

FORT DEARBORN
GROUP LIFE INSURANCE PLAN

The undersigned employer which is a legal entity, governmental unit or agency engaged in operating or representing educational institutions in the state of Michigan, hereby requests that it be approved as a participant in The National Educational Services Group Insurance Trust (NESGIT) and be included under the Group Insurance Policies issued to said trust for the plans of insurance specified below. The undersigned employer agrees to adopt and be bound by the terms of the NESGIT Declaration of Trust and Agreement and the terms and conditions of the insurance policy(ies) issued thereto.

I. **Eligible Classes:**

The classes of employees eligible for insurance shall be as follows:

EACH ACTIVE FULL-TIME EMPLOYEE; EXCEPT ANY SUCH PERSON WHO IS EMPLOYED ON A TEMPORARY BASIS OR WHO WORKS LESS THAN 15 HOURS PER WEEK.

II. **Service Requirement:**

Eligible employees must complete the following service requirement:

NONE

III. **Individual Entry Date - Individual Insurance Will Become Effective Upon:**

The day all requirements have been fulfilled.

The first of the month coinciding with or next following the day all requirements have been fulfilled.

IV. **The Amount Of Insurance On Each Insured Employee Shall Be As Follows:**

ADMINISTRATORS	ONE-TIMES BASIC ANNUAL SALARY ROUNDED TO THE NEXT HIGHER \$1,000.00 <i>MAX OF 100,000</i>
ALL OTHERS	\$10,000.00

NOTE: Medical evidence, satisfactory to FORT DEARBORN LIFE INSURANCE COMPANY, must be submitted for amounts of insurance in excess of 1 x annual salary for districts insuring less than 10 lives; if insuring between 10 and 25 lives, evidence is required for amounts in excess of 10% of the total *volume; and for groups of more than 25 lives, 10% of the total *volume on the 25 most heavily insured lives.

*Both rounded to the next higher \$5,000.00 if not already on a \$5,000.00 increment.

If retired employees are included in Paragraph I above, Accidental Death and Dismemberment Insurance shall terminate upon the date of the employee's retirement.

V. **Accidental Death & Dismemberment Insurance:**

Is each insured employee to receive AD&D coverage equal to his or her amount of Life Insurance? Yes No

Any Automobile Accident benefit payable is equal to the amount of the AD&D benefit.

VI. Dependents Life Insurance:

Is Dependent Life Insurance desired on the lives of the dependents of insured employees?
___Yes X No

If Yes, please indicate plan desired:

Relationship:	___Plan A	___Plan B	___Plan C
Spouse	\$1,000	\$1,500	\$2,500
Child:			
14 days, but under 25 years (Out of Hospital & Unmarried)	\$ 500	\$ 750	\$1,250

VII. If Above Amounts Of Insurance Are Subject To Change, Such Changes Shall Occur As Set Forth Below:

The Date of the Change of Status

VIII. Will Employees Contribute Toward The Cost Of Insurance?

Active Employees: X No Yes, What Percent?___

Retired Employees: ___No Yes, What Percent?___

IX. Desired Effective Date: OCTOBER 1, 1998

IIX. NAME OF SCHOOL DISTRICT: COOPER COUNTRY I.S.D.

We are acquainted with the eligibility rules and understand that eligible employees must be insured now and in the future in accordance with the underwriting rules established by Fort Dearborn Life Insurance Company. We also understand that the initial premium rate is established according to the ages of the insured employees as of the effective date of the Plan and that no coverage shall be in force unless this Application is approved by Fort Dearborn Life Insurance Company.