

Revised: August 1, 2008

POLICYHOLDER: Intuit Inc.

POLICY NUMBER: 33357-G

Read Your Certificate Carefully

You are insured under the group policy shown on the certificate specifications page. This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

Legal Actions

No legal action may be brought to recover on this certificate within the first sixty days after written proof of loss has been given as required by this certificate. No such action may be brought after three years from the time written proof of loss is required to be given.

Dennis E. Erdosy

Secretary

Robert L. Sander

President

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GENERAL INFORMATION

POLICYHOLDER: Intuit Inc. **POLICY NO.:** 33356-G

ASSOCIATED COMPANIES: All subsidiaries and affiliates reported to Minnesota Life by the policyholder for inclusion in the policy.

ORIGINAL POLICY EFFECTIVE DATE: August 1, 2005

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

GROUP: The group is composed of regular expatriates and United States employees, excluding seasonal, temporary and leased employees.

ENROLLMENT PERIOD: Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.

WAITING PERIOD: None

MINIMUM HOURS PER WEEK REQUIRED: 20 hours per week.

CERTIFICATE HOLDER: An employee who meets the eligibility requirements and is insured under the group policy.

CERTIFICATE EFFECTIVE DATE: The date that the certificate holder becomes insured under the group policy.

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

Eligible Class

All employees

Amount of Insurance

Two times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, then multiplied, subject to a minimum of \$50,000 and a maximum of \$2,000,000.*

Supplemental Life Insurance

An employee may choose among five different amounts of supplemental insurance, as follows:

Eligible Class

All employees

Amount of Insurance

One, two, three, four or five times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, then multiplied, subject to a maximum of \$2,000,000.*

*The combined amount of basic and supplemental life insurance for an employee shall not exceed \$2,000,000.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Basic AD&D Insurance

Eligible Class

All employees

Amount of Insurance

Two times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, then multiplied, subject to a minimum of \$50,000 and a maximum of \$2,000,000.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

The amount of insurance on an employee age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
70	65%
75	50%

Age reductions will apply on January 1 following the employee's 70th and 75th birthdays.

Amounts lost due to age reductions can be converted to a new individual life insurance policy. All provisions as stated in the Conversion Right section of the policy apply.

RETIREMENT REDUCTIONS:

All insurance terminates at retirement, except as provided for under the portability provision.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; supplemental insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without providing evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic and supplemental life insurance:
\$1,000,000 combined

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the certificate and for an amount of insurance greater than the guaranteed issue amount.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:

The later of the date of the change in earnings or the date any required evidence of insurability is approved by us. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

Spouse/Domestic Partner Life Insurance:

An employee may choose among four different amounts of spouse/domestic partner life insurance, as follows:

<u>Eligible Class</u>	<u>Amount of Spouse/Domestic Partner Life Insurance*</u>
All Spouse/Domestic Partner	\$25,000, \$50,000, \$100,000 or \$150,000

Child Life Insurance:

<u>Eligible Class</u>	<u>Amount of Child Life Insurance*</u>
All Children	\$25,000

*The amount of insurance for a dependent cannot exceed 100% of the employee's basic and supplemental insurance amounts combined.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

AGE REQUIREMENTS:

Children are eligible from live birth up to the end of the calendar month in which they attain age 26.

Children age 26 or older who are physically or mentally incapacitated and were covered by the certificate holder's plan prior to attaining age 26, can continue coverage as long as they remain unmarried, disabled and dependent on the certificate holder for more than one-half of their support and maintenance.

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without providing evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For employees with eligible dependents immediately prior to the effective date of the group policy, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy. This shall be considered the existing amount.

For all employees who first become eligible for dependents insurance after the effective date of this group policy, the guaranteed issue amount is as follows:

For spouse insurance: \$150,000
For child insurance: \$25,000

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the certificate and for an amount of insurance greater than the guaranteed issue amount.

