
GROUP INSURANCE BENEFITS

Columbia School District

Life and AD&D Insurance

Class 2 and Class 3



**KANSAS CITY LIFE
INSURANCE COMPANY**

***Notice Concerning Coverage
Limitations and Exclusions Under the Life and
Health Insurance Guaranty Association Act***

Residents of this state 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 members of the Missouri Life and Health Insurance Guaranty Association. The purpose of this association 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 should happen, the guaranty association 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. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The Missouri Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Missouri. You should not rely on coverage by the Missouri Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy. Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus. Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy. YOU MAY CONTACT EITHER THE ASSOCIATION OR THE MISSOURI DEPARTMENT OF INSURANCE AT THE FOLLOWING ADDRESSES SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE.

**The Missouri Life and Health Insurance Guaranty Association
520 Dix Road, Suite D
Jefferson City, MO 65109**

**Missouri Department of Insurance
P.O. Box 690
Jefferson City, MO 65102-0690**

The state law that provides for this safety-net coverage is called the Missouri Life and Health Insurance Guaranty Association Act. On the back of this page is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's right or obligations under the act or the rights or obligations of the guaranty association.

Generally, persons will be covered if they live in this state, and hold a life or health insurance contract or annuity, or a certificate under a group policy or contract. However, not all individuals with a right to recover under life or health insurance policies or annuities are protected by the Act. A person is not protected when:

- (1) the person is eligible for protection under the laws of another state;
- (2) the person purchased the insurance from a company that was not authorized to do business in this state;
- (3) the policy is issued by an organization which is not a member insurer of the association; or
- (4) the person does not live in this state, except under limited circumstances.

Additionally, the Association may not provide coverage for the entire amount a person expects to receive from the policy. The Association does not provide coverage for any portion of the policy where the person has assumed the risk, for any policy of reinsurance (unless an assumption certificate was issued), for interest rates that exceed a specified average rate, for employers' plans that are self-funded, for parts of plans that provide dividends or credits in connection with the administration of policy, or for unallocated annuity contracts (which are generally issued to pension plan trustees).

The Act also limits the amount the Association is obligated to pay persons on various policies. The Association does not pay more than the amount of the contractual obligation of the insurance company. The Association does not have to pay more than three hundred thousand dollars (\$300,000) in death benefits for any one life regardless of the number of policies that insure that life. The Association does not have to pay amounts over one hundred thousand dollars (\$100,000) in cash surrender or withdrawal benefits on one life regardless of the number of policies insuring that individual. For health insurance benefits, the Association is not obligated to pay over one hundred thousand dollars (\$100,000) including net cash surrender and withdrawal benefits. On an annuity contract, the Association is not liable for over one hundred thousand dollars (\$100,000) in present value. Finally, the Association is never obligated to pay more than a total of three hundred thousand dollars (\$300,000) for any one insured for any combination of insurance benefits.



**KANSAS CITY LIFE
INSURANCE COMPANY**

CERTIFICATE OF GROUP INSURANCE

Kansas City Life Insurance Company certifies that in accordance with and subject to the terms of the Group Master Policy, you are insured for the benefits described in this certificate. Your insurance is subject in every respect to the terms of the Group Master Policy which alone constitutes the contract under which payments are made.

This certificate summarizes the principal provisions of the Group Master Policy. This is not a contract nor does it modify or amend the Group Master Policy. This certificate supersedes and replaces any which may have been issued to you previously.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219425, Kansas City, MO 64121-9425.

A handwritten signature in cursive script, reading "Wm. A. Schalekoup".

Secretary

A handwritten signature in cursive script, reading "R. Philip B. Bly".

President, CEO and Chairman

GUIDE TO CERTIFICATE PROVISIONS

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A summary of the principal provisions of the Group Master Policy follows page 4.

A statement of your rights under the Employee Retirement Income Security Act is provided on the last page of this certificate.

DEFINITION OF CERTAIN TERMS

YOU/YOUR

The individual who is insured under the Group Master Policy. If you are not the owner, the words “you” and “your”, with respect to any benefits, rights and privileges outlined in this certificate, will refer to the owner.

COMPANY

Kansas City Life Insurance Company

POLICYHOLDER

The firm or other organization in whose name the Group Master Policy is issued.

GROUP MASTER POLICY

The contract of insurance made by the Company and the Policyholder to insure individuals participating in the plan.

