

GROUP DENTAL INSURANCE POLICY

Union Security Insurance Company agrees to provide the insurance described in this and the following pages of the *policy*, subject to payment of premiums. This *policy* is a legal contract between Union Security Insurance Company and the *policyholder*.

READ THE POLICY CAREFULLY. This cover sheet provides only a brief outline of some of the important features of your coverage. The *policy* sets forth, in detail, the rights and obligations of both the *policyholder* and the insurance company. IT IS THEREFORE IMPORTANT TO READ THE POLICY.

Union Security Insurance Company is domiciled in the State of Kansas.

Policyholder: Cole County Commission

Policy Number: 5487084

Delivered In: Missouri and governed by its laws, unless otherwise preempted by federal law.

Effective Date: January 1, 2018 - The date the *policy* takes effect at 12:01 a.m. which is also its date of issue.

Premium Due Dates: The first premium is due on the Effective Date. Future premiums are due on the first day of each month after that.

Policy Anniversary: January 1, 2019, and each January 1 after that at 12:01 a.m.

Insurance Provided: Group Dental Insurance - *Noncontributory*
Group Dental Insurance for Dependents - *Contributory*



Secretary



President and
Chief Executive Officer

Union Security Insurance Company 2323 Grand Boulevard Kansas City Missouri 64108-2670

NOTICE

If you have any questions about your insurance, please contact:

Union Security Insurance Company
Customer Advocacy
P.O. Box 419596
Kansas City, MO 64141-9958

You may also reach Union Security by telephone at 800.442.7742.

When contacting us, please have your policy number available.

**APPENDIX ONE
NOTICE OF PROTECTION PROVIDED BY
MISSOURI LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a *brief summary* of the Missouri Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Missouri law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Missouri law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are as follows:

- Life Insurance
- \$300,000 in death benefits
- \$100,000 in cash surrender and withdrawal values
- Health Insurance
- \$500,000 in hospital, medical and surgical insurance benefits
- \$300,000 in disability insurance benefits
- \$300,000 in long-term care insurance benefits
- \$100,000 in other types of health insurance benefits
- Annuities
- \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is as follows:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of basic hospital, medical, and surgical insurance or major medical insurance
- \$500,000 in aggregate for basic hospital, medical, and surgical insurance or major medical insurance
- \$5,000,000 to one policy owner of multiple nongroup policies of life insurance, whether the policy owner is an individual, firm, corporation, or other person, and whether the persons insured are officers, managers, employees, or other persons

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Missouri law.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.mo-iga.org, or contact:

Missouri Life and Health
Insurance Guaranty Association
994 Diamond Ridge, Suite 102
Jefferson City, Missouri 65109
Ph.: 573-634-8455
Fax: 573-634-8488

Missouri Department of Insurance, Financial
Institutions and Professional Registration
301 West High Street, Room 530
Jefferson City, Missouri 65101
Ph.: 573-522-6115

Insurance companies and agents are not allowed by Missouri law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Missouri law, then Missouri law will control.

TABLE OF CONTENTS

GENERAL DEFINITIONS.....6
SUMMARY OF GROUP DENTAL INSURANCE7
SCHEDULE8
GENERAL PROVISIONS9
 Entire Contract.....9
 Errors9
 Misstatements.....9
 Certificates9
 Workers' Compensation9
 Agency9
 Changing the Policy.....10
 Required Data.....10
 Policyholder's Assignment.....10
 When the Policy Ends.....10
PREMIUMS11
 Premium Payments11
 Grace Period.....11
 Calculation of Premiums.....11
 Our Right to Change Premium Rates.....11
APPLICATION12

GENERAL DEFINITIONS

These terms have the meanings shown here when *italicized*. The pronouns "we", "us", "our", "you", and "your" are not *italicized*.

Active work means the expenditure of time and energy for the *policyholder* or an *associated company* at your usual place of business on a *full-time* basis.

Associated company means any company shown in the *policy* which is owned by or affiliated with the *policyholder*.

Contributory means you pay part or all of the premium.

Covered dependent means an *eligible dependent* who is insured under the *policy*.

Covered person means an eligible employee of the *policyholder* or an *associated company* who has become insured for a coverage. It also includes any *covered dependent*.

Eligible class means a class of persons eligible for insurance under the *policy*. This class is based on employment in a group.

Full-time means working at least 30 hours per week, unless indicated otherwise in the *policy*.

Home office means our office in Kansas City, Missouri.

Noncontributory means the *policyholder* pays the premium.

Policy means all:

- policy provisions;
- certificate(s) of group insurance;
- amendments;
- endorsements; and
- the *policyholder's* application attached to the *policy*;

issued by us to the *policyholder* that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the *policy* is issued.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee of the *policyholder* or an *associated company* who has become insured for a coverage.

SUMMARY OF GROUP DENTAL INSURANCE

This summary is intended to help understand the group insurance *policy*. It does not change any of its provisions.

Dental Insurance

We pay benefits if a *covered person* incurs covered dental expenses in excess of the deductible amount. The benefit and deductible may vary according to procedure. The *policy* explains which dental expenses receive limited or no benefits. In addition, waiting periods may apply to some procedures.