GUARANTEED ISSUE REQUIREMENT:

To be eligible for the guaranteed issue amount, other than the existing amount, a spouse/domestic partner cannot be: receiving or be entitled to receive any sick pay or disability benefits due to sickness or injury; confined at home or in a care facility under the care of a physician for sickness or injury; or in a chemotherapy, radiation therapy or dialysis treatment program.

EFFECT OF EMPLOYEE'S RETIREMENT:

All dependents insurance terminates upon the employee's retirement except as provided under the portability provision.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION FOR LIFE INSURANCE:

Applies only to employee supplemental life and spouse/domestic partner supplemental life insurance under this policy. Exclusions for accidental death and dismemberment are listed on the applicable rider.

ANNUAL ENROLLMENT:

Each year after the initial enrollment, an employee may elect to add or increase his or her supplemental insurance by one level (an additional one times annual earnings) up to a maximum of \$1,000,000 (combined basic and supplemental) without providing evidence of insurability, provided he or she has not previously been declined coverage due to failure to provide satisfactory evidence of insurability.

Each year after the initial enrollment, an employee may elect to add or increase his or her spouse/domestic partner coverage by one level up to a maximum of \$150,000 without providing evidence of insurability, provided the spouse/domestic partner has not previously been declined coverage due to failure to provide satisfactory evidence of insurability.

Each year, an employee may elect to add dependent child coverage of \$25,000 without providing evidence of insurability.

FAMILY STATUS CHANGE:

An employee who has a family status change may elect to add or increase his or her supplemental life coverage by one times salary up to a maximum of \$1,000,000 (combined with basic) without the need to provide evidence of insurability, provided the election for the new amount is made within 31 days of the family status change. Employees who were previously declined coverage are not eligible for this offer.

An employee who has a family status change may elect to add or increase his or her spouse/domestic partner's supplemental life coverage by one level to a maximum of \$150,000 without the need to provide evidence of insurability, provided the election for the new amount is made within 31 days of the family status change. Spouse/domestic partners who were previously declined coverage are not eligible for this offer.

Each year, an employee who has a family status change may elect to add dependent child coverage of \$25,000 without providing evidence of insurability, provided the election is made within 31 days of the family status change.

Family status change means one of the following events:

- Marriage
- Creation of a domestic partnership
- Divorce
- Termination of a domestic partnership
- Birth
- Adoption
- Loss of spouse/domestic partner's employment

WAIVER OF PREMIUM APPLICATION:

Applies to contributory employee insurance.

SUPPLEMENT(S) TO THE CERTIFICATE

Accelerated Benefits

Accidental Death and Dismemberment

Dependents Term Life

Portability

Waiver of Premium

Definitions

age

Attained age as of most recent birthday.

associated company

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

certificate effective date

The date your coverage under this certificate becomes effective.

contributory insurance

Insurance for which the employee is required to make premium contributions.

earnings

Your annual salary received from the policyholder on the day just before the date of loss, prior to any deductions to a 401(k) plan. Earnings do not include overtime pay, bonuses, or any other additional compensation.

Earnings will include commissions received from the policyholder averaged over the lesser of:

- (1) the number of months worked; or
- (2) the last 12 months;

just prior to the date of loss.

If hourly employees are insured, the number of hours worked during a regular scheduled work week, not to exceed 40 hours per week, times 52 weeks, will be used to determine annual earnings.

employee

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees, seasonal employees nor corporate directors who are not otherwise employees.

employer

The policyholder or any designated associated company.

insured

A person who is eligible for and becomes insured under the terms of this certificate.

licensed physician

An individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse/domestic partner, children, parents, grandparents, grandchildren, brothers or sisters, or the spouse/domestic partner of any such individuals.

non-work day

A day on which the employee is not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

noncontributory insurance

Insurance for which the employee is not required to make premium contributions.

policyholder

The owner of the group policy as shown on the specifications page attached to this certificate.

specifications page

The outline which summarizes your coverage under the policyholder's plan of insurance.

waiting period

The period, if any, of continuous employment with the employer that the employee must satisfy prior to becoming eligible for coverage under this certificate. Any such waiting period is shown on the specifications page attached to this certificate.

we, our, us

Minnesota Life Insurance Company.

you, your, certificate holder

The individual who applies for and becomes insured under the group policy.

