

Dearborn National[®] Life Insurance Company

Administrative Office:
1020 31st Street
Downers Grove IL 60515-5591

(A stock life insurance company, herein called the "We" "Us" or "Our")

Policyholder: Ouachita Parish
Policy Number: VF023308-0001
Policy Effective Date: January 1, 2019
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 National[®] Life Insurance Company promptly with any questions.

Policyholder means the *Employer* to whom the *Policy* is issued and who sponsored the coverage for its *Employees*.

Employer means the *Policyholder* and includes any division, subsidiary, or affiliated company named in the *Policy*.

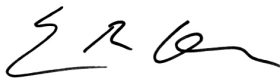
POLICY EFFECTIVE DATE AND TERM

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*.

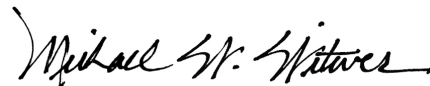
If We cancel the *Policy*, for reasons other than the *Policyholder's* failure to pay premiums, a written notice will be delivered to the *Policyholder* at least 60 days prior to the cancellation date.

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 National Life Insurance Company



Secretary



President

Basic & Supplemental Group Term Life Insurance Policy
with
Accidental Death & Dismemberment and Dependent Life Insurance Benefits
Non-Participating

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ATTACHMENTS:

- Master Application
- Certificate of Insurance

PREMIUM

How is the initial premium calculated?

Initial life & AD&D and Dependent Life 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 the payment in advance of premium on the premium due date indicated on the *Application*. Payment must be made by the premium due date as 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 premium payable while an Insured receives benefits?

We will waive premium for an *Insured Employee* in accordance with the *Waiver of Premium* provision of the *Policy*.

Is there a grace period for premium payment?

We will allow a grace period of 60 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, 2021. Following the *Policy* Anniversary Date, *We* may change the premium rates on any premium due date, but not more than once in any six month period. However, *We* may change premium rates if the risk assumed changes. 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 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 notice and documentation satisfactory to *Us* within 31 days of the occurrence of any event which would cause a change in rates as 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 45 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*. This *Policy* will terminate for any of the following reasons:

1. If the *Policyholder* fails to pay any premium within the 60-day Grace Period, this *Policy* will terminate in accordance with the terms set forth in the Grace Period provision.
2. We may terminate this *Policy* on any premium due date if:
 - a. coverage is *Contributory* and less than 25% 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 60 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 *Employee* 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 an *Employee* when the coverage would not otherwise be effective.

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

1. Use the facts to decide whether the *Employee* 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 Employee*. 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?

This entire *Policy* consists of:

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

RATE ADDENDUM

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

Employee Basic Term Life: **\$0.937**

Employee Accidental Death & Dismemberment: **\$0.030**

Employee Supplemental Life: **\$0.937**

Employee Supplemental Accidental Death & Dismemberment: **\$0.030**

Supplemental Spouse Life: **\$0.937**

Supplemental Child Life: **\$0.090**

Employee Retiree Basic Term Life: **\$0.937**

Employee Retiree Accidental Death & Dismemberment: **\$0.030**

Employee Retiree Supplemental Life: **\$0.937**

Employee Retiree Supplemental Accidental Death & Dismemberment: **\$0.030**

Spouse Retiree Dependent Life: **\$0.937**

Child Retiree Dependent Life: **\$0.090**

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 Dearborn National's disclosures 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 National® Life Insurance Company
1020 31st Street, Downers Grove, IL 60515

**SUMMARY OF THE LOUISIANA LIFE AND HEALTH
INSURANCE GUARANTY ASSOCIATION LAW AND NOTICE
CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS**

Residents of Louisiana who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are required by law to be members of LLHIGA. The purpose of LLHIGA is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this happens, LLHIGA will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through LLHIGA is limited. As noted in the disclaimer below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Louisiana Life and Health Insurance Guaranty Association provides coverage of claims under some types of policies if the insurer becomes impaired or insolvent. *COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY.* Even if coverage is provided, there are significant limits and exclusions. Coverage is generally conditioned upon residence in this state. Other conditions may also preclude coverage.

Insurance companies and insurance agents are prohibited by law from using the existence of the association or its coverage to sell you an insurance policy.

You should not rely on the availability of coverage under the Louisiana Life and Health Insurance Guaranty Association when selecting an insurer.

