



**United of Omaha Life
Insurance Company**

A Mutual of Omaha Company

3300 Mutual of Omaha Plaza | Omaha, NE 68175

Home Office: 3300 Mutual of Omaha Plaza, Omaha, Nebraska 68175

This Policy is issued to **The Artcraft Group, Inc** (the “Policyholder”).

This Policy is a legal contract between the Policyholder and us. It is issued in consideration of payment of premiums and the Policyholder’s application. **PLEASE READ THIS POLICY CAREFULLY.**

This Policy will be interpreted under the Employee Retirement Income Security Act of 1974, as amended (ERISA). This Policy is issued in the State of New Jersey. To the extent state law is not preempted by ERISA, and only to that extent, this Policy will also be interpreted under the law of the State of New Jersey, without giving effect to the principles of conflicts of law of that state or any other state, territory or district. Any part of this Policy which is in conflict with the applicable laws of the State of New Jersey is changed to conform to the minimum requirements of that state’s laws.

This Policy is effective March 1, 2024 at the Policyholder’s main office.

We agree to pay benefits subject to the terms, conditions, and limitations of this Policy.

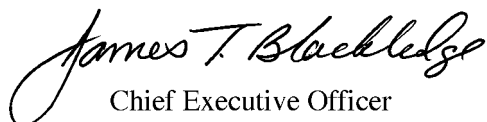
The Certificate is made a part of this Policy.

GROUP POLICY NO. GUG-AACK

As Revised: January 1, 2025

Publication Date: November 4, 2024

UNITED OF OMAHA LIFE INSURANCE COMPANY


Chief Executive Officer


Corporate Secretary

GENERAL PROVISIONS

Capitalized terms are defined in the Certificate or other documents made a part of this Policy.

PREMIUM CHANGES

We reserve the right to change premium rates any time after:

- a) the most recent premium rate guarantee date described in this Policy;
- b) there is an increase or decrease of 10% or more in the Policyholder's Employee population or the number of Employees insured under this Policy;
- c) our liability or cost of administration is changed due to a change in federal, state, or local law, statute or regulation;
- d) this Policy's terms are changed;
- e) coverage is reinstated following the Policyholder's failure to pay premium during the grace period;
- f) a division, subsidiary, associated company, affiliated company or an eligible class is added to or deleted from this Policy;
- g) we decide to non-renew a class of business; or
- h) there is a change which materially affects the risk for insurance provided by this Policy.

We must give the Policyholder at least 60 days advance written notice of any premium rate change.

PAYMENT OF PREMIUMS

The premium for this Policy equals the sum of the individual premiums for each Insured Person as described in the Premium Rider. The first premium is due on the effective date of this Policy. Subsequent premiums are due on the first day of each subsequent month or other modal period agreed to in writing by an authorized representative in our home office. Premium payments must be made to our home office or to a location we designate, using a payment method we accept. We will consider premium to be paid on the date it is remitted to us.

GRACE PERIOD

There is a grace period of 31 days for payment of premium. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in the 31-day grace period that follows. We consider premium to be paid on the date it is remitted to us.

Insurance will stay in force during the grace period as long as premium is paid before the end of the grace period. If we receive written notice requesting cancellation of insurance on a current or future date, the grace period will not apply. Coverage will end on the cancellation date specified in such notice, as long as the full premium has been paid up to that date.

If premium is not paid by the end of the grace period, insurance will end the day after the last day of the grace period.

TERMINATION

Following at least 60 days advance written notice to the Policyholder, we have the right to terminate this Policy if:

- a) the number of Employees insured is less than 10 or less than 100% of those eligible for insurance;
- b) the Policyholder does not perform one or more of its duties under this Policy;
- c) the Policyholder relocates to a state where this Policy is not marketed;
- d) our liability or cost of administration is changed due to a change in federal, state, or local law, statute or regulation;
- e) there is an increase or decrease of 15% or more in the Policyholder's Employee population or the number of Employees insured under this Policy;
- f) a division, subsidiary, associated company, affiliated company or an eligible class is added to or deleted from this Policy;
- g) we decide to non-renew a class of business; or
- h) there is a change which materially affects the risk for insurance provided by this Policy.