General Information

What is your agreement with us?

This certificate summarizes the principal provisions of your accidental death and dismemberment insurance provided by the group policy. The provisions summarized in this certificate are subject in every respect to the group policy. Your signed application is deemed a part of this certificate.

Any statements made in your application will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in your signed application, and a copy containing the statement is furnished to you, the beneficiary, or your or the beneficiary's personal representative.

This certificate is issued in consideration of your application and the payment of the required premium.

In making any benefits determination under this certificate and the group policy, we shall have the discretionary authority both to determine an individual's eligibility for benefits and to construe the terms of this certificate and the group policy.

Can this certificate be amended?

Yes. Your consent is not required to amend this certificate. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

Who is eligible for insurance?

An employee is eligible if he or she:

- (1) is a member of the eligible group and of an eligible class as shown on the specifications page attached to this policy; and
- (2) works for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page attached to this policy; and
- (3) has satisfied the waiting period as shown on the specifications page attached to this certificate; and
- (4) meets the actively at work requirement described in the "What is the actively at work requirement?" provision of this section.

Are retired employees eligible for insurance?

If the policyholder's plan of insurance, as shown on the specifications page attached to the group policy, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor to have his or her insurance continued. If the policyholder's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

What is the actively at work requirement?

To be eligible to become insured or to receive an increase in the amount of insurance, an employee must be actively at work performing his or her customary duties at the employer's normal place of business, or at other places the employer's business requires him or her to travel.

Employees not working due to illness or injury do not meet the actively at work requirement nor do employees receiving sick pay, short-term disability benefits or long-term disability benefits.

If the employee is not actively at work on the date coverage would otherwise begin, or on the date an increase in his or her amount of insurance would otherwise be effective, he or she will not be eligible for the coverage or increase until he or she returns to active work. However, if the absence is on a non-work day, coverage will not be delayed provided the employee was actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, an employee is eligible to continue to be insured only while he or she remains actively at work.

When does your insurance become effective?

Your insurance becomes effective on the date that all of the following conditions have been met:

- (1) you meet all eligibility requirements; and
- (2) if required, you apply for the insurance on forms which are approved by us; and
- (3) we receive the required premium.

Can an insured's coverage be continued during the employee's sickness, injury, leave of absence or temporary layoff?

Yes. Insurance may be continued on an insured employee, his or her insured spouse/domestic partner, if any, and/or his or her insured children, if any, if the employee is not actively at work due to sickness, injury, leave of absence or temporary layoff. Insurance will be deemed to continue until terminated by discontinuance of premium payments, written request or any other applicable termination provisions of this certificate.

Insurance continued for non-medical leave of absence or temporary layoff may not be continued beyond twelve months from the last day the employee was actively at work.

Insurance continued for sickness, injury or medical leave of absence may be continued as follows:

- (1) if retirees are not an eligible class of insureds according to the policyholder's plan of insurance, continuation for medical leave of absence cannot be continued beyond the employee's retirement date.
- (2) if retirees are an eligible class of insureds according to the policyholder's plan of insurance, continuation for medical leave of absence can be continued indefinitely. However, any reductions in the amount of insurance or any other change in policy provisions which apply at retirement will apply on the employee's retirement date.

For purposes of this provision, an employee's retirement date shall be the earlier of:

- (1) the date he or she actually retires; or
- (2) his or her presumed normal retirement date as established by the employer's applicable retirement plan. If no such date has been established, the employee's presumed retirement date shall be the date the employee attains age 65.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements. If necessary, the above limits will be expanded in order to meet such requirements.

Continuation of insurance must be in accordance with a plan that precludes individual selection.

Premiums

When and how often are premiums due?

