

**SCHOOLS INSURANCE FUND OF WISCONSIN
JOINDER AGREEMENT FOR
GROUP TERM LIFE INSURANCE**

The below named Employer hereby requests application for participation in group term life insurance benefits under the Group Policy issued to the below named Group Policyholder (hereafter referred to as "Policyholder", and underwritten by Madison National Life Insurance Company, Inc. (hereafter referred to as "Insurer"). The term **Group Policy** means only the provisions of the Group Policy that apply to the Employer, based upon the coverage requested under this Joinder Agreement.

Insurance and Benefit Information

A. Administrative

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| 1. Policyholder: | Schools Insurance Fund of Wisconsin |
| 2. Employer: | Vernon School District
53 Green St
Brattleboro, VT 05301 |
| 3. Employer Plan No: | 35408 |
| 4. Nature of Business: | Public Education |
| 5. Initial Plan Effective Date: | December 1, 2022 |
| 6. Type of Coverage Replaced: | Group Term Life Insurance |
| 7. Prior Carrier: | CIGNA |
| 8. Prior Coverage Term Date: | December 1, 2022 |
| 9. Evidence of Insurability Requirements: | Applies to Late Enrollees, Increases in Benefits and Amounts over Guarantee Issue Amounts |
| 10. Employee Classes: | |
| 01 | Superintendents, Assistant Superintendents, or Business Administrators |
| 02 | Principals, Department Heads, Director of Special Services, Assistant Director for Special Education Career Center, or Director and Assistant Director |
| 03 | Union and Non-Union Employees |
| 04 | Central Office Staff |
| 11. Minimum Hourly Work Requirement: | |
| Classes 01, 02, 03, 04: | 17.5 hours per week |
| 12. Waiting Period for Insurance Coverage: | |
| Classes 01, 02, 03, 04: | None |
| 13. New Employee Eligibility Date: | |
| Classes 01, 02, 03, 04: | First of month following completion of the Waiting Period |

14. Leaves / Layoffs:

Classes 01, 02, 03, 04:

Coverage with premium payment while on FMLA leave; Coverage with premium payment for up to 12 months while on Unpaid Leave; Coverage with premium payment for up to 18 months while on Military Leave; Coverage with premium payment for up to 31 days while on Layoff

15. Employee Premium Contribution:

Classes 01, 02, 03, 04:

Employee Basic Insurance: 0%

16. Participation Requirements:

Classes 01, 02, 03, 04:

Employee Basic Insurance: 100%

17. Insurance Reduction Schedule:

Classes 01, 02:

Employee Basic Insurance: Basic Life and AD&D Insurance reduce to 65% at age 70, reduce to 50% at age 75 and terminate at retirement

Classes 03, 04:

Employee Basic Insurance: Basic Life Insurance does not reduce and terminates at retirement

B. Basic Life Insurance

Employee Basic Life

Class 01:

2 times Annual Salary rounded to the next higher \$5,000

Guarantee Issue: \$300,000

Maximum Issue: \$300,000

Class 02:

2 times Annual Salary rounded to the next higher \$5,000

Guarantee Issue: \$250,000

Maximum Issue: \$250,000

Class 03:

1 times Annual Salary rounded to the next higher \$5,000

Guarantee Issue: \$100,000

Maximum Issue: \$100,000

<u>Class 04:</u>	\$100,000
Guarantee Issue:	\$100,000

C. Additional Benefits

- | | |
|-------------------------------------|--------------------------|
| 1. Conversion of Insurance Benefit: | Included for all classes |
| 2. Waiver of Premium Benefit: | Included for all classes |
| 3. Living Benefit: | Included for all classes |

D. Accidental Death and Dismemberment (AD&D) Insurance

1. Basic AD&D Insurance

Employee Basic AD&D Insurance

<u>Classes 01, 02:</u>	Equal to Basic Life amount
Guarantee Issue:	Equal to Basic Life amount
Maximum Issue:	Equal to Basic Life amount

