

**LIFE INSURANCE COMPANY OF NORTH AMERICA  
(herein called the Company)**

Amendment to be attached to and made a part of the Group Policy  
A Contract between the Company and

Policyholder: Trustee of the Group Insurance Trust for Employers in the Services Industry  
Participating Subscriber: Yosemite Community College District  
(herein called the Subscriber)

Policy No.: FLX - 966111

**PLEASE READ**

**IMPORTANT:** The attached amendment to your policy has been made at your request, and will be effective on the date shown within the amendment. Please review this amendment immediately and confirm that it accurately reflects your request and is consistent with your intentions. If amended certificates have been provided, please review these as well. If there are any errors or discrepancies, please notify your account manager or account service representative immediately. If you have not notified your account manager or account service representative of any errors or concerns, continued payment of premium more than 31 days after delivery of this amendment will be deemed acceptance of this amendment.

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This Amendment will be in effect on the Effective Date(s) shown below only for insured Employees in Active Service on that date. If an Employee is not in Active Service on the date his insurance would otherwise become effective, it will be effective on the date he returns to Active Service.

The Company and the Subscriber hereby agree that the Policy is amended as follows:

1. Effective July 1, 2015, the following Class 2 is replaced under the Eligible Persons provision of the *Schedule of Benefits*:

Class 2            All current Board Members hired prior to 4/1/15, whose names are on file with the Employer and Insurance Company. (Closed Class)\*

NOTE \* The total enrollment between class 2 and class 3 cannot exceed 7 board members at any time.

2. Effective July 1, 2015, the following Class is added to the Eligible Persons provision of the *Schedule of Benefits*:

Class 3            All board members hired on or after 04/01/2015

NOTE \* The total enrollment between class 2 and class 3 cannot exceed 7 board members at any time.

3. Effective July 1, 2015, the attached *Schedule of Benefits for Class 3* is made a part of the Policy.

Except for the above, this Amendment does not change the Policy in any way.

FOR THE COMPANY



Matthew G. Manders, President

Date: September 1, 2015

Amendment No. 02

TL-004780

### SCHEDULE OF BENEFITS FOR CLASS 3

#### Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in Active Service to be eligible for coverage. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired on or before the Policy Effective Date: The first of the month on or after date of hire

For Employees hired after the Policy Effective Date: The first of the month on or after date of hire

#### LIFE INSURANCE BENEFITS

##### Employee Benefits

Basic Benefit \$50,000  
Guaranteed Issue Amount: \$25,000  
Maximum Benefit: \$50,000

Basic Terminal Illness Benefit The insured can elect up to 50% of Basic Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$25,000.

Voluntary Benefit An amount elected in units of \$10,000  
Guaranteed Issue Amount: the greater of a) or b) below:  
a) \$200,000, or  
b) an amount equal to the Life Insurance Benefit in effect on the termination date of the Prior Plan  
Maximum Benefit: \$200,000

Voluntary Terminal Illness Benefit The insured can elect up to 50% of Voluntary Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$100,000.

Age Based Reductions Life Insurance Benefit for an Employee age 70 and over will reduce to the percentage shown below:  
50% of the Life Insurance Benefit at age 70

Benefits reductions will be effective on January 1<sup>st</sup> coinciding with or next following the Employee's attainment of age as specified in schedule above.

## Continuation Options

### For Leave of Absence

Maximum Benefit Period: 12 months

### For Sabbatical Leave

Maximum Benefit Period: 12 months

### For Family Medical Leave

Maximum Benefit Period: the later of the period of the approved FMLA leave or the leave period required by the laws of the state in which the Employee is employed

### For Disability for Employees over Age 60

Maximum Benefit Period: 12 months

Applicable Coverages: Life Insurance Benefits for the Employee

### Extended Death Benefit with Waiver of Premium

#### Extended Death Benefit

Applicable Coverages Life Insurance Benefits for the Employee

#### Waiver of Premium

Waiver Waiting Period 9 months from the date the Employee's Active Service ends

Maximum Benefit Period To Age 65

Applicable Coverages Life Insurance Benefits for the Employee

## Portability Options

### For Employees

See the Former Employee sections in this Schedule of Benefits for the amounts of insurance an Insured is eligible to continue under this option.

## Life Status Change

### *For Employees*

Within 31 days after a Life Status Change, an Employee currently insured under the Voluntary Life Insurance portion of this Policy may increase his or her Voluntary Life Insurance Benefit as long as the total Benefit does not exceed the Guaranteed Issue Amount without satisfying the Insurability Requirement. An Employee who is eligible for the Voluntary Life Insurance portion of this Policy but who has not previously enrolled may become insured under the Policy as long as the total Benefit does not exceed the Guaranteed Issue Amount without satisfying the Insurability Requirement. Guaranteed Issue Amounts are shown above. Insurance will be effective on the first of the month following the Life Status Change.

An Employee may increase coverage for a Benefit in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Life Status Change or the date the Insurance Company agrees in writing to insure the Employee.

Insurance Benefits for an Employee may be reduced at any time. The reduced amount will be effective on the date the Insurance Company receives the completed change form.

## **Former Employee Benefits**

Amount of Insurance

An amount elected subject to the Maximum Benefit amount for Voluntary Life Insurance Benefits allowable to an Employee, less any amount of conversion insurance issued under the Conversion Privilege for Life Insurance.

Any amount elected in excess of the Voluntary Life Insurance Benefits in effect on the date he or she no longer qualifies as an Employee will be effective on the date the Insurance Company agrees in writing to insure him or her.

Maximum Benefit Period

To Age 70

Terminal Illness Benefit

The insured can elect up to 50% of Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$100,000.

TL-004774