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a monthly basis. We apply premiums consecutively to keep the insurance in force.

How is the premium determined?

The premium will be the premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

We may change the premium rate:

- (1) on any premium due date following the expiration of any rate guarantee; or
- (2) irrespective of any rate guarantee, anytime, if the policy terms are amended or the total amount of insurance in force changes by 10% or more.

Accidental Death and Dismemberment Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death or dismemberment by accidental injury means that an insured's death or dismemberment results, directly and independently of all other causes, from an accidental injury which is unintended, unexpected, and unforeseen.

The injury must occur while the insured's coverage is in force. The insured's death or dismemberment must occur within 365 days after the date of the injury and while his or her coverage is in force.

What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page attached to this certificate. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
Speech and Hearing.....	100%
One Hand and One Foot.....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye.....	100%
Loss of Use of Both Arms and Both Legs.....	100%
Loss of Use of Both Arms and One Leg.....	75%
Loss of Use of Both Legs and One Arm.....	75%
Loss of Use of Both Arms or Both Legs.....	66.6%
Loss of Use of One Arm and One Leg.....	66.6%
Sight of One Eye.....	50%
Speech or Hearing.....	50%
One Hand or One Foot.....	50%
Loss of Use of One Arm or One Leg.....	50%
Thumb and Index Finger of One Hand.....	25%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means. Loss of thumb and index finger means complete severance of both the thumb and the index finger at or above the metacarpophalangeal joints.

Total loss of use means loss of the ability to function because of:

- (1) incurable paralysis; or
- (2) stiffening.

A benefit will be payable as shown in the table above, if, due to an injury, you suffer a total loss of use, provided:

- (1) the total loss of use continues for a period of 12 consecutive months; and
- (2) a licensed physician has shown at the end of the 12 months that the total loss of use has been continuous and will be permanent.

A benefit is not payable for both loss of thumb and index finger of one hand and the loss of one hand for injury to the same hand as a result of any one accident.

If more than one loss occurs as a result of any one accident, only the largest benefit amount will be payable as shown in the table above. Under no circumstances will more than one payment be made for the same loss or paralysis of the same limb.

Can you request a change in the amount of your contributory insurance?

Yes. You can request an increase or a decrease in the amount of your contributory insurance as shown on the specifications page attached to this certificate. Requests may be made in writing, by telephone or any other method made available by us.

When will changes in coverage amounts be effective?

Increases and decreases in amounts of contributory insurance will be effective as shown on the specifications page attached to this certificate. All increases in the amount of insurance are subject to the actively at work requirement.

What are the notice of claim and proof of loss requirements?

Written notice of injury on which a claim may be based must be given to us within 30 days after the accident. Proof of loss must be furnished to us within 90 days after the date of loss. However, failure to give such notice and proof within the time provided will not invalidate the claim if it is shown that notice and proof were given as soon as reasonably possible.

When we receive written notice of claim, we will send the claimant our claim forms if he or she needs them. If the claimant does not receive the forms within 15 days, we will accept his or her written description as proof of loss.

When will the accidental death or dismemberment benefit be payable?

We will pay the accidental death or dismemberment benefit upon receipt at our home office of written proof satisfactory to us that you died or suffered a covered dismemberment as a result of a covered accidental injury. All payments by us are payable from our home office.

The benefit will be paid in a single sum. We will pay interest on the benefit from the date of your death or dismemberment until the date of payment. Interest will be at an annual rate determined by us, but never less than 3% per year or the minimum required by state law, whichever is greater.

To whom will we pay the accidental death or dismemberment benefit?

In the case of your accidental death, we will pay the accidental death benefit to the beneficiary or beneficiaries. All other benefits will be payable to you, if living, otherwise to your estate.

A beneficiary is named by you to receive the accidental death benefit to be paid at your accidental death. You may name one or more beneficiaries. You cannot name the policyholder or an associated company as a beneficiary.

