

RELIANCE STANDARD

Life Insurance Company

Home Office: Chicago, Illinois • Administrative Office: Philadelphia, Pennsylvania


TABLE OF CONTENTS

	Page
SCHEDULE OF BENEFITS	1.0
DEFINITIONS	2.0
GENERAL PROVISIONS	3.0
CLAIMS PROVISIONS	4.0
EFFECTIVE DATE AND TERMINATION	5.0
WEEKLY INCOME INSURANCE	6.0
LIMITATION	7.0
EXTENSION OF COVERAGE UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)	8.0

CERTIFICATE OF INSURANCE

We certify that the Person whose name appears on the enrollment card attached to this Certificate is insured for the benefits which apply to his/her class, under Group Policy No. VPS 325814 issued to United Cerebral Palsy Association of Greater Cleveland, Inc., the Policyholder.

This Certificate is not a contract of insurance. It contains only the major terms of insurance coverage and payment of benefits under the Policy. It replaces all certificates that may have been issued to you earlier.


Secretary


President

GROUP WEEKLY INCOME INSURANCE CERTIFICATE

This Weekly Income Certificate amends the previous Weekly Income Certificates and is dated June 29, 2012.

SCHEDULE OF BENEFITS

EFFECTIVE DATE: July 1, 2011, as amended in the Policy through June 1, 2012

ELIGIBLE CLASSES: Each active, Full-time employee earning an annual salary of at least \$9,000, except any person employed on a temporary or seasonal basis.

WAITING PERIOD:

employees hired prior to January 1, 2012: 30 days of continuous employment
employees hired on or after January 1, 2012: 90 days of continuous employment

INDIVIDUAL EFFECTIVE DATE: The first of the month following the date you complete your enrollment form.

YOUR REINSTATEMENT: 6 months

WEEKLY INCOME BENEFIT

DAY BENEFITS BEGIN: Benefits, for one period of disability, will be paid as follows:

INJURY AND SICKNESS: We will pay benefits from the later of:

- (1) the exhaustion of your accrued banked days; or
- (2) the fifteenth consecutive day of disability.

MAXIMUM BENEFIT PERIOD: Benefits, for one period of disability, will be paid up to a maximum of eleven (11) weeks.

WEEKLY INCOME BENEFIT: If an Eligible Person, you may elect an amount of insurance in increments of \$25 from a minimum of \$100 to a maximum of \$1,250 per week up to 60% of your Earnings (rounded to the next lower increment), payable in accordance with the section entitled Weekly Income Insurance.

MINIMUM WEEKLY BENEFIT: In no event will the Weekly Income Benefit be less than \$25.00.

In the event that you are covered under any state statutory disability benefit plan, our Benefit will be reduced by any benefit payable under such plan, including but not limited to the following: California Unemployment Compensation Disability Insurance, the Hawaii Temporary Disability Insurance Law, the New Jersey Temporary Disability Benefits Law, the New York Disability Benefits Law, Puerto Rico Disability Benefit Act or Rhode Island disability benefit.

The Weekly Income Benefit will be reduced by any benefit payable to you under the United States Social Security Act. This reduction will include any benefits you are eligible to receive for your spouse or children due to your disability. If there is an increase in Social Security Benefits, the Weekly Income Benefit will not be further reduced.

Weekly Income Benefits terminate at Retirement.

CHANGES IN WEEKLY INCOME BENEFIT: Increases in the benefit amount are effective on the date of the change, provided you are actively at work on the effective date of the change. If you are not actively at work on that date, the effective date of the increase in the benefit amount will be deferred until the date you return to active work. Decreases in the benefit amount are effective on the date the change occurs.

Premium changes due to you entering into a higher age bracket will occur on the Policy Anniversary coinciding with or next following your last birthday.

If an increase in, or initial application for, the benefit amount is due to a life event change (such as marriage, birth or specific changes in employment status), proof of good health will not be required provided you apply within 31 days of such life event.

CONTRIBUTIONS: You are required to contribute toward the cost of this insurance.

Contributions for you are being made on a post-tax basis. For purposes of filing your Federal Income Tax Return, this means that under the law as of the date the Policy was issued, your Weekly Income Benefit might be treated as non-

taxable. It is recommended that you contact your personal tax advisor.

