Assurity®
Life Insurance Company
P.O. Box 82533 • Lincoln, NE 68501-2533

An Assurity Security Group Inc. Company
(402) 476-6500 • (800) 869-0355 • www.assurity.com

ADDRESS SERVICE REQUESTED

DYNAFLEX
ATTN: MELLISA KENNEDY
10403 INTERNATIONAL PLAZA DR
SAINT ANN, MO 63074-1805

SUMMARY PLAN DESCRIPTION

To the extent that the insurance benefits provided under the Certificate of Insurance are part of an "employee welfare benefit plan" governed by the Employee Retirement Income Security Act of 1974 ("ERISA"), the information in this Supplement is being provided to you in addition to the information in the Certificate of Insurance. Collectively, the Certificate and this Supplement constitute the Summary Plan Description ("SPD") for the below-mentioned Plan. The SPD, together with the Master Policy, constitute the Plan Document. The Plan Administrator has the obligation to prepare, issue, and amend the SPD and is solely responsible for its contents. To determine whether your plan is governed by ERISA and for a completed Summary Plan Description, please contact your employer.

GENERAL ADMINISTRATIVE PROVISIONS

Name of the Plan:	DYNAFLEX
Plan Sponsor:	DYNAFLEX 10403 INTERNATIONAL PLAZA DR SAINT ANN MO 63074-1805 (800)489-4020
Employer I.D. Number:	Contact your employer for complete information.
Type of Plan:	An employee welfare plan providing benefits for GROUP OFF-THE-JOB ACCIDENT AND SICKNESS DISABILITY INC
Plan Number:	0800000225
Plan Administrator:	DYNAFLEX 10403 INTERNATIONAL PLAZA DR SAINT ANN MO 63074-1805 (800)489-4020
Type of Administration:	This Plan is insured by a contract with Assurity Life Insurance Company ("Assurity" or "the insurer"), PO Box 82533, Lincoln, NE 68501-2533.
Claims Administrator:	Assurity Life Insurance Company
Agent for Service of Legal Process:	Contact your employer for complete information.
Plan Records:	The fiscal records for the Plan are kept on a policy year basis ending each _____. Contact your employer for complete information.
Sources of Contributions to the Plan:	Employer or employee contributions, or both

Plan Funding Medium: Benefits are funded through an insurance policy issued by Assurity Life Insurance Company, PO Box 82533, Lincoln, NE 68501-2533.

The eligibility rules, benefits, limitations and exclusions are described in the body of the Policy/Certificate which is included with and part of the SPD.

ERISA RIGHTS

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

Receive Information About Your Plan and Benefits. Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries. In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan Participants and beneficiaries. No one, including your Employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights. If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in

Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions. If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

CLAIM PROCEDURES

Filing Claims. Claims for benefits under the Plan must be filed in writing with Assurity. Assurity will evaluate a claim to determine if benefits are payable under the terms of the Plan. Assurity may solicit additional information from the claimant or other sources if such information is necessary to evaluate the claim. If Assurity determines a claim is valid, the claim will be paid.

A written request for Plan benefits will be considered a claim for Plan benefits, and it will be subject to a full and fair review. If a claim is wholly or partially denied, Assurity will furnish the claimant with a written notice of this denial within a reasonable period of time, but no later than 90 days after Assurity's receipt of the claim. If Assurity determines that an extension of time for processing the claim is needed, it will notify the claimant of the reasons for the extension and the extended due date before the end of the 90 day period after the filing of the claim. The extended period may not exceed 180 days after the date of the filing of the claim.