E. Additional AD&D Benefits

- | | |
|---------------------------|--------------------------|
| 1. Exposure Benefit: | Included in Class 01, 02 |
| 2. Disappearance Benefit: | Included in Class 01, 02 |
| 3. Seat Belt Benefit: | Included in Class 01, 02 |
| 4. Air Bag Benefit: | Included in Class 01, 02 |
| 5. Coma Benefit: | Included in Class 01, 02 |

F. Premium

1. Rate:

Classes: 01, 02

Employee Basic Life Premium Rate:	\$0.117 per \$1,000 of coverage
Employee Basic AD&D Premium Rate:	\$0.02 per \$1,000 of coverage

Classes: 03, 04

Employee Basic Life Premium Rate:	\$0.117 per \$1,000 of coverage
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|-------------------------|------------------------------|
| 2. Rate Guarantee: | 55 months until July 1, 2027 |
| 3. Frequency of Billing | Monthly |

G. Benefits and coverage for Insured Persons are as agreed upon between the Insurer and the Policyholder. All coverages and actual benefit amounts in effect, with respect to each Insured Person, are described in the Certificates of Insurance issued by the Insurer to the Policyholder for distribution to the Insured Persons or, directly to the Insured Persons. This includes any applicable Riders or

Endorsements which generally describe, without amending, superseding or changing the Policy in any way, the essential features of the coverages Insured Persons are entitled to under the Group Policy and this Joinder Agreement, and to whom the insurance benefits are payable in the event of a covered loss.

TERMS AND DEFINITIONS

All terms are as defined in the Certificates of Insurance (hereafter referred to as Certificate).

PREMIUMS, PAYMENTS AND TERMINATION

A. Payment of Premiums

1. Premiums are due on the 1st of the month of coverage for which the premium applies (e.g., premium for coverage in October would be due October 1st).
2. The premium due on each Premium Due Date is the sum of the premiums for all Insured Persons under the Group Policy. Premium rates for each Employer covered under the Group Policy are shown in this Joinder Agreement.
3. The Employer determines the amount, if any, of each Insured Person's contribution toward the cost of insurance.
4. Each premium is payable on or before its Premium Due Date directly to the Insurer at their home office.
5. Premium is due for an Insured Person for each month the Insured Person is covered under the Group Policy. The Employer must notify the Insurer immediately whenever an employee becomes eligible or ceases to be eligible for coverage. Effective dates of coverage or termination dates which occur mid-month will be billed as follows:
 - a) If the effective date of coverage is between the 1st of the month and 15th of the month, premium for an entire month will be due to the Insurer. If the effective date of coverage is between the 16th of the month and the end of the month the Employer will be billed for the next full month of coverage. The Insurer does not prorate premium.
 - b) If the date coverage ends is between the 1st of the month and the 15th of the month, no premium will be due for that month. If the date of termination is between the 16th of the month and the end of the month the Employer will be responsible for an entire month's premium.
6. All premiums will be based upon information provided by the Employer in the Census Reports.

B. Changes in Premium Rates.

1. Special Circumstances. The Insurer may change premium rates, to be effective on the next Premium Due Date, if any of the following occur:
 - a) A change or clarification in a law or governmental regulation affects the amount payable under the Group Policy. Any such change in premium rates will reflect only the change in the Insurer's obligations.
 - b) One or more changes occur in the factors material to the underwriting risk the Insurer assumed under the Group Policy with respect to the Employer, including, but not limited to, the number of persons insured, age, gender and occupational classification.
 - c) The premium contribution arrangement for insured employees changes or varies from that stated in this Joinder Agreement when issued or last renewed.
 - d) Plan design changes are requested by the Employer.