DEFINITIONS

"We", "us" and "our" means Reliance Standard Life Insurance Company.

"You", "your" and "yours" means a person who meets the eligibility requirements of the Policy and is enrolled for this insurance.

"Actively at work" and "active work" means actually performing on a full-time basis each and every duty pertaining to your job in the place where and the manner in which the job is normally performed. This includes approved time off such as vacation, jury duty and funeral leave, but does not include time off as a result of Injury or Sickness.

"Claimant" means you or a duly authorized representative who makes a claim for benefits under the Policy for a loss covered by the Policy as a result of your Injury or Sickness.

"Full-time" means working for the Policyholder for a minimum of 20 hours during your regular work week.

"Disabled" means you are:

- (1) unable to do the material duties of your job; and
- (2) not doing any work for payment; and
- (3) under the regular care of a physician.

"Injury" means bodily injury resulting directly from an accident, independent of all other causes. The injury must cause disability which begins while you are insured under the Policy.

"Earnings", as used in the SCHEDULE OF BENEFITS section, means your weekly salary received from the Policyholder on the day just before the date of disability, prior to any deductions to a 403(b) and Section 125 plan. Earnings does not include commissions, overtime pay, bonuses or any other special compensation not received as basic salary.

If hourly employees are insured, the number of hours worked during a regular work week, not to exceed forty (40) hours per week, will be used to determine weekly earnings.

"Physician" means any duly licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to treat the type of Injury or Sickness for which claim is made. The physician may not be you or a member of your immediate family.

"Regular Care" means Treatment that is administered as frequently as is medically required according to guidelines established by nationally recognized authorities, medical research, healthcare organizations, governmental agencies or rehabilitative organizations. Care must be rendered personally by your Physician according to generally accepted medical standards in your locality, be of a demonstrable medical value and be necessary to meet your basic health needs.

"Retirement" means the effective date of your:

- (1) retirement pension benefits under any plan of a state, county or municipal retirement system, if such pension benefits include any credit for employment with the Policyholder;
- (2) retirement pension benefits under any plan which the Policyholder sponsors, makes or has made contributions;
- (3) retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

Retirement Benefits do not include:

- (1) a federal government employee pension benefit;
- (2) a thrift plan;
- (3) a deferred compensation plan;
- (4) an individual retirement account (IRA);
- (5) a tax sheltered annuity (TSA);
- (6) a stock ownership plan;
- (7) a profit sharing plan; or
- (8) section 401(k), 403(b) or 457 plans.

"Sickness" means illness or disease causing disability which begins while you are insured under the Policy. Sickness includes pregnancy, childbirth, miscarriage or abortion, or any complications therefrom.

"Treatment" means care consistent with the diagnosis of your Injury or Sickness that has its purpose of maximizing your medical improvement. It must be provided by a Physician whose specialty or experience is most appropriate for the Injury or Sickness and conforms with generally accepted medical standards to effectively manage and treat your Injury or Sickness.

GENERAL PROVISIONS

INCONTESTABILITY: Any statements made by you or on your behalf to persuade us to provide coverage, will be deemed a representation not a warranty. This provision limits our use of these statements in contesting the amount of insurance for which you are covered. The following rules apply to each statement:

- (1) No statement will be used in a contest unless:
 - (a) it is in written form signed by you, or on your behalf; and
 - (b) a copy of such written instrument is or has been furnished to you, your beneficiary or legal representative.
- (2) If the statement relates to your insurability, it will not be used to contest the validity of insurance which has been in force, before the contest, for at least two years during your lifetime.

NOT IN LIEU OF WORKERS' COMPENSATION: The Policy is not a Workers' Compensation Policy. It does not provide Workers' Compensation benefits.

CLAIMS PROVISIONS

NOTICE OF CLAIM: Written notice must be given to us within thirty-one (31) days after the loss occurs, or as soon as reasonably possible. The notice should be sent to us at our Administrative Office or to our authorized agent. The notice should include your name and the Policy Number.

CLAIM FORMS: When we receive notice of claim, we will send the claimant the forms to file the proof of loss. If we do not send them within fifteen (15) days after we receive notice, then the proof of loss requirements will be met by giving us a written statement of the nature and extent of the loss within ninety (90) days after the loss began.