You may also choose to name a beneficiary that you cannot change without the beneficiary's consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in writing. To receive the accidental death benefit, a beneficiary must be living at the time of your accidental death. In the event a beneficiary is not living at the time of your accidental death, that beneficiary's portion of the accidental death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the accidental death benefit will be paid as if you survived the beneficiary.

If there is no eligible beneficiary, or if you do not name one, we will pay the accidental death benefit to:

- (1) your lawful spouse (does not include domestic partner), if living, otherwise;
- (2) your natural or legally adopted child (children) in equal shares, if living, otherwise;
- (3) your parents in equal shares, if living, otherwise;
- (4) your siblings in equal shares, if living, otherwise;
- (5) the personal representative of your estate.

Can you add or change beneficiaries?

Yes. You can add or change beneficiaries if all of the following are true:

- (1) your coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and
- (3) you have not assigned the ownership of your insurance.

A request to add or change a beneficiary must be made in writing. All requests are subject to our approval. A change will take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving your request.

Exclusions

What are the exclusions under this certificate?

In no event will we pay the accidental death or dismemberment benefit where the insured's death or dismemberment results from or is caused directly or indirectly by any of the following:

- (1) suicide or attempted suicide, whether sane or insane; or
- (2) intentionally self-inflicted injury or any attempt at self-inflicted injury, whether sane or insane; or
- (3) the insured's participation in or attempt to commit a crime, assault or felony; or
- (4) bodily or mental infirmity, illness or disease; or
- (5) medical or surgical treatment including diagnostic procedures; or

- (6) alcohol, drugs (unless administered upon the advice of a physician), poisons, gases or fumes, voluntarily taken, administered, absorbed, inhaled, ingested or injected; or
- (7) bacterial infection, other than infection occurring simultaneously with, and as a result of, the accidental injury; or
- (8) travel or flight in or on any vehicle used for aerial navigation including getting in, out, on, or off such vehicle, if the insured is:
 - (a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - (b) acting as a pilot or a crew member of any aircraft, unless riding as a passenger; or
 - (c) riding as a passenger in a non-chartered aircraft which is owned, leased, operated, or controlled by the eligible employee's employer; or
 - (d) a student taking a flying lesson, unless riding as a passenger; or
 - (e) hang gliding; or
 - (f) parachuting, except when the insured has to make a parachute jump for self-preservation; or
- (9) war or any act of war, whether declared or undeclared; or
- (10) riot or civil insurrection; or
- (11) service in the military of any nation.

- (5) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

No benefit will be paid for any loss sustained:

- (1) while driving or riding in any four-wheel vehicle used in a race, in a speed or endurance test, or for acrobatic or stunt driving; or
- (2) if the insured was not wearing a seatbelt for any reason; or
- (3) while the insured is sharing a seatbelt; or
- (4) due to a defect in the Supplemental Restraint System's diagnostic system.

Supplemental Restraint System means an air bag which inflates for added protection to the head and chest areas.

Seatbelt means an unaltered and properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the accidental death and dismemberment benefits. Additional benefits are paid in addition to any accidental death and dismemberment benefits described in the Accidental Death and Dismemberment section, unless otherwise stated.

Air Bag Benefit

What is the air bag benefit?

If an insured dies as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional accidental death benefit equal to the lesser of \$100,000 combined with the seat belt benefit or 5% of the amount payable due to the death, provided:

- (1) the seat in which the insured was seated was equipped with a properly installed airbag at the time of the accident; and
- (2) the private passenger car is equipped with seatbelts; and
- (3) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
- (4) a police report establishes that the air bag inflated properly upon impact; and

Disappearance Benefit

What is the disappearance benefit?

If an insured's body has not been found after one year from the date the conveyance in which he or she was traveling disappeared, exploded, sank, became stranded, made a forced landing or was wrecked, it shall be presumed, subject to all other terms of the policy, that the insured has died as a result of an accidental injury which was unintended, unexpected and unforeseen. Such death shall be considered a covered loss under this certificate.

Exposure Benefit

What is the exposure benefit?