- e) The Insurer and the Employer mutually agree to change premium rates.
2. In all other cases, and subject to a period for which the Insurer has provided the Employer with a written rate guarantee, the Insurer may change premium rates upon 60 days advance written notice to the Employer. Any such change in premium rates may be made effective on any Premium Due Date, but no such change will be made more than once in any Contract Year. Contract Years means successive 12-month periods computed from the end of the initial rate guarantee period, or from a time agreed to in writing by the Employer and Insurer.
- C. Premium Adjustments. Premium adjustments involving a return of unearned premiums to an Employer will be limited to the 12 months just before the date the Insurer receives a request for premium adjustment.
- D. Information Required from Employer
- 1. The Employer will furnish all information reasonably necessary to administer the Group Policy, including but not limited to the following:
 - a) At least one Census Report during each plan year, no later than six months prior to the next plan renewal date. The Census Report means a written report providing the following information for each Employee insured under the Group Policy: name, social security number, date of birth, gender, occupational class, Annual Salary as defined under the Group Policy and Certificate, and the amount of coverage.
 - b) A list of all eligible employees and documentation supporting employee eligibility under the Group Policy.
 - c) Information about employees who become eligible, whose amounts of coverage change and/or whose coverage ends.
 - d) Occupational information and any other information that may be required to manage a claim.
 - e) Notification of the Employer's change in legal status, expansion of business, dissolution, merger, buyout or any other significant business operational change.
 - f) Notice of any additional eligible employee segment(s).
 - g) Any other information that may be reasonably required.
 - 2. The Employer must provide such information to the Insurer or its agents in a regular and timely manner as may be reasonably specified by the Insurer and/or its agents. The Insurer and its agents have the right at all reasonable times to inspect the payroll and other records of the Employer which relate to insurance under the Group Policy.
- E. Grace Period, Termination for Nonpayment and Reinstatement.
- 1. If a premium is not paid on or before its Premium Due Date, it may be paid during the Grace Period. The coverage under the Group Policy will remain in force during the Grace Period.
 - 2. Grace Period means the 31 days following the Premium Due Date.
 - 3. If the premium for coverage is not paid during the Grace Period, the coverage under the Group Policy will terminate automatically at the end of the Grace Period.
 - 4. The Employer is liable for premium for coverage during the Grace Period. The Insurer may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.
 - 5. Reinstatement. If any renewal premium is not paid and coverage is terminated, the Employer may request a reinstatement by reapplying with the Group Policyholder and submitting the required

premium. Coverage will be reinstated upon the Insurer's approval, if the Employer requests reinstatement within 31 days of termination date. The Insurer shall approve or disapprove the reinstatement within 15 calendar days following receipt of the reinstatement request and premium. The Insurer and Employer shall have the same rights hereunder as they did under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

F. Termination for Other Reasons

1. The Policyholder may terminate the Group Policy and the Employer may terminate coverage under the Joinder Agreement by giving the Insurer at least 60 days written notice. The effective date of termination will be the later of:
 - a) The date stated in the notice; or
 - b) The Premium Due Date immediately following the date the Insurer receives the notice.
2. The Insurer may terminate coverage under the Group Policy as follows:
 - a) On any Premium Due Date if the number of persons insured is less than the Minimum Participation requirements provided for under this Joinder Agreement.
 - b) On any Premium Due Date if the Insurer determines that the Employer has failed to promptly furnish any necessary information requested or has failed to perform any other obligations relating to the Group Policy or coverage under the Group Policy.
 - c) On any Premium Due Date by giving the Employer at least 60 days advance written notice.
 - d) On the date the Employer breaches any part of the Entire Contract.