WRITTEN PROOF OF LOSS: For any covered loss, written proof must be sent to us within ninety (90) days. If it is not reasonably possible to give proof within ninety (90) days, the claim is not affected if the proof is sent as soon as reasonably possible. In any event, proof must be given within one (1) year unless the claimant is legally incapable of doing so.

PAYMENT OF CLAIMS: When we receive written proof of loss, we will pay any benefits due. Benefits that provide for periodic payment will be paid for each period as we become liable. We will pay benefits to you, if living, or else to your estate.

If you have died and we have not paid all benefits due, we may pay up to \$1,000 to any relative by blood or marriage, or to the executor or administrator of your estate. The payment will only be made to persons entitled to it. An expense incurred as a result of your last illness, death or burial will entitle a person to this payment. The payments will cease when a valid claim is made for the benefit. We will not be liable for any payment we have made in good faith.

PHYSICAL EXAMINATION: At our own expense, we will have the right to have you examined as reasonably necessary when a claim is pending. We can have an autopsy made unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought against us to recover on the Policy within 60 days after written proof of loss has been given as required by the Policy. No action may be brought after three (3) years (Kansas, five (5) years; South Carolina, six (6) years) from the time written proof of loss is required to be given.

EFFECTIVE DATE AND TERMINATION

EFFECTIVE DATE OF INDIVIDUAL INSURANCE: You must apply in writing for the insurance to go into effect. You will become insured on the latest of:

- (1) on the first of the month following the date you apply, if you apply within thirty-one (31) days of the date you are first eligible; or
- (2) on the first of the month following the date we approve any required proof of good health. We require proof of good health if you apply:
 - (a) after thirty-one (31) days from the date you first become eligible; or
 - (b) after you terminated this insurance but remained in a class eligible for this insurance; or
- (3) the date premium is remitted.

Changes in your amount of insurance are effective as shown on the Schedule of Benefits.

If you are not actively at work on the day your insurance is to go into effect, the insurance will go into effect on the day you return to active work for one full day.

TERMINATION OF INDIVIDUAL INSURANCE: Your insurance will terminate on the first of the following to occur:

- (1) the date the Policy terminates; or
- (2) the date you cease to be in a class eligible for this insurance; or
- (3) the end of the period for which premium has been paid for you; or
- (4) the date you enter military service (not including Reserve or National Guard).

CONTINUATION OF INDIVIDUAL INSURANCE: The insurance of an Insured who works within a school system that contracts with the Policyholder to supply therapy services may be continued, by payment of premium, beyond the date the Insured ceases to be eligible for this insurance, but not longer than (3) months, if due to the school system's summer closure.

In the event of a loss which occurs during a period of Continuation of Individual Insurance, Earnings as defined will be determined as of the last day worked prior to the date the Insured ceased to be eligible for this insurance.

YOUR REINSTATEMENT: If you are terminated, your insurance may be reinstated if you return to Active Work with the Policyholder within the period of time as shown on the Schedule of Benefits page. You must also be a member of an Eligible Class, as shown on the Schedule of Benefits page, and have been:

- (1) on a leave of absence approved by the Policyholder; or
- (2) on temporary lay-off.

You will not be required to fulfill the eligibility requirements of the Policy again. The insurance will go into effect on the day you return to Active Work. If you return after having resigned or having been discharged, you will be required to fulfill the eligibility requirements of the Policy again. If you return after terminating at your request or for failure to pay premium when due, proof of good health must be approved by us before you may be reinstated.

WEEKLY INCOME INSURANCE

BENEFITS PAYABLE: We will pay Weekly Income Benefits if you:

- (1) are disabled due to Sickness or Injury; and
- (2) become disabled while insured by the Policy.

Weekly Income Benefits are paid from the Day Benefits Begin as shown on the Schedule of Benefits. Benefits are paid up to the Maximum Benefit Period as shown on the Schedule of Benefits, for one period of disability.

The Weekly Income Benefit is shown on the Schedule of Benefits.

If we have underpaid any benefit for any reason, we will make a lump sum payment. If we have overpaid any benefit for any reason, the overpayment must be repaid to us. At our option, we may reduce the Weekly Income Benefit or ask for a lump sum refund. If we reduce the benefit, the Minimum Benefit, if any, as shown on the Schedule of Benefits page, would not apply. Interest does not accrue on any underpaid or overpaid benefit unless required by applicable law.