If an insured is unavoidably exposed to the elements by reason of a covered accident and suffers a loss that is included in the list of covered losses as a result of such exposure, such loss will be covered under the terms of this certificate.

Seatbelt Benefit

What is the seatbelt benefit?

If an insured dies as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional accidental death benefit equal to the lesser of:

- (1) \$100,000 combined with the air bag benefit; or

- (2) 10% of the amount payable due to the death.

In order to be eligible for this benefit, the following must apply:

- (1) the private passenger car was equipped with seatbelts; and
- (2) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
- (3) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

No benefit will be paid for any loss sustained:

- (1) while driving or riding in any four-wheel vehicle used in a race, in a speed or endurance test, or for acrobatic or stunt driving; or
- (2) if the insured was not wearing a seatbelt for any reason; or
- (3) while the insured is sharing a seatbelt.

If the police report does not clearly establish that the insured was or was not wearing a seatbelt at the time of the accident causing the insured's death, a sum equal to \$1,000 will be paid in lieu of the benefit described above.

Seatbelt means an unaltered and properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

Termination

When does your insurance end?

Your insurance ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the date you no longer meet the eligibility requirements; or
- (3) the date the group policy is amended so you are no longer eligible; or
- (4) 31 days (the grace period) after the due date of any unpaid premium if the premium remains unpaid at that time; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

If your insurance under this certificate terminates due to non-payment of premiums, your coverage may be reinstated if all premiums due are paid and received by us

within 31 days of the date of termination and during your lifetime.

Can your coverage be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within 30 days and within the same plan year after the date your coverage terminated, such coverage under this certificate, including all benefits previously terminated, may be reinstated.

Your coverage under this certificate shall be reinstated automatically, without satisfaction of any waiting period. The amount of insurance will be that which applies to the classification to which you then belong, on the date you again become eligible. If the policyholder's plan of insurance provides for contributory insurance under this certificate, your amount of contributory insurance will be limited to that for which you were insured immediately prior to the loss of coverage.

When does the group policy terminate?

The policyholder may terminate the group policy by giving us 31 days prior written notice. We reserve the right to terminate the group policy on the earliest of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) on any subsequent policy anniversary after the date the number of employees insured is less than any minimum established by us or as required by applicable state law; or
- (3) 31 days after we provide the policyholder with notice of our intent to terminate the group policy.

Family Coverage

If you have dependents, you may elect coverage for your eligible dependents as described below:

Dependents Benefit

What is the dependents benefit?

The dependents benefit provides accidental death and dismemberment insurance on the lives of your eligible dependents.

What members of your family are eligible for this benefit?

The following members of your family are eligible for this benefit:

- (1) your lawful spouse who is not legally separated from you and who is not eligible for insurance as an employee under this certificate; and
- (2) your domestic partner of the same or opposite sex as registered with the State of California or any other state-wide domestic partner registration

system or your domestic partner of the same or opposite sex where the partners meet all of the following conditions for 12 months:

- a) you are financially interdependent and are jointly responsible for each other's common welfare; and
 - b) there is an intent to remain in a committed relationship; and
 - c) you share the same living quarters and permanent address; and
 - d) you are not so closely related by blood that legal marriage would otherwise be prohibited; and
 - e) you are at least 18 years of age and neither is married to a third party; and
 - f) you have not been in a different domestic partner relationship or marriage within the last 12 months; and
 - g) the current relationship has been in effect for at least 12 months; and
- (3) you and your domestic partner's children, who are unmarried, can be claimed by you as a federal tax dependent and who meet the age requirements as shown on the specifications page attached to this certificate. Children includes:
- a) natural children; or
 - b) children placed for adoption with you; or
 - c) legally adopted children; or
 - d) stepchildren; or
 - e) any other children for whom you are a legal guardian as defined by a court order; or
 - f) children whom you are required to cover according to a Qualified Medical Child Support Order (QMCSO) approved by Hewitt Associates' QMCSO service.