GENERAL PROVISIONS

- A. Certificates. The Insurer will prepare the Certificates setting forth the main features of the Group Policy applicable to each Insured Person. The Insurer and Employer may agree to distribute the Certificates to Insured Persons in paper format, or to make the document available and accessible for review by Insured Persons on the Employer's website. The Employer will be responsible for providing sufficient notice to the Insured Person of the existence and availability of the Certificate, including instructions on how to view the document, and a statement that a paper copy of the document will be made available upon request. Upon receiving such a request from either the Employer or Insured Person, the Insurer will provide a written copy of the Certificate to the Employer for distribution to the Insured Person. If the terms of the Certificate differ from the terms of the Employer's coverage under the Group Policy, the latter will govern.
- B. Limitation of Liability. Individuals selected by the Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them and do not represent or act on behalf of Madison National Life Insurance Company, Inc. The Policyholder and Employer hereby release, hold harmless and indemnify Madison National Life Insurance Company, Inc. from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of the Policyholder or Employer respectively, or any of their respective representatives, agents or employees.
- C. Agency. The Policyholder and Employer are not agents of the Insurer for any purpose under the Policy.

D. Entire Contract, Changes: This Joinder Agreement, the Policy, including the Certificates and any Riders, Amendments or attached papers, if any, constitutes the entire contract of Insurance. No change in the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Policyholder for attachment to the Group Policy. No change in an Employer's coverage under the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Employer for attachment to the Joinder Agreement. No agent has authority to change this Policy or waive any of its provisions.

We have authority to determine all questions arising in connection with the Policy, including its interpretation. Our failure to enforce any provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

E. Incontestability. All statements made by the Employer in the Application are, in the absence of fraud, representations and not warranties. The Insurer cannot contest the Policy or this Joinder Agreement after it has been in force for 2 years from its Date of Issue. No statement shall be used to contest the validity of coverage or reduce benefits, unless it is in writing, signed by the Employer, and a copy of such statement is furnished to the Employer.

F. Non-Participating: The Policy is non-participating. It does not share in Our profits or surplus earnings.

G. Conformity With State Laws: If any provisions of Our forms are contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

H. Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

I. Misstatement. If Policyholder or Employer premiums for the Insured Person are based on age or gender and the Insured Person's age or gender has been misstated, there will be a fair adjustment of premiums based on his or her true age or gender. If benefits for the Insured Person is based on age or gender and the Insured Person's age or gender has been misstated, there will be an adjustment of said benefits based on his or her true age or gender. We may require satisfactory proof of age or gender before paying any claim.

J. Clerical Error. A clerical error may be made by the Insurer, Employer or Policyholder in keeping data. If so, when the error is found the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

ACCEPTANCE AND SIGNATURES

The undersigned Employer adopts and agrees to be bound by the terms and conditions of this Agreement, as amended from time to time and Group Policy. Copies of these documents are available for Employer review at the Policyholder's place of business. The Employer may also contact the Insurer for further information.

The Group Policy is a vehicle for obtaining group insurance plans in which Employers join together as a single policyholder for the purchase and maintenance of group insurance policies.

The Insurer, in performing its obligations under the Group Policy, is acting only as a life insurer with respect to the Group Policy. The Trust Administrator, in performing its obligations under the Group Policy, is acting only as a trust administrator with respect to the Group Policy. The Insured and Trust Administrator are not in any way acting as a plan administrator, a plan sponsor or a plan trustee for the purposes of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, or any other federal or state laws.

The signatures below constitute acceptance of the undersigned Employer as a participating member under the Group Policy.

Signed into effect this 1 day of December, 2022.



Signature of Authorized Signer for Employer

Frank Arch Business manager
Printed Name & Title of Signer

Signature of Authorized Signer for Employer

Printed Name & Title of Signer

Administrator:
AP / National Insurance Services

By: 
Hank Ehram, President
November 23, 2022

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

NOTICE OF PRIVACY PRACTICES AND PROTECTION

**This Privacy Notice is provided for your information -- keep a copy of it for your records.
No response is required or requested.**

Customer Privacy Is Our Business - We value our relationship with our customers and are dedicated to providing them with exceptional service and competitive product offers. As part of our dedication to servicing their insurance needs, we are committed to protecting the confidentiality of nonpublic personal information about our customers. This Privacy Notice will help you understand what type of information we collect about insured individuals, how the information we collect is used, and what measures we take to protect that information.