If a *covered person* has more than one dental expense plan, benefits from us may be reduced so that all benefits received are not more than the actual expenses.

**Please read
the following pages
carefully.**

SCHEDULE

Eligible Class: For employee insurance - Each *full-time* employee of the *policyholder* or an *associated company*,

- who is at *active work*, and
- who is working in the United States of America,

except any temporary or seasonal worker.

For dependent insurance - Each *eligible dependent* of a person eligible and insured for employee insurance.

If a person in an *eligible class* has refused coverage as reflected in either our or the *policyholder's* or *associated company's* books and records, that person will not be covered. The person may become insured at a later date, but he or she will be subject to the Late Entrant Limitation as it appears in the Special Limitations section.

Associated Companies: None
Present Service Requirement: None
Future Service Requirement: 1 full month

Entry Date:

For each employee whose hire date is the first day of the month; An eligible person will become insured on the first of the month occurring after the day all eligibility requirements are met.

For each employee whose hire date is the second day through the last day of the month; An eligible person will become insured on the second month occurring after the day all eligibility requirements are met.

Minimum Participation Requirements:

Number: 10 Percentage: 100% for employee insurance

GENERAL PROVISIONS

Entire Contract

The *policy*, including certificate(s) of group insurance, any amendments and/or endorsements and the *policyholder's* application attached to it are the entire contract.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about a person or the *policyholder's* plan is misstated on an application or if it is altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Certificates

We will send certificates to the *policyholder* to give to each *covered person*. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the *policy*.

Workers' Compensation

The *policy* is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency

Neither the *policyholder*, any employer, any *associated company*, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

GENERAL PROVISIONS (continued)

Changing the Policy

The *policyholder* owns the *policy*. The *policy* may be changed at any time by an endorsement or amendment agreed upon by the *policyholder* and us. The *policy* may also be changed in whole or in part when there is any change in laws or regulations which affect our obligations under the *policy* or when we are required to change the *policy*. A change must be approved by one of our executive officers. No agent can change the *policy* or waive any of its provisions.

Required Data

The *policyholder* must give us all data needed to administer the insurance and determine premiums. The *policyholder* must also give us any other information we require. We may inspect the *policyholder's* records relating to the insurance provided by the *policy*.

Policyholder's Assignment

The *policyholder* may assign the *policy*. This will not affect the rights of a *covered person*. We will not be responsible for the validity of any assignment. We must receive written notice of an assignment at our *home office*.

When the Policy Ends

The *policy* will end on the earliest of the following dates:

- the date the grace period ends, if the premium has not been paid; or
- the date we cancel the *policy*, after giving the *policyholder* 31 days written notice; or
- the date we receive written notice from the *policyholder*, or the date shown in the notice, whichever is later.

The *policy* will also end if the Minimum Participation Requirements shown in the Schedule are not met.

If the Minimum Participation Requirements are not met, we will notify the *policyholder* 31 days in advance that insurance will end. We consider that notice is given when delivered or mailed to the last known address of the *policyholder*.

If the date the *policy* ends is not the same as the date to which premiums have been paid, the difference in premium:

- must be paid to us, if underpaid; or
- will be refunded by us, if overpaid.

PREMIUMS

Premium Payments

The *policyholder* must pay all premiums in advance at our *home office* or to one of our agents or administrators. The *policyholder* may request on any policy anniversary that the frequency of premium payment be changed to any frequency we offer for such *policy*.

Grace Period

If any premium is not paid when due, the *policy* will be in default on that date. The *policyholder* has a grace period of 31 days after that date to pay the premium. In any case, the *policyholder* must pay the premium for coverage in force during the grace period.

Calculation of Premiums

The first premium is due on the effective date. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance. We will furnish premium rates to the *policyholder* with an explanation of how to apply them.

Our Right to Change Premium Rates

We may change the premium rate:

- after the second policy anniversary; or
- at any time that our risk changes.

Unless our risk changes:

- we will not change the rates more than once in any period of 12 consecutive months; and
- we will give the *policyholder* 31 days advance written notice of an increase in rates.

APPLICATION

to Union Security Insurance Company

by Cole County Commission

for group policy no. G 5487084

This application is executed in duplicate. One copy is to be attached to the *policy*. The other is to be returned to Union Security Insurance Company.

It is agreed that this Application replaces any prior application for the *policy*.

10 or more lives must be insured on the Effective Date of the *policy*. In addition, the number of lives to be insured on that date must be 100% of those eligible for insurance at that time.

Cole County Commission
(Full or Corporate Name of Applicant)

by _____
(Signature and Title)

Signed at _____ Date _____

Witness _____
(To be signed by Resident Agent where required by law)

This copy is to remain attached to the *policy*.

Union Security Insurance Company 2323 Grand Boulevard Kansas City Missouri 64108-2670

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Cole County Commission

(Full or Corporate Name of Applicant)

by

(Signature and Title)

Signed at

_____ Date

Witness

(To be signed by Resident Agent where required by law)

This copy is to be returned to the *home office*.

Union Security Insurance Company 2323 Grand Boulevard Kansas City Missouri 64108-2670