



## **KANSAS CITY LIFE INSURANCE COMPANY**

Broadway at Armour / Box 219139 / Kansas City, Missouri 64121-9139  
Telephone: (816) 753-7000  
Web Site: [www.kclife.com](http://www.kclife.com)

### ***PRIVACY NOTICE***

This notice describes the privacy rules the Kansas City Life Group of Companies follows with respect to the non-public personal information of its customers. We follow these rules for both current and former customers.

The companies are:

- Kansas City Life Insurance Company, Old American Insurance Company, and Grange Life Insurance Company, which are life insurance companies;
- Sunset Financial Services, Inc., a broker dealer; and
- KCL Service Company, an insurance agency.

As we provide products and services to you, we may collect certain information. This may include information:

- that you give us on applications and other forms, including address, social security number, or other personal identifiers;
- about your transactions with us, such as the kinds of products you buy and your payment history; or
- that we receive from outside sources, such as a consumer reporting agency and health care providers.

**We do not sell your non-public personal information to third parties.** Each affiliated company will only disclose its customers' non-public personal information:

- among the other affiliates;
- to provide services to its customers;
- to administer its business;
- to market products; and
- as allowed by law.

We may disclose customers' non-public personal information to our agents. We may also disclose it to others to provide service, to help us market our own products, or to establish retained asset accounts for settlement proceeds or benefits. We will require in writing that your information be kept confidential. We will also require in writing that the information must be used only for the reason we disclosed it. This includes information we get from a consumer reporting agency. If we ever change this policy, we will give you a chance to opt out.

Sometimes we acquire medical information about our customers. We may need this information to process a claim or issue a policy. We will only disclose medical information:

- to administer our business;
- to perform services and transactions you ask for;
- to comply with laws and regulations; and
- as you or your representative approve.

There are federal rules that may apply to use and disclosure of your personal health information if you are covered by a health insurance policy or group dental or vision insurance plan. In these cases, you will receive a separate notice.

We have security controls in place to protect your non-public personal information. We limit use of our customers' information to our employees who need such information to do their jobs and to outside entities as required or permitted by law. We also have physical and electronic safeguards that are intended to assure the privacy of your non-public personal information.

You may review the information we have on file about you. If you think it is wrong, you may ask for a change. If we agree, we will make the change.

We have the right to change our privacy rules. If we do that, we will send a written notice to all customers who may be affected by the change.



## **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. (For purposes of this notice, the terms “insurance company” and “insurer” include health maintenance organizations (HMOs).)

The basic protections provided by the Association are as follows:

- Life Insurance
  - \$300,000 in death benefits, but not more than \$100,000 in net cash surrender and net cash withdrawal values
- Health Insurance
  - \$500,000 for health benefit plans
  - \$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 the present value of annuity benefits, including net cash surrender and net cash withdrawal 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 health benefit plans
- \$500,000 in aggregate for health benefit plans
- \$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

“Health benefit plan” is defined in section 376.718, RSMo.

*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.

Benefits provided by a long-term care (LTC) rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the basic life insurance policy or annuity contract to which it relates.

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](http://www.mo-iga.org), or contact:

Missouri Life and Health Insurance  
Guaranty Association  
630 Bolivar Street, Suite 204  
Jefferson City, MO 65101  
Ph: 573-634-8455  
Fax: 573-634-8488

Missouri Department of Commerce and Insurance  
301 West High Street, Room 530  
Jefferson City, MO 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 or HMO coverage. When selecting an insurance  
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company, you should not rely on Association coverage. If there is any inconsistency between this notice and Missouri law, then Missouri law will control.



**KANSAS CITY LIFE  
INSURANCE COMPANY**

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**GROUP SHORT TERM DISABILITY INCOME INSURANCE POLICY  
NON-PARTICIPATING**

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POLICYHOLDER: City of Dardenne Prairie

POLICY NUMBER: 26770

POLICY EFFECTIVE DATE: January 1, 2026

POLICY ANNIVERSARY DATE: A date established and agreed to by the Policyholder and Us

GOVERNING JURISDICTION: Missouri

Kansas City Life Insurance Company (referred to as Kansas City Life) will provide benefits under this policy. Kansas City Life makes this promise subject to all of this policy's provisions.

The Policyholder should read this policy carefully and contact Kansas City Life promptly with any questions. This policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. This entire policy consists of:

1. all policy provisions and any amendments and/or attachments issued; and
2. the Certificate of Coverage; and
3. the Policyholder's signed application; and
4. the Insured Persons' signed Enrollment Forms.

This policy may be changed in whole or in part. Only an officer of Kansas City Life Insurance Company can approve a change. The approval must be in writing and endorsed on or attached to this policy. No other person, including an agent, may change this policy or waive any part of it.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219425, Kansas City, MO 64121-9425.

Secretary

President, CEO, and Vice Chairman

**Kansas City Life Insurance Company**  
3520 Broadway, Kansas City, MO 64111  
816-753-7000

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## POLICYHOLDER PROVISIONS

### INCONTESTABILITY

The validity of the policy shall not be contested after the policy has been in effect for two years except in situations when:

1. premium has not been paid; or
2. for fraudulent misrepresentations.