What Information We Collect And How We Collect It - Depending on the type of product, we collect nonpublic personal information about insured individuals that may include:

- address,
- telephone number,
- social security number,
- account information,
- income,
- employment,
- health status, and
- other personal information relevant to their coverage.

We collect such information primarily from information we receive from individuals on applications or other forms. We may also collect information through telephone conversations or other electronic means, such as internet "cookies" (data stored on a computer by an internet browser when you use the internet to access our website) that may be used to track website usage, remember passwords customers create, and provide customers with website content specific to their needs and interests. We may also obtain information from third parties such as employers, non-affiliated insurers, physicians, hospitals and other medical providers.

How Information Is Protected - We restrict access to nonpublic personal information to those employees who need to know that information to provide products or services to our customers. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard such information. Information about insured individuals is accessed by our employees only when such access is necessary to conduct our business. For example, we may access information to offer other compatible products or services we provide, to process customer requests, and to administer our products or services. All employees are required to maintain the confidentiality of nonpublic personal information and to follow policies we establish to secure such confidentiality.

Additionally, we require third parties to whom we disclose nonpublic personal information, or who receive or handle such information on our behalf, to adhere to our standard of privacy protection and to establish information security procedures.

Disclosure - We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. Information will only be disclosed for such purposes as conducting and auditing our business, administering the business of affiliated organizations, responding to requests from government

authorities, or as authorized or requested by an insured individual. Such disclosures include, but are not limited to:

- **Affiliates** - we may provide information to affiliated companies to enable them to provide business services for us such as claims processing, underwriting, and maintenance of your accounts, and to offer products and services we provide.
- **Agents and Brokers** - we may provide information to enable agents and brokers to provide business services for us and to offer products and services we provide.
- **Joint Marketing** - we may provide information to non-affiliated third parties to jointly market insurance products or services.
- **Lending Institutions** - we may provide information to non-affiliated lending institutions, such as banks and credit unions, to offer products and services we provide, and to provide business services for us.
- **Government Entities** - we may provide information upon request from a State Department of Insurance or other government entity. The purpose for the request may be to prevent fraud, conduct an audit of our business practices, or for any other reason for which the government entity is legally permitted to request information.
- **Servicing organizations** - we may provide information to servicing organizations such as TPAs, reinsurers, attorneys, accountants, actuaries, underwriters, and other such organizations to enable them to provide business services for us.

We do not share, trade, sell, exchange or in any other way disclose nonpublic personal information except as stated above or to otherwise conduct the business of insurance.

About this Privacy Notice - The examples contained in this Privacy Notice are provided as illustrations and are not a comprehensive account of the rights of any party under applicable federal and state laws. The policies and protections indicated in this Privacy Notice will remain effective even after an individual's coverage is terminated, to the extent we retain information about that individual. We may change this Privacy Notice at any time and will inform you of any changes as required by law. Other applicable privacy protections may exist under state laws and we will comply with all applicable state laws when we disclose information about individual insureds.

For additional information, contact us at:

Attn: Privacy Officer
Madison National Life Insurance Company, Inc.
Post Office Box 5008
Madison, WI 53705

NOTICE

This notice describes identities of and relationships among the Insurer, Administrator, and Policyowner of this insurance.

Insurer: Madison National Life Insurance Company, Inc. (MNL) is the insurance underwriter of this insurance.

Third Party Administrator: AP / National Insurance Services (NIS) is the administrator for this group insurance. NIS provides administrative services for insurance issued to group, including, but not limited to, underwriting, premium billing, premium collection, client services, and policy and certificate issuance.

There is no ownership affiliation between MNL and NIS.

Policyowner: The Policyowner of your policy /certificate of insurance is the Schools Insurance Fund Trust.

Employer: Your Employer participates in the group insurance under the group policy issued to the Trust.

NIS is the Administrator of the Schools Insurance Fund.