In the case of a disability claim for Plan benefits, special expedited timeframes apply. If a claim is wholly or partially denied, Assurity will furnish the claimant with a written notice of this denial within a reasonable period of time, but no later than 45 days after Assurity's receipt of the claim. If Assurity determines that an extension of time for processing the claim is needed due to matters beyond its control, Assurity will notify the claimant of the reasons for the extension and the extended due date before the end of the 45 day period after the filing of the claim. The extended period may not exceed 75 days after the date of the filing of the claim. If Assurity determines that a second extension of time for processing the claim is needed due to matters beyond its control, Assurity must notify the claimant of the reasons for the extension and the extended due date before the end of the 75 day period after the filing of the claim. The second extended period may not exceed 105 days after the date of the filing of the claim. During the extension process, Assurity may request additional information from the claimant or other sources. If additional information is requested, the time period for making a benefit decision is frozen from the date on which the request is sent to the claimant until the date claimant responds to the request. The claimant will have 45 days from receipt of the information request to submit the requested information.

If a claim is wholly or partially denied, the written notice provided to the claimant will contain the following information:

(a) the specific reason or reasons for the denial;

(b) specific reference to those Plan provisions on which the denial is based;

(c) a description of any additional information or material necessary to correct the claim and an explanation of why such information or material is necessary;

(d) a description of the Plan's review procedures and the time limits applicable to such procedures, including a statement of the claimant's right to bring a civil action under Section 502(a) of ERISA following an adverse benefit determination upon review;

(e) in the case of a Plan providing disability benefits, if an internal rule, guideline, protocol, or similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion, or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol, or other criterion will be provided free of charge upon request;

(f) in the case of a Plan providing disability benefits, if the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request.

If no disposition of a claim is communicated to the claimant by Assurity within the timeframes outlined herein, the claimant will be deemed to have exhausted the internal review requirements of the Plan. If a claim has been denied, a claimant can file for a claim review pursuant to "Claims Review Procedure" below.

Claim Review Procedures. Upon the denial of a claim for benefits, a claimant may file a claim for review, in writing, with Assurity. A claimant must file the claim for review no later than 60 days after receipt of written notification of the denial of the claim. In the case of a disability claim denial, the 60 day period set forth in the preceding sentence shall be a 180 day period.

A claimant may submit written comments, documents, records and other information related to the benefit claim on review. A claimant will be provided, upon request and free of charge, access to and copies of all documents, records and other information relevant to the benefit claim.

A claim for review must be given a full and fair review. Assurity will notify the claimant of the review decision (whether adverse or not) within a reasonable period of time, but no later than 60 days after Assurity's receipt of the claim for review. If Assurity determines that an extension of time for processing the claim is needed, it must notify the claimant of the reasons for the extension and the

extended due date before the end of the 60 day period after the filing of the claim for review. The extended period may not exceed 120 days after the date of the filing of the claim for review.

In the case of a disability claim for review, special expedited timeframes apply. Specifically, Assurity must notify the claimant of the review decision (whether adverse or not) within a reasonable period of time, but no later than 45 days after its receipt of the claim for review. If Assurity determines that an extension of time for processing the claim is needed, it must notify the claimant of the reasons for the extension and the extended due date before the end of the 45 day period after the filing of the claim for review. The extended period may not exceed 90 days after the date of the filing of the claim for review.

Assurity's decision on a claim for review will be communicated to the claimant in writing. If the determination is adverse, the claimant will be provided the following information:

(a) the specific reason or reasons for the adverse determination;

(b) reference to the specific Plan provisions on which the benefit determination is based;

(c) a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits;

(d) a statement describing any voluntary appeal procedures offered by the Plan and the claimant's right to obtain the information such procedures, and a statement of the claimant's right to bring an action under Section 502(a) of ERISA;

(e) in the case of a Plan providing disability benefits, if an internal rule, guideline, protocol, or similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion, or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol, or other criterion will be provided free of charge upon request;

(f) in the case of a Plan providing disability benefits, if the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request; and

(g) in the case of a Plan providing disability benefits, the following statement: "You and your Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local Department of Labor Office and your State insurance regulatory agency."

If a claimant has a claim for benefits which is denied upon review or not responded to within the appropriate claims procedure timeframe, in whole or in part, such claimant may file suit in a state or federal court.