The Louisiana Life and Health Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

LLHIGA

P.O. Drawer 44126
Baton Rouge, Louisiana 70804

Department of Insurance

P.O. Box 94214
Baton Rouge, Louisiana 70804-9214

The state law that provides for this safety-net coverage is called the Louisiana Life and Health Insurance Guaranty Association Law (the Law), and is set forth at R.S. 22:2081 et seq. The following is a brief summary of this Law's coverage, exclusions and limits. This summary does not cover all provisions of the Law; nor does it in any way change any person's rights or obligations under the Law or the rights or obligations of LLHIGA.

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in this state and hold a direct non-group life, health or annuity policy or contract, a certificate under a direct group policy or contract for a supplemental contract to any of these or an unallocated annuity contract, issued by an insurer authorized to conduct business in Louisiana. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state unless they are afforded coverage by the guaranty association of another state, or other circumstances described under the law are applicable.

EXCLUSIONS FROM COVERAGE

A person who holds a direct non-group life, health, or annuity policy or contract, a certificate under a direct group policy or contract for a supplemental contract to any of these, or an unallocated annuity contract is not protected by LLHIGA if:

1. he is eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
2. the insurer was not authorized to do business in this state;

3. his policy was issued by a profit or nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, an insurance exchange, an organization that issues charitable gift annuities as is defined in R.S. 22:952(A)(3), or any entity similar to any of these.

LLHIGA also does not provide coverage for:

1. any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
2. any policy of reinsurance (unless an assumption certificate was issued);
3. interest rate or crediting rate yields, or similar factors employed in calculating changes in value, that exceed an average rate;
4. dividends, premium refunds, or similar fees or allowances described under the Law;
5. credits given in connection with the administration of a policy by a group contract holder;
6. employers', associations' or similar entities' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them) or uninsured;
7. unallocated annuity contracts (which give rights to group contract holders, not individuals), except unallocated annuity contracts and defined contribution government plans qualified under section 403(b) of the United States Internal Revenue Code (26 U.S.C. 403(b));
8. an obligation that does not arise under the express written terms of the policy or contract issued by the insurer to the policy owner or contract owner, including but not limited to, claims described under the law;
9. a policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to "Medicare Part C coverage" or "Medicare Part D coverage" and any regulations issued pursuant to those parts;
10. interest or other changes in value to be determined by the use of an index or other external references but which have not been credited to the policy or contract or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes an impaired or insolvent insurer, whichever is earliest.

LIMITS ON AMOUNT OF COVERAGE

1. The Louisiana Life and Health Insurance Guaranty Association Law also limits the amount that LLHIGA is obligated to pay out.
2. The benefits of which LLHIGA may become liable shall in no event exceed the lesser of the following.
 - a. LLHIGA cannot pay more than what the insurance company would owe under a policy or contract if it were not an impaired or an insolvent insurer.
 - b. for any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of \$300,000 in life insurance death benefits, but not more than \$100,000 in net cash surrender and net cash withdrawal values for life insurance.
 - c. for any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of \$500,000 in health insurance benefits, and LLHIGA will pay a maximum of \$250,000 in present value of annuities, including net cash surrender and net cash withdrawal values.
3. In no event, regardless of the number of policies and contracts there were with the same company, and no matter how many different types of coverages, LLHIGA shall not be liable to expend more than \$500,000 in the aggregate with respect to any one individual.

FACTS **WHAT DOES DEARBORN NATIONAL® 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 National chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Dearborn National 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	Yes	No
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

Questions Go to www.dearbornnational.com

Other important information

Who is providing this notice?

Dearborn National brand companies:

- Dental Network of America®, LLC
- Dearborn National® Life Insurance Company
- Dearborn National® Life Insurance Company of New York

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, Illinois) which is not licensed in and does not solicit business in New York; in New York, the company is Dearborn National® Life Insurance Company of New York (Pittsford, New York). Dental Network of America®, LLC is an administrator for group dental claims. DenteMax®, LLC is a dental provider network. Products and services and availability vary by state and company, and are solely the responsibility of each affiliate.

Who we are**Who is providing this notice?**

The Dearborn National brand companies. (See “Other important information” below for the list of companies.)

What we do**How does Dearborn National 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.

Access to your information is limited to employees who need it in their jobs. If a company working for us has access, it is required to protect it.

How does Dearborn National 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.

- 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.

- Dearborn National does 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.

- Our joint marketing partners include categories of companies such as insurance companies and brokers.

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 National, Administrative Office, 1020 31st Street, Downers Grove, IL 60515. 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.

For California Insurance Customers only: We will share information about you only as permitted by California 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.

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.