PERIOD OF DISABILITY: Each period of disability starts from the first day benefits are due. It will end when:

- (1) you are no longer disabled; or
- (2) all benefits due have been paid.

Two or more disabilities will be deemed the same period of disability if they are from:

- (1) the same or related causes and are not separated by one (1) week of active work; or
- (2) a different cause and are not separated by one (1) full day of active work.

EXCLUSIONS: Weekly Income Benefits are not paid for any period of disability caused by:

- (1) an intentionally self-inflicted Injury; or
- (2) an act of war, declared or undeclared; or
- (3) your committing a felony; or
- (4) Sickness which is covered by a Workers' Compensation Act, or other worker's disability law; or
- (5) Injury which occurs out of or in the course of work for wage or profit.

LIMITATION

PRE-EXISTING CONDITIONS: You will be considered to have a Pre-existing Condition and will be subject to the Pre-existing Conditions Limitation if:

- (1) the disability begins in the first twelve (12) months after your effective date; and
- (2) you have received medical Treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines for the Sickness or Injury, whether specifically diagnosed or not, causing such disability, during the three (3) months immediately prior to your effective date of insurance.

Weekly Income Benefits will not be paid for a disability:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from

a Pre-existing Condition unless you have been Actively at Work for one (1) full day following the end of twelve (12) consecutive months from your effective date of insurance.

With respect to persons electing a benefit increase (whether an increase from coverage under a prior plan, if applicable or under the Policy), any benefit increase will not be paid for a disability:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from

a Pre-existing Condition unless you have been Actively at Work for one (1) full day following the end of twelve (12) consecutive months from the effective date of the benefit increase.

You will be considered to have a Pre-existing Condition and will be subject to the Pre-existing Conditions Limitation due to a benefit increase if:

- (1) the disability begins in the first twelve (12) months after the effective date of the increase; and
- (2) you have received medical Treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines for the Sickness or Injury, whether specifically diagnosed or not, causing such disability, during the three (3) months immediately prior to the effective date of the increase.

With respect to persons electing to change their level of coverage during an approved enrollment period, any benefit increase (due to this change) will not be paid for a disability:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from

a Pre-existing Condition unless you have been Actively at Work for one (1) full day following the end of twelve (12) consecutive months from the effective date of the increase. A Pre-existing Condition means any Sickness or Injury for which you received medical Treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines for the Sickness or Injury, whether specifically diagnosed or not, causing such disability, during the three (3) months immediately prior to the effective date of the increase (with respect to any increase in benefits).

**EXTENSION OF COVERAGE UNDER THE UNIFORMED SERVICES
EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)**

Military Services Leave of Absence:

We will continue your coverage in accordance with the Policyholder's policies regarding Military Services Leave of Absence under USERRA if the premium for you continues to be paid during the leave.

As long as the above requirement is satisfied, we will continue coverage until the end of the period required by USERRA.

The Policy, while coverage is being continued under the Military Services Leave of Absence extension, does not cover any loss which occurs while on active duty in the military if such loss is caused by or arises out of such military service, including but not limited to war or any act of war, whether declared or undeclared.

While you are on a Military Services Leave of Absence you will be considered Actively at Work. Any changes such as revisions to coverage due to age, class or salary changes, as applicable, will apply during the leave except that increases in the amount of insurance, whether automatic or subject to election, will not be effective if you are not considered Actively at Work until you have returned to Active Work for one (1) full day.

A leave of absence taken in accordance with USERRA will run concurrently with any other applicable continuation of insurance provision in the Policy.

Your coverage will cease under this extension on the earliest of:

- (1) the date the Policy terminates; or
- (2) the end of the period for which premium has been paid for you; or
- (3) the date such leave should end in accordance with the Policyholder's policies regarding Military Services Leave of Absence in compliance with USERRA. Coverage will not be terminated if you become Disabled during the period of the leave and are eligible for benefits according to the terms of the Policy. Any Weekly Benefit which becomes payable will be based on your Earnings immediately prior to the date of Disability.

Should the Policyholder choose not to continue your coverage during a Military Services Leave of Absence, your coverage will be reinstated.