ASSURITY® LIFE INSURANCE COMPANY
Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 869-0355 • www.assurity.com

Off-the-Job Accident and Sickness Disability Income Master Policy

This Policy is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Policy and the Certificates based on the Policyholder's and the Employee's applications and payment of premium when due. This Policy alone is the only contract under which payment will be made. Any difference between this Policy and the Certificate will be settled according to the provisions of this Policy.

RIGHT TO EXAMINE

Each Certificate may be cancelled within 30 days of the Certificate Issue Date by returning the Certificate to Our administrative office. As soon as the Certificate is received by Us, it is treated as if it was never issued. Any premium payment will be refunded when We receive the Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, each Employee may cancel their Certificate by notifying Us in writing to do so. The Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless the notice specifies a later date. Cancellation of the Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Policy on the Effective Date.

President

Carol S Watson
Secretary

Important Cancellation Information – Please read the "Right to Cancel" and "Termination" sections.

Company may change premium rates

Representative: KELLY L RECTOR
Address: 1022 PERUQUE XING CT B
O FALLON MO 63366-2362

Telephone: (636) 887-4700

TABLE OF CONTENTS

SCHEDULE

FORM NO.	FORM NAME
G H1213 (MO) (R11-12)	Off-the-Job Accident and Sickness Disability Master Policy

DEFINITIONS

Actively at Work means performing the duties of the Employee's occupation for the Policyholder for a wage, salary or profit.

Actively Employed means the Employee must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of their regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by the Employee in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Complication of Pregnancy means a condition when the pregnancy is not terminated, with diagnosis which is distinct from pregnancy, adversely affected by pregnancy or caused by pregnancy, and includes, but which is not limited to: acute nephritis, anemia of pregnancy, nephrosis, cardiac decompensation, incompetent cervix, missed abortion, placenta previa, puerperal infection and similar medical and surgical conditions of comparable severity. It also includes emergency Caesarean section delivery, ectopic pregnancy which is surgically terminated, spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible, hyperemesis gravidarum (pernicious vomiting), pre-eclampsia and eclampsia. Complications of Pregnancy cease upon termination of the pregnancy.

Complication of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section delivery, postpartum depression, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as a distinct Complication of Pregnancy.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Sickness or Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while the Certificate is in force and (d) is not excluded by name or specific description in the Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in the Employee's application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means the Employee or any other person(s) insured for the benefits of the Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of the Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which keeps the Employee from doing one or more, but not all, of the substantial and material duties of their occupation or results in the loss of 25% or more of the time spent by the Employee in the usual daily performance of the duties of their occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which the Employee becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved the Employee's reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person.

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while the Employee is not Actively at Work and which keeps the Employee from doing the substantial and material duties of their own occupation and starts while the Certificate is in force.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Employee is working for wage, salary or profit during a period of Total Disability.

We, **Us** and **Our** mean Assurity Life Insurance Company.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after this Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under this Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. The Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. The Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate the Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, the Certificate will lapse (will not be in force). If the Employee wants the Certificate reinstated (to be in force again), they must apply for reinstatement in writing to Our administrative office within one year of the Certificate lapsing. Their application for reinstatement requires Our approval. If their application for reinstatement is approved, the Certificate may be reinstated with payment of any premium due. The Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline their application for reinstatement, the Certificate will be reinstated without approval 45 days after We receive their application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date. The reinstated Certificate shall also cover disabilities due to such Sickness as may begin more than 10 days after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If the Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of the Employee's death.

Unpaid Premiums. When a claim is paid under the Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if the Employee is Totally Disabled, requires a Physician's care that is appropriate for the Sickness or Injury, and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while the Employee is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Employee is Actively Employed on a continuous basis and not receiving any disability monthly benefits under the Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If the Employee's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if the Employee is Partially Disabled and has resumed part-time employment immediately following a period where they received Total Disability Monthly Benefits. The condition causing Your Partial Disability must require a Physicians care that is appropriate for the Sickness or Injury. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If the Employee's Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of the Employee's renewal premiums on the first premium Due Date after they have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when they cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after the Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- having a hernia;
- committing or attempting to commit a felony;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane.