If both parents of a child qualify as eligible employees under the group policy, the child shall be considered a dependent of only one parent for purposes of this benefit. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child.

When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

- (1) the dependent meets all eligibility requirements; and
- (2) if required, you apply for dependents coverage on forms which are approved by us; and
- (3) we receive the required premium.

Any dependent who, subsequent to the effective date of your certificate supplement for dependents accidental death and dismemberment insurance, meets the requirements of this provision will become insured on the

date he or she so qualifies unless additional premium is required. If additional premium is required, the insurance of such later-acquired dependent shall be effective under the same conditions which apply if you were then first becoming eligible for dependents insurance under this certificate.

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. This will not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance under this certificate is effective.

Dependents Accidental Death and Dismemberment Benefit

What is the amount of the accidental death and dismemberment benefit for each insured dependent?

The amount of the benefit for each insured dependent shall be a percentage of the amount of insurance shown on the specifications page attached to this certificate. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
Speech and Hearing.....	100%
One Hand and One Foot.....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye.....	100%
Loss of Use of Both Arms and Both Legs.....	100%
Loss of Use of Both Arms and One Leg.....	75%
Loss of Use of Both Legs and One Arm.....	75%
Loss of Use of Both Arms or Both Legs.....	66.6%
Loss of Use of One Arm and One Leg.....	66.6%
Sight of One Eye.....	50%
Speech or Hearing.....	50%
One Hand or One Foot.....	50%
Loss of Use of One Arm or One Leg.....	50%
Thumb and Index Finger of One Hand.....	25%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means. Loss of thumb and index finger means complete severance of both the thumb and the index finger at or above the metacarpophalangeal joints.

Total loss of use means loss of the ability to function because of:

- (1) incurable paralysis; or
- (2) stiffening.

A benefit will be payable as shown in the table above, if, due to an injury, you suffer a total loss of use, provided:

- (1) the total loss of use continues for a period of 12 consecutive months; and
- (2) a licensed physician has shown at the end of the 12 months that the total loss of use has been continuous and will be permanent.

A benefit is not payable for both loss of thumb and index finger of one hand and the loss of one hand for injury to the same hand as a result of any one accident.

If more than one loss occurs as a result of any one accident, only the largest benefit amount will be payable as shown in the table above. Under no circumstance will more than one payment be made for the same loss or paralysis of the same limb.

When will the accidental death or dismemberment benefit be payable?

We will pay the accidental death or dismemberment benefit upon receipt at our home office of written proof satisfactory to us that an insured dependent died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office.

The benefit will be paid in a single sum. We will pay interest on the benefit from the date of the insured dependent's death or dismemberment until the date of payment. Interest will be at an annual rate determined by us, but never less than 3% per year or the minimum required by state law, whichever is greater.

To whom will we pay a dependents accidental death or dismemberment benefit?

A dependents accidental death or dismemberment benefit will be paid to you, if living, otherwise to your estate.

Family Coverage Additional Benefits

The following benefits apply to those insureds who are insured for dependents insurance. Unless stated otherwise, additional benefits are payable to the same person or persons who receive the accidental death and dismemberment benefits. Additional benefits are paid in addition to any accidental death and dismemberment benefits described in the Accidental Death and Dismemberment section, unless otherwise stated.

Child Care Benefit

What is the child care benefit?

If you or your spouse/domestic partner die as a result of a covered accident and you or your spouse/domestic partner are survived by one or more dependent children, born or unborn, and in any event under 14 years of age, we will pay additional benefits for child care expenses for your dependent children provided that the dependent

children are under the care of a licensed child care provider within 12 months from the date of death.

The benefit for each child per year will be the lesser of:

- (1) 3% of your amount of insurance; or
- (2) \$3,000; or
- (3) incurred child care expenses.

Child care expenses are those expenses which are for a service or supply furnished by a licensed child care provider or facility for a dependent child's care. No payment will be made for expenses incurred more than four years after the date of yours or your spouse/domestic partner's death or for a dependent child 14 years of age or older. Proof of incurred child care expenses shall be required before any benefit payment is made.