### DIVISIONS, SUBSIDIARIES, OR AFFILIATED COMPANIES INCLUDED:

#### NAME

None

### ELIGIBLE CLASS(ES):

Class 1: All Full-Time Employees in Active Employment in the United States with the Employer.

Employee must be an Employee of the Employer and in an eligible class.

Temporary and seasonal workers are excluded from coverage.

Persons who are not legal residents or citizens of the United States are not eligible for coverage.

### MINIMUM HOURS REQUIREMENT:

Class 1: 40 hours per week

Full-time employees must be working at least 30 hours per week.

### WAITING PERIOD:

For persons in an eligible class on or before the policy effective date:

Class 1: 0 days

For persons entering an eligible class after the policy effective date:

Class 1: 0 days

### COST OF INSURANCE

The initial premium for the policy is based on the initial rate(s) shown below.

Monthly rate of \$0.300 per \$10 of Weekly Benefit

### INITIAL RATE GUARANTEE AND RATE CHANGES

A change in premium rates will not take effect before 01/01/2028 (Rate Guarantee Period).

However, We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to those reasons shown below:

1. a change occurs in this policy design;
2. the number of Insureds changes by 25% or more; or
3. a new Law or a change in any existing Law is enacted which applies to this policy.

We will notify the Policyholder in writing at least 30 days before a premium rate is changed. A change may take effect on an earlier date when both the Policyholder and We agree.

### WHEN PREMIUM IS DUE

Premium Due Dates: 01/01/2026 and the first day of each calendar month thereafter.

The Policyholder must send all premiums to Us on or before their respective due date. The premium must be paid in United States dollars.

## **PREMIUM INCREASES OR DECREASES**

Premium increases or decreases which take effect during a policy month are adjusted and due on the next premium due date following the change. Changes will not be pro-rated daily.

Premium charges for new Insured Persons or for increases in insurance amounts will begin on the premium due date which coincides with or next follows the date of the addition or the change. Premium charges for terminated persons will end, and decreases for insurance amounts will begin, on the premium due date which coincides with or next follows the termination or the change in amount. This method of charging premium will neither commence any insurance after the date it would otherwise begin nor extend any insurance coverage beyond the date it would otherwise terminate pursuant to the applicable effective date or termination provisions of the policy.

If premiums are paid on other than a monthly basis, premiums for increases and decreases will result in a monthly pro-rated adjustment on the next premium due date.

We will only adjust premium for the current policy year and the prior policy year. In the case of fraud, premium adjustments will be made for all policy years.

## **INFORMATION REQUIRED FROM THE POLICYHOLDER**

The Policyholder must provide Us with the following on a regular basis:

1. information about persons:
  - a. who are eligible to become insured; and
  - b. whose amounts of coverage change; and
  - c. whose coverage ends;
2. occupational and salary information and any other information that may be required to manage a claim; and
3. any other information that may be reasonably required.

Policyholder records that have a bearing, in Our opinion, on this policy will be available for review by Us at any reasonable time as determined by Us.

## **INFORMATION PROVIDED BY US**

We will furnish the Policyholder with a Certificate of Coverage which outlines the benefits under this policy. The Policyholder will distribute a Certificate of Coverage to each Insured Person.

## **AMENDING OR CANCELING THE POLICY**

This policy can be canceled:

1. by Us; or
2. by the Policyholder.

We may amend or cancel this policy if:

1. there is less than 75% participation of those eligible persons who pay all or part of their premium for the policy;
2. there is less than 100% participation of those eligible persons for a Policyholder paid plan;
3. the Policyholder does not promptly provide Us with information that is reasonably required;
4. the Policyholder fails to perform any of its obligations that relate to this policy;
5. fewer than 10 persons are insured under the policy;
6. the premium is not paid in accordance with the provisions of this policy;
7. the Policyholder does not promptly report to Us the names of any persons who are added or deleted from the eligible class(es);
8. We determine that there is a significant change in the size, occupation, or age of the eligible class(es) as a result of a corporate transaction such as a merger, divestiture, acquisition, sale, or reorganization of the Policyholder and/or its persons; or
9. the Policyholder fails to pay any portion of the premium within the 31-day Grace Period.

We reserve the right to review and terminate all class(es) covered under the policy if any class(es) cease(s) to be covered.

If We amend or cancel this policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least 30 days prior to the amendment date or cancellation date. The Policyholder may cancel this policy if the amendments are unacceptable.

If any portion of the premium is not paid during the Grace Period, the policy will terminate automatically at the end of the Grace Period. The Policyholder is liable for premium for coverage during the Grace Period. The Policyholder must pay Us all premium due for the full period the policy is in force.

The Policyholder may cancel this policy by written notice delivered to Us at least 30 days prior to the cancellation date. When both the Policyholder and We agree, this policy can be canceled on an earlier date. If the Policyholder or We cancel this policy, coverage will end at 12:00 midnight Standard Time at the Policyholder's address on the last day of coverage.

If this policy is canceled, the cancellation will not affect a Payable Claim.

ASSIGNMENTThe Policyholder may assign the policy however, the Policyholder is required to advise all certificateholders of any assignment in writing, via certified mail. None of the Insured Persons' rights will be affected. Such assignment will not affect Us until We receive written notice at Our home office and give Our written approval.