SCHEDULE OF BENEFITS

POLICYHOLDER

Columbia School District

GROUP NUMBER

GL-3929

CLASSIFICATION OF INDIVIDUAL

Class 2 – All full-time and part-time active Exempt employees working 25 hours or more per week

Class 3 – All full-time and part-time active Non-Exempt employees working 25 hours or more per week

AMOUNT OF LIFE AND AD&D INSURANCE

Class 2 - \$25,000

Class 3 - \$25,000



**KANSAS CITY LIFE
INSURANCE COMPANY**
Since 1895

LIFE INSURANCE DEFINITIONS

For the purpose of this certificate, the following terms have the meaning given below:

Actively at Work

Your active use of time and energy in the services of the Employer or any subsidiaries, divisions or affiliates of the Employer shown on page 3 of the Group Master Policy. Your material and substantial duties must be performed in the usual manner:

- (1) at the regular place of employment; and
- (2) on a regular full-time basis. Part-time or temporary employees, or employees who work less than 30 hours per week are excluded.

If you were actively at work, as defined above, on your last regular working day, then you will be deemed to be actively at work if not totally disabled:

- (1) on each day of a paid vacation; or
- (2) on a regular non-working day.

Beneficiary

The person designated by you to receive the proceeds of the Group Master Policy payable upon your death.

THE BENEFIT

Upon your death, the Company will pay the amount of insurance as determined from page 3, Certificate Data. This amount will be payable to your beneficiary after the Company receives proof of your death.

To the extent permitted by law, the proceeds will not be subjected to any claims of your creditors or any beneficiaries.

No assignment of any present or future right or benefit under the Group Master Policy will bind the Company without its written consent.

BENEFICIARY INFORMATION

Change of Beneficiary

If you have reserved the right to do so, you may change the beneficiary by filing a written request in a form satisfactory to the Company. In order to be effective, the written request for change of beneficiary must be signed while you are living and your insurance is in force. The change will be effective on the date the request was signed but will have no effect on any payment made by the Company before the request was received.

Payment to the Beneficiary

Payment will be made to your beneficiary in accordance with the Beneficiary Provisions of the Group Master Policy.

The interest of any beneficiary will be subject to:

- (1) any assignment of the Group Master Policy which is binding on the Company; and
- (2) any optional settlement agreement in effect at your death.

Any payment made by the Company in accordance with the Beneficiary Provisions of the Group Master Policy will fully discharge the Company from further liability.

CONVERSION PRIVILEGE

Conditions for Conversion

The Company will issue you an individual policy of life insurance without evidence of insurability if your insurance terminates due to:

- (1) termination of membership with the policyholder organization;
- (2) termination of membership in an eligible class;
- (3) termination of the Group Master Policy; or
- (4) termination of the insurance of any class of individuals.

The amount of insurance available in (1) and (2) above may not be greater than the amount which terminated.

Conversion to an individual policy in (3) and (4) above are subject to the following:

- (1) you must have been continuously insured under the Policyholder's plan of insurance for at least five consecutive years immediately before the termination; and
- (2) the amount of insurance may not be greater than the smaller of
 - (a) the amount that terminated less the amount of life insurance for which you are or become eligible under any group policy within 31 days after the termination; or
 - (b) \$10,000.

The individual policy will be issued only if application is made and the first premium is paid to the Company within 31 days after the termination of your insurance.

The New Policy

The individual policy may be any of the whole life plans in use and approved for conversion by the Company at your then attained age. You may not convert to a term policy. The premium will be at the Company's customary rate then applicable to the class of risk to which you belong. The new policy will be issued without disability or other supplementary benefits, preferred risk premium rates or other premium discounts.

The individual policy will take effect at the end of the 31-day period during which application for that policy may be made. It will be in place of all benefits under the Group Master Policy. However, conversion of insurance to an individual policy will not void any life insurance provided by any Group Waiver of Premium Disability Rider. If benefits are paid under that rider, any policy issued under this section must be surrendered without claim, except for a refund of premiums.

If you die during the 31-day period mentioned above, the death benefit:

- (1) will be paid under the Group Master Policy and not under the conversion policy;
- (2) will be the maximum amount of life insurance which might otherwise have been converted.

This paragraph will apply whether or not application for the individual policy or payment of the first premium has been made.

The life conversion policy must be surrendered without claim, except for a refund of premiums.

ELIGIBILITY AND EFFECTIVE DATES

Eligibility Requirements

In order to be eligible for insurance, you must complete the waiting period on or after the effective date of the Group Master Policy. The waiting period is shown on page 4 of this certificate.

Effective Date of Non-Contributory Insurance

If contributions are not required, your insurance will take effect on the date you are eligible for insurance, subject to the Actively at Work and Non-Disabled Requirements below.