Education Benefit

What is the education benefit?

If you die as a result of a covered accident and you are survived by your dependent spouse/domestic partner and/or one or more dependent children, we will pay the actual tuition expense, up to \$3,000 annually for you spouse/domestic partner if:

- (1) your spouse/domestic partner attends an accredited post-secondary educational institution; and
- (2) your spouse/domestic partner incurs personal educational expenses within 30 months of your accident.

We will pay 5% of your amount of insurance subject to a minimum of \$1,000 and a maximum of \$5,000, annually for each dependent child who is:

- (1) enrolled as a full-time student at an accredited post-secondary educational institution beyond the 12th grade level on the date of the accident; or
- (2) in the 12th grade on the date of the accident and subsequently enrolls as a full-time student in an accredited post-secondary educational institution within 1 year of the date of your death.

The benefit will be paid to your spouse/domestic partner, if living, otherwise to or on behalf of the dependent children.

Newborn Children Benefit

What is the newborn child benefit?

If a child is born to you and you have not elected dependent coverage, such child shall be insured from the moment of birth. The newborn child shall be insured for 31 days. The newborn child shall then cease to be insured unless you apply for dependent coverage within 31 days of the birth and pay the additional premium for coverage.

The above coverage will also be extended to newly adopted, foster or step children, and children of your domestic partner as of the date they become financially dependent on you for support, provided they are an eligible dependent child and you apply for dependent coverage within 31 days of the date they become financially dependent on you for support and pay the additional premium for coverage.

Newlywed Benefit

What is the newlywed benefit?

At your marriage or on the date of acquiring a domestic partner, if you have not previously elected dependent coverage, your new spouse/domestic partner shall automatically become insured. Such spouse/domestic partner shall be insured for 31 days. The spouse/domestic partner shall then cease to be insured unless you apply for coverage within 31 days of the date of your wedding or within 31 days of the date of acquiring your domestic partner and pay the additional premium for coverage.

Dependents Benefit Termination

When does an insured dependent's coverage terminate?

An insured dependent's coverage terminates on the earliest of the following:

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any unpaid premium if the premium remains unpaid at that time; or
- (3) the last day for which premium contributions have been made following an insured employee's written request that insurance on his or her dependents be terminated; or
- (4) the date the employee is no longer covered under the group policy.

The insured employee must notify us or the employer when a dependent is no longer eligible for coverage under this benefit so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this benefit will be refunded without any payment of claim.

Additional Information

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have an insured medically examined at our expense whenever a claim is pending and, where not forbidden by law, we reserve the right to

have an autopsy performed in the case of death.

What if an insured's age has been misstated?

If an insured's age has been misstated, the accidental death or dismemberment benefit payable will be that amount to which the insured is entitled based on his or her correct age.

A premium adjustment will be made to the premium you pay for the insured's noncontributory insurance and to the

premium an insured pays for contributory insurance, if any, so that the actual premium required at the insured's correct age is paid.

When does an insured's insurance become incontestable?

Except for fraud or the non-payment of premiums, after the insured's insurance has been in force during his or her lifetime for three years from the effective date of his or her coverage, we cannot contest the insured's coverage. However, if there has been an increase in the amount of insurance for which the insured was required to apply, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

Any statements the insured makes in his or her application will, in the absence of fraud, be considered representations and not warranties. Also, any statement an insured makes will not be used to void his or her insurance, or defend against a claim, unless the statement is contained in the application attached to the insured's certificate.

Can your insurance be assigned?

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, you file the original instrument or a certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

Will the provisions of this certificate conform with state law?

Yes. If any provision in this certificate or in the group policy is in conflict with the laws of the state governing the group policy or the certificates, the provision will be deemed to be amended to conform to such laws.

MINNESOTA LIFE

400 Robert Street North • St Paul, Minnesota 55101-2098

ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE OF INSURANCE