *Application.*

RATE ADDENDUM

(All Rates Per $1,000 Per Month unless otherwise stated)

Class 01 Voluntary Child Specified Disease: $.250

Class 01 Voluntary Specified Disease:

Age Range	Rate
Under 30	$.447
30 to 39	$.655
40 to 49	$1.25
50 to 59	$2.527
60 to 64	$4.253
65 and Over	$6.732

Class 01 Voluntary Spouse Specified Disease:

Age Range	Rate
Under 30	$.681
30 to 39	$.901
40 to 49	$1.517
50 to 59	$2.809
60 to 64	$4.538
65 and Over	$7.214

STATE SUPPLEMENT

The following policies apply only to those individuals in Your group insurance program who reside in the referenced states.

Arizona and Maine

Except as otherwise permitted by law, We will not disclose collected personal information about an individual to a nonaffiliated third party with whom We jointly offer products without giving the individual an opportunity to tell us that he or she does not want Us to share his or her personal information.

Minnesota and Montana

Except as otherwise permitted by law, We will not disclose collected personal information about an individual to a nonaffiliated third party with whom We jointly offer products without obtaining the individual's written authorization.

Montana

Upon written request, an individual who has authorized the collection of health information is entitled to receive a record of Our disclosure of any of his medical record information made within the preceding 3 years.

Oregon

An individual has the right to authorize disclosure of his or her personal information to an insurance company. An Oregon resident can exercise this right by requesting an authorization form in writing. Our address is:

Dearborn Life Insurance Company
Administrative Office:
701 E. 22nd Street
Lombard, IL 60148

How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). This notice summarizes your protections.

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

- **Accident, accident and health, or health insurance (including HMOs):**
  - Up to $500,000 for health benefit plans, with some exceptions.
  - Up to $300,000 for disability income benefits.
  - Up to $300,000 for long-term care insurance benefits.
  - Up to $200,000 for all other types of health insurance.
- **Life insurance:**
  - Up to $100,000 in net cash surrender or withdrawal value.
  - Up to $300,000 in death benefits.
- **Individual annuities:** Up to $250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.
- **Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.
- **Individual aggregate limit:** Up to $300,000 per person, regardless of the number of policies or contracts. A limit of $500,000 may apply for people with health benefit plans.
- **Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:

Texas Life and Health Insurance Guaranty Association
1717 West 6th Street, Suite 230
Austin, Texas 78703-4776
1-800-982-6362 or www.txlifega.org

For questions about insurance, contact:

Texas Department of Insurance
P.O. Box 12030
Austin, Texas 78711
1-800-252-3439 or www.tdi.texas.gov

Note: You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.

GEN-76-0223

Cómo estar protegido si su compañía de seguro de vida o de salud falla

La Asociación de Garantía de Seguros de Vida y Salud de Texas lo protege pagando sus reclamos cubiertos si su compañía de seguro de vida o salud es insolvente (no puede pagar sus deudas). **Este aviso resume sus protecciones**.

La Asociación pagará sus reclamos, con algunas excepciones requeridas por la ley, si su compañía de seguros tiene licencia en Texas y un tribunal la ha declarado insolvente. Debe vivir en Texas cuando su compañía de seguros falla. Si no vive en Texas, aún puede tener algunas protecciones.

Por cada compañía insolvente, la Asociación pagará los reclamos de una persona solo hasta estos límites en dólares establecidos por ley:

- **Seguros de accidentes, accidentes y salud, o salud (incluidos los HMO):**
  - Hasta $500,000 para planes de beneficios de salud, con algunas excepciones.
  - Hasta $300,000 para beneficios de ingresos por discapacidad.
  - Hasta $300,000 para beneficios de seguro de cuidado a largo plazo.
  - Hasta $200,000 para todos los demás tipos de seguro de salud.
- **Seguro de vida:**
  - Hasta $100,000 en valor neto de rescate o retiro de efectivo.
  - Hasta $300,000 en beneficios por muerte.
- **Anualidades individuales:** hasta $250,000 en el valor presente de los beneficios, incluidos los valores de rescate en efectivo y retiro neto de efectivo.
- **Otros tipos de pólizas:** los límites para pólizas grupales, planes de jubilación y anualidades de liquidación estructurada se encuentran en el Capítulo 463 del Código de Seguros de Texas.
- **Límite agregado individual:** hasta $300,000 por persona, independientemente de la cantidad de pólizas o contratos. Se puede aplicar un límite de $500,000 para personas con planes de beneficios de salud.
- **Es posible que partes de algunas pólizas no estén protegidas:** por ejemplo, no hay protección para partes de una póliza o contrato que la compañía de seguros no garantiza, como algunas adiciones al valor de las pólizas de vida o anualidades variables.