CONTINUITY

Continuity of Coverage Upon Transfer of Insurers. If on the Policy Effective Date an Employee is not eligible for the Certificate but the Employee was covered by the Policyholder's prior group disability income policy at the time of transfer to this Policy, the Employee is eligible for coverage under this section. The coverage amount will be limited to the applicable level of benefits of the prior carrier's policy reduced by any benefits payable by the prior carrier's policy.

If coverage under the prior carrier's policy did not have a Pre-existing Condition provision, We will credit the time covered under the prior carrier's policy toward the Certificate's Pre-existing Condition provision.

If the prior carrier's policy's Pre-existing Condition provision is fully satisfied and benefits would have been eligible under the prior carrier's policy, then We will pay the lesser of the amount that would have been payable under the prior carrier's policy or the amount payable under the Certificate.

If the prior carrier's policy's Pre-existing Condition provision is not fully satisfied and benefits would not have been eligible under the prior carrier's policy, then We will credit any time satisfied under the prior carrier's policy's Pre-existing Condition provision toward meeting the Certificate's Pre-existing Condition provision.

Coverage under this section will be provided until the earliest of:

- the end of any period of extension of benefits which is provided by the prior carrier due to the Employee's Total Disability. If the prior carrier's policy coverage is not extended, then this coverage will end 90 days after the discontinued date of the prior carrier's policy;
- the date the Insured Person becomes eligible under the Policy; or
- the date the Insured Person's coverage would otherwise terminate under the Policy.

Premium for the Certificate is required to be paid for coverage under this section.

TERMINATION

Termination of Policy. Coverage will terminate and no benefits will be payable under this Policy, any Certificate or any attached riders when either the Policyholder or We cancel this Policy upon giving at least 61 days written notice to the other. We will not cancel this Policy prior to the end of the first year following the Policy Effective Date.

Termination of Certificate. Coverage will terminate and no benefits will be payable under the Certificate or any attached certificate riders on the earliest of the following:

- the date this Policy terminates;
- the date the Employee no longer meets the definition of Employee;
- when any premium due for the Certificate is not paid before the end of the Grace Period;
- the date We receive from the Employee or the Policyholder written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign country; or
- upon the Employee's death.

Continuation. Coverage may continue under the Certificate when the Employee ceases to be employed with the Policyholder. The Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if the Employee is not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

The Employee's written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of the Employee's termination date.

The continued coverage will provide the Employee the same coverage provided under the Certificate at the time employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from the Employee's termination date;
- when the Employee retires;
- the date the Employee becomes covered under another group disability policy;
- the date this Policy terminates;
- when any premium due for the Certificate is not paid before the end of the Grace Period;
- the date We receive from the Employee written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign county; or
- upon the Employee's death.

Extension of Benefits Due to Total Disability. Total Disability coverage under the Certificate will be extended if the Employee is Totally Disabled on the date this Policy terminates. Total Disability benefits will continue to be paid under the terms of the Certificate until the earlier of:

- the date Confinement ends;
- the date the Employee ceases to be Totally Disabled;
- when maximum benefits are paid; or
- 90 days following the date the Policy terminates;

Premium for the Certificate is required to be paid for coverage under this section. When a claim is paid under this section, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

This extension of benefits is not applicable if this Policy is replaced by another carrier providing substantially similar or greater benefits.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by the Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send the Employee the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed that the Employee met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after proof of loss is due unless the Employee is legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by the Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while the Certificate is in force. Termination of the Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of the Certificate and within 30 days after the date of the Injury or Sickness causing the disability.