The Policyholder has the right to terminate this Policy at any time. The Policyholder must give us written notice of at least 31 days before the date this Policy is to terminate, unless the Policyholder gives us written notice that this Policy will terminate during the grace period.

This Policy will automatically terminate the day after the last day of the grace period if the Policyholder fails to pay its portion of the premium.

If this Policy terminates for any reason:

- a) all unpaid premiums up to the date of termination are due, including premiums for the grace period or any part of the grace period; and
- b) all unpaid premiums are due no later than the date of termination.

Termination of this Policy will not affect benefits otherwise payable for a claim incurred while this Policy is in force.

REINSTATEMENT AFTER TERMINATION

If this Policy terminates for any reason, the Policyholder may request to reinstate it. We will reinstate only if:

- a) an authorized representative in our home office agrees in writing to reinstate this Policy;
- b) the Policyholder agrees in writing to accept any written conditions of reinstatement that we impose;
- c) all past due premiums are paid, including any premium for the time insurance was in effect during the grace period; and
- d) the premium due from the date of reinstatement until the next premium due date is paid.

CERTIFICATES

We will electronically issue the Policyholder a Certificate form for delivery by the Policyholder to each Insured Person. The Certificate describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under this Policy.

ENTIRE CONTRACT AND CHANGES

The entire contract of insurance consists of this Policy, the Certificate, the attached Policyholder's signed application, any supplemental applications made part of the Certificate, any riders and any endorsements. All statements made by the Policyholder or by the persons insured shall be deemed representations and not warranties.

This insurance contract may be changed any time we and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. No change in this Policy will be effective until approved by our authorized representative in our home office. Such approval must be in writing and attached to and made a part of this Policy. Any amendment to this Policy must be signed by the Policyholder and us.

MISSTATEMENT OF AGE OR GENDER

If an Insured Person's age or gender is misstated, we may adjust the premium or the benefits payable. An adjustment of the benefits payable will be based on what the premium would have purchased at the correct age or gender.

INCONTESTABILITY

We will not contest this Policy after it has been in force two years, except for nonpayment of premium.

POLICYHOLDER RESPONSIBILITIES

The Policyholder will notify:

- a) list billed classes - both the Insured Person and us when the Insured Person's insurance under this Policy ends if the Insured Person ceases to be eligible for insurance under this Policy;

- b) each Insured Person and us when insurance under this Policy ends if this Policy is terminated and is not replaced by another policy or plan with no interruption in coverage; and
- c) list billed classes - us when the amount of insurance coverage for which an Insured Person is eligible changes.

Notice shall be provided within 31 days from the date insurance ends or, for any list billed classes, the amount of insurance coverage changes for the Insured Person. Notice to the Insured Person shall include information about any options available to continue or obtain insurance.

If we do not receive notice under a) above within this 31 day time period, we may require the Policyholder to reimburse us for the amount of any claims paid on behalf of any ineligible person and/or any dependents of such person during the time the person was ineligible. The Policyholder must reimburse us for claims under this provision within 60 days after receipt of our written request for payment.

The Policyholder is responsible for keeping the following records:

- a) persons insured by classification and any persons eligible but not insured;
- b) the amount of money the Policyholder contributes toward premiums;
- c) beneficiary designation information, if applicable; and
- d) any other information which we may reasonably request.

The Policyholder will provide us with copies of these records upon request. These records must be open to us for inspection at any reasonable time.

The Policyholder will provide, as we require, any information on our forms which is needed for insurance administration. The Policyholder is responsible for enrolling eligible persons for coverage under this Policy and performing other administrative duties agreed to by us. The Policyholder will perform its responsibilities in accordance with the terms of this Policy and our policies and procedures. The Policyholder may delegate some of its responsibilities to a third party.