Para obtener más información sobre la Asociación y sus protecciones, comuníquese con:

Texas Life and Health Insurance Guaranty Association
1717 West 6th Street, Suite 230
Austin, TX 78703-4776
1-800-982-6362 www.txlifega.org

Para preguntas sobre seguros comuníquese con:

Texas Department of Insurance
P.O. Box 12030
Austin, Texas 78711
1-800-252-3439 or www.tdi.texas.gov

Nota: usted recibió este aviso porque la ley de Texas requiere que su compañía de seguros le envíe un resumen de sus protecciones bajo la Ley de Asociación de Garantía de Seguro de Vida y Salud de Texas (Código de Seguro, Capítulo 463). **Puede haber otras excepciones que no están incluidas en este aviso**. Al elegir una compañía de seguros, no debe confiar en la cobertura de la Asociación. La ley de Texas prohíbe a las compañías y agentes utilizar la Asociación como incentivo para comprar cobertura de seguro o HMO.

El Capítulo 463 controla si hay diferencias entre la ley y este resumen.

GEN-76-0223 SP

Dearborn Life Insurance Company

FACTS	WHAT DOES DEARBORN LIFE INSURANCE COMPANY DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: ▪ Social Security number and payment history ▪ Transaction history and employment information ▪ Medical information and insurance claim history When you are *no longer* our customer, we continue to share your information as described in this notice.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Dearborn Life Insurance Company chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Dearborn Life Insurance Company share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Who we are	
Who is providing this notice?	Dearborn Life Insurance Company marketing products and services as: ▪ Blue Cross and Blue Shield of Illinois ▪ Blue Cross and Blue Shield of Montana ▪ Blue Cross and Blue Shield of New Mexico ▪ Blue Cross and Blue Shield of Oklahoma ▪ Blue Cross and Blue Shield of Texas
Questions	Go to www.bcbstx.com/ancillary

What we do	
How does Dearborn Life Insurance Company protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Dearborn Life Insurance Company collect my personal information?	We collect your personal information, for example, when you: ▪ apply for insurance or pay insurance premiums ▪ file an insurance claim or provide employment information ▪ give us your contact information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only: ▪ sharing for affiliates' everyday business purposes—information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ▪ Our affiliates include Health Care Service Corporation, a Mutual Legal Reserve Company; DenteMax®, LLC
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ▪ We do not share with nonaffiliates so they can market to you
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

Other important information

For Insurance Customers in AZ, CA, CT, GA, IL, ME, MA, MN, MT, NC, NJ, NV, OH, OR and VA only: The term "information" as used in this part means personal information that is obtained in an insurance transaction. We may give your information to government officials, including insurance officials, law enforcement, and to group policy holders about claim experience, or to auditors, or as you may authorize, or as the law allows or requires. We may give your information to insurance support entities that may keep it or give it to others. We may share medical information and other information so we can learn if you qualify for coverage, to process claims, or to prevent fraud, or if you authorize us to do so.

To see your information, write to Dearborn Life Insurance Company, Administrative Office, 701 E. 22nd St., Lombard, IL 60148. You must state your full name, address, the name of the insurance company, policy number (if applicable), and the information you want. If you think any information we have is wrong, you may ask us to correct it. We then will let you know what actions we will take. If you do not agree with the actions we take, you may send us a concise statement explaining the basis for your concern or dispute about the information, and we will place that statement in our file with the information.

Additional California Consumers only: "Personal Information" can include information that can identify, relate to, describe, be associated with, or be reasonably capable of being associated with a particular consumer or household. We will share information about you only as permitted by California law. We do not sell your Personal Information. We will only use your Personal Information as is necessary to effectuate the purpose for which it was collected.

For MA Insurance Customers only: You may ask in writing for the specific reasons we made an adverse underwriting decision.

For VT Insurance Customers only: We will share information about you only as permitted by Vermont law. We will not share personal information we collect about you with affiliated or nonaffiliated third parties except if permitted by law, or with your consent, or to the extent necessary to administer your insurance coverage.