Effective Date of Contributory Insurance

If contributions are required and you make written request for insurance and agree to make the required contributions, your insurance will take effect on one of the following dates, subject to the Actively at Work and Non-Disabled Requirements below:

- (1) on your eligibility date if written request is made on or before that date;
- (2) on the date of written request if it is within 31 days after the eligibility date; or
- (3) on the date evidence of insurability is approved by the Company. Evidence of insurability at your expense must be furnished when written request is made
 - (a) after 31 days beyond your eligibility date; or
 - (b) after prior termination while in an eligible class.

Actively at Work and Non-Disabled Requirements

If there is an "actively at work" requirement as defined by the Group Master Policy, you must be actively at work on your last scheduled working day just prior to your effective date of insurance. If you are not then actively at work, the effective date of insurance will be deferred until the date you are actively at work.

If there is a "non-disabled" requirement as defined by the Group Master Policy, your effective date of insurance will be deferred if you are totally disabled on the date insurance would otherwise become effective. It will be deferred until the date immediately following the date you are actively at work for at least one full regular working day. Totally disabled means the inability to perform the duties of your occupation due to injury or sickness.

Termination of Insured Individual's Insurance

Your insurance provided under the Group Master Policy will terminate at 11:59 p.m. on the earliest of the following:

- (1) on the date the Group Master Policy terminates;
- (2) on the date you cease to be in a class of individuals eligible for insurance;
- (3) the date you attain the termination age shown on page 3 of the Group Master Policy;

(4) the end of the period for which you have made the required contribution; or

(5) on the date termination of employment occurs.

Under certain circumstances insurance may continue during temporary layoff or leave of absence, or when you are unable to work because of sickness or injury. See your plan administrator for this information.



**KANSAS CITY LIFE
INSURANCE COMPANY**

Since 1895

WAIVER OF PREMIUM DEFINITIONS

For the purpose of this certificate, the following terms have the meaning given below:

Total Disability/Totally Disabled

Total disability means disability which prevents you from performing the material and substantial duties of any occupation for which you are suited by means of education, training or experience.

Total disability requires:

- (1) the regular attendance by a licensed physician other than yourself;
- (2) that disability occurs while your insurance under the Group Waiver of Premium Disability Rider is in force and is the result of sickness or bodily injury; and
- (3) that disability began prior to the policy anniversary date when your age is 60.

Loss of Sight or Limbs.

Loss of sight or limbs means the permanent and total loss of:

- (1) the sight of both eyes;
- (2) the use of both hands;
- (3) the use of both feet; or
- (4) the use of one hand and one foot.

Loss of sight or limbs will be considered a total disability even if you return to work. However, loss of sight or limbs must occur after the effective date of this rider and while this rider is in force in order for benefits to be paid under this provision.

THE BENEFIT

The Company will waive the payment of all premiums during your total disability if total disability has lasted for six consecutive months.

If total disability has not continued for six consecutive months, no premiums will be waived. However, the Company will pay a death benefit if your death occurs within one year after cessation of premium payments. Proof must be received by the Company at its Home Office that you have been totally disabled continuously from the date of cessation of premium payment to the date of death. If death occurs within 31 days following the cessation of premium payments, benefits will be payable under the Group Master Policy and not under the Group Waiver of Premium Disability Rider.

RISKS NOT COVERED

The Company will not waive premiums if disability results from:

- (1) intentionally self-inflicted injury; or
- (2) war, or any act of war, whether declared or undeclared.

PROOF OF DISABILITY

Satisfactory written proof of total disability must be received at the Home Office of the Company before premiums will be waived. Proof must be given to the Company:

- (1) during your lifetime and continued total disability;
- (2) within one year after total disability begins; and
- (3) no later than one year after the Group Master Policy anniversary date when your age is 60.

Premiums will be waived although proof was not given within the time provided above if it is shown that it was given as soon as was reasonably possible.

PROOF OF CONTINUED DISABILITY

After initial proof of total disability, the Company may require, at reasonable intervals, proof that you are still totally disabled. However, after two years, proof will not be required more often than once a year. As part of proof, the Company may require you to be examined by a medical examiner chosen by the Company and at its expense.

PREMIUMS

Premiums due before a total disability claim is approved should be paid prior to the expiration of the grace period. If the claim is approved, any premium paid from the date of total disability, which is eligible for waiver, will be waived retrospectively. If the premium is not paid, it will be waived if total disability began before the end of the grace period.