The Policyholder and any third party utilized by the Policyholder to perform such administrative functions, act on behalf of the Policyholder and do not represent us or act on our behalf. The Policyholder and such third party have no authority to alter or expand our liability under this Policy and have no authority to waive, modify or compromise any defense or right we may have under this Policy.

The Policyholder agrees to indemnify and hold us harmless from and against any and all claims, actions, damages, liability and expenses, including, without limitation, reasonable attorneys' fees, arising from or related to the failure of the Policyholder, or a third party to whom the Policyholder has delegated its responsibilities, to perform its responsibilities in accordance with the terms of this Policy or our policies and procedures.

ASSIGNMENT

No assignment of this Policy is binding upon us unless an officer in our home office agrees to it in writing and not until it is recorded with us at our home office.

PREMIUM RIDER

This rider is made a part of Group Policy GUG-AACK.

This rider is effective January 1, 2025.

CLASS(ES)

All Other Eligible Non-NJ Employees

All Eligible Non-NJ Owners

SHORT-TERM DISABILITY INSURANCE PREMIUMS

The monthly premium for short-term disability insurance is as follows:

\$0.14..... per \$10 of Total Weekly Benefits

Total Weekly Benefits means the total amount of benefits for which all Employees are insured under the Policy.

RATE GUARANTEE DATE

January 1, 2027 or any date thereafter agreed to in writing by our authorized representative in our home office.

PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with us or any of our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

PUBLICATION DATE

November 4, 2024

UNITED OF OMAHA LIFE INSURANCE COMPANY


Corporate Secretary

NOTICE

NEW JERSEY LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of New Jersey 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 New Jersey 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 below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The New Jersey 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 New Jersey. You should not rely on coverage by the New Jersey 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 had 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.

The New Jersey Life and Health
Insurance Guaranty Association
521 Newman Springs Road, Suite 22
Lincroft, NJ 07738

State of New Jersey
Department of Banking and Insurance
20 West State Street
P.O. Box 325
Trenton, NJ 08625

The state law that provides for this safety-net coverage is called the New Jersey Life and Health Insurance Guaranty Association Act, N.J.S.A 17B:32A-1, et seq. (the "Act").

COVERAGE

The following 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 rights or obligations under the Act or the rights or obligations of the guaranty association.

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in New Jersey and hold a life, health or long term care insurance contract, annuity contract, or if they are insured under a group insurance contract, issued by a member insurer.

Generally, the beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Association if:

- a) they are 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);
- b) the insurer was not authorized to do business in this state;

- c) the policy is issued by an organization which is not a member of the New Jersey Life and Health Insurance Guaranty Association.

The Association also does not provide coverage for:

- a) 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;
- b) any policy of reinsurance (unless the assumption certificate was issued);
- c) interest rate yields that exceed an average rate as more fully described in Section 3 of this Act;
- d) dividends;
- e) credits given in connection with the administration of a policy by a group contractholder;
- f) employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Association is obligated to pay out: The Association cannot pay more than what the insurance company would owe under a policy or contract.

With respect to any one insured individual, regardless of the number of policies or contracts, and subject to other limitations imposed by the Act, for life insurance policies, the Association will not pay more than \$100,000 in cash surrender values or \$500,000 in life insurance death benefits; for annuity contracts, the Association will not pay more than \$250,000 in cash surrender value or, for annuity contracts with no cash surrender value, benefit payments of up to \$500,000 in present value. These limits apply no matter how many policies and contracts were with the same company, and no matter how many different types of coverages.

The Association will not pay more than \$2,000,000 in benefits to any one contract holder under any one unallocated annuity contract.

There are no limits on the benefits the Association will pay with respect to any one group, blanket or individual accident and health insurance policy.