CONTINUATION OF BENEFIT

If the Group Master Policy terminates or is modified to terminate insurance for the class of Insured Individuals to which you belong, your eligibility for benefits under the Group Waiver of Premium Disability Rider will not be affected if:

- (1) you became totally disabled after the effective date of your insurance and before your 60th birthday; and
- (2) you continued to be so disabled up to the date of termination or modification of the policy.

AMOUNT OF INSURANCE

The amount of insurance for which premiums will be waived and for which a death benefit may be paid will be the amount of life insurance shown on page 3 of this certificate. However, it cannot exceed the amount in force on the date disability commenced. All reduction and termination provisions in effect on the date disability commenced will apply.

TERMINATION OF WAIVER OF PREMIUM BENEFIT

This benefit terminates on the earliest of:

- (1) the first day on which you cease to be totally disabled;
- (2) the date you fail to supply proof of continuous disability as required above;
- (3) the date you refuse to be examined as required above; or
- (4) the date you attain age 70.

Following the termination of this benefit:

- (1) if you are then eligible for insurance under the Group Master Policy, your insurance will be subject to all the provisions of the Group Master Policy; or
- (2) if you are not then eligible for life insurance under the Group Master Policy, you will be entitled to the rights described in Section 6, Conversion Provisions, of the Group Master Policy.



ACCIDENTAL DEATH AND DISMEMBERMENT DEFINITIONS

For the purpose of this certificate, the following terms have the meaning given below:

Amount Insured

The amount of accidental death and dismemberment insurance shown on page 4 of the Group Master Policy.

Loss of Hands or Feet

Severance at or above the wrist or ankle joint.

Loss of Arm or Leg

Severance at or above the elbow or knee.

Loss of Sight

Total and irrecoverable loss of sight.

Loss of Speech or Hearing

Total and irrecoverable loss of speech or hearing that has continued for at least 12 months.

Loss of Thumb and Index Finger

Complete severance at or above the metacarpophalangeal joint of the same hand.

THE BENEFIT

Kansas City Life Insurance Company will pay the benefit shown below to you, if living, or to the beneficiary according to Section 5 of the Group Master Policy. The benefit will be paid when proof is received at the Home Office that:

- (1) the loss described below results directly and independently of all other causes from accidental bodily injuries;
- (2) the accident which caused the loss occurred while you were insured under the Group Accidental Death & Dismemberment Rider; and
- (3) the loss occurred within 180 days after the accident.

Table of Benefits

<u>Loss of</u>	<u>Percentage of Amount Insured</u>
Life	100%
Both hands, both feet, or sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
One arm or one leg	75%
One hand, one foot or sight of one eye	50%
Speech or hearing	50%
Thumb and index finger only	25%

The Company will not pay more than 100% of the amount insured for all losses sustained in one accident. Only the largest of the amounts shown will be paid for injuries to the same limb which result from any single accident.

EXCLUSIONS

No amount will be payable for loss caused or contributed to by:

- (1) insurrection, war or any act of war, whether declared or not;
- (2) intentionally self-inflicted injuries;
- (3) suicide, or any attempt at suicide, while sane;
- (4) infection, except bacterial infection occurring as a result of accidental bodily injury;
- (5) bodily or mental illness or disease of any kind, or medical or surgical treatment of the illness or disease; or
- (6) committing or attempting to commit an assault or felony.

PHYSICAL EXAMINATION AND AUTOPSY

The Company at its expense has the right to have you examined as often as reasonably necessary while a claim is pending. The Company may also have an autopsy made in case of death, where it is not forbidden by law.

WAIVER OF PREMIUM

If your insurance is being continued under any waiver of premium benefit in the Group Master Policy, premiums for the accidental death and dismemberment benefit will be waived during the period of disability.

However, premiums will not be waived beyond the earliest of:

- (1) the date you cease to be totally disabled;
- (2) the date you die;
- (3) the date your insurance under the Group Master Policy terminates; and
- (4) the date you attain age 70.

**TERMINATION OF
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

This benefit terminates on the earliest of:

- (1) the date your insurance under the Group Master Policy terminates;
- (2) the date you retire; or
- (3) the date the Group Accidental Death and Dismemberment Rider terminates.

**WORKER'S COMPENSATION AND
WORKMEN'S COMPENSATION NOT AFFECTED**

This benefit is not in lieu of and does not affect any requirement for coverage by Worker's Compensation Insurance or Workmen's Compensation Insurance.

CERTIFICATE OF GROUP INSURANCE



**3520 Broadway • PO Box 219425
Kansas City, MO 64121-9425**