Payment of Claim. All benefits will be paid to the Employee if living or to the Employee's Beneficiary. If no Beneficiary is living, benefits will be paid to the Employee's estate. If benefits are payable to the Employee's estate, We may pay up to $1,000 to any relative of the Employee who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must request any refund from You within one year of when the overpayment was made unless the overpayment was the result of fraud. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

GENERAL PROVISIONS

Application Statement. No statement will void the Certificate or any attached certificate riders, or be used to deny a claim unless the Employee made the statement in their application, which includes any papers signed or information provided to get the Certificate.

In the absence of fraud, statements made in the Employee's application, which includes any papers signed or information provided to get the Certificate, are deemed representations and not warranties. Representations are statements that, to the best of the Employee's knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered the Employee's statements as warranties, We could cancel their Certificate for any inaccuracy – even an honest mistake.

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.

Assignment. The Employee can transfer, or assign, some or all of their Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of the Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Certificates. We will send the Certificates to the Policyholder to give to each Employee. The Certificates will state the insurance to which an Insured Person is entitled. It does not change the provisions of this Policy.

Change of Beneficiary. The Employee may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish written acknowledgement of the change of Beneficiary, the change becomes effective on the date the Employee signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and state in which the Employee resides on the Certificate Issue Date apply. If this Policy conflicts with the laws of the federal government or the state in which the Employee resides on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Discretionary Authority, if Governed by ERISA. If this Policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this Policy and to determine eligibility and/or entitlement to coverage or benefits.

Duty of Cooperation. The Employee and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this Policy and the Certificates, which includes the Policyholder's and Employee's applications and any riders, endorsements, amendments or any other papers We have attached. No change in this Policy or the Certificates will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this Policy or the Certificates. No sales representative has authority to change this Policy or the Certificates or to waive any of the provisions.

Legal Action. Neither the Policyholder nor the Employee can bring a legal action to recover benefits under this Policy for at least 60 days after the Policyholder or Employee has given Us written proof of loss. Neither the Policyholder nor the Employee can start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If the Employee's income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to the Employee's correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After two years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's application (which includes any papers signed or information provided to get the Certificate) to void coverage or deny a claim for loss that happens after the two-year period.

After two years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's reinstatement application (which includes any papers signed or information provided to reinstate the Certificate) to void coverage or deny a claim for loss that happens after the two-year period.

No claim for loss incurred after two years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of the Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of the Certificate's issue state. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time the Certificate is renewed, the new term begins when the old term ends.

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

OFF-THE-JOB ACCIDENT AND SICKNESS DISABILITY INCOME MASTER POLICY

Company may change premium rates

READ THIS POLICY CAREFULLY

ASSURITY LIFE INSURANCE COMPANY
Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 276-7619 • FAX (402) 437-3404

WORKSITE GROUP EMPLOYER APPLICATION

PLEASE PRINT WITH BLACK INK

EMPLOYER INFORMATION

Employer Name DYNAFLEX | Employer's Tax I.D. No. 43-1813595

Address (Street Address) 10403 International Plaza Dr. (City) St Ann (State) MO (ZIP+4) 63074-1807

Contact Name Melissa Kennedy | Contact Title Office Manager

Contact Phone No. (800) 448-9023 | Contact Fax No. (314) 429-7575 | Contact Email Melissa@dynaflex.com

1. Details of any subsidiaries or affiliates to be insured NA

2. Name and nature of business Dynacity orthotics - ortho appliances

3. Type of business: ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Sole Proprietor ☒ Other LLC

4. Percent of premium paid by employer for employees 0 %

5. Waiting period: For current employees 0 For new employees 90

6. How many eligible full-time employees? _____ Hours required for benefit eligibility 30

7. Does this insurance replace existing insurance with any company? If YES, provide details below.

Company Name	Group Policy Number	Termination Date (MM/DD/YYYY)
Allstate	P0314	5/31/2015
		/ /

8. Requested effective date of insurance 06/01/2015 (MM/DD/YYYY)

9. Is this an ERISA Plan? ☒ Yes ☐ No

10. Third-party administrator *(TPA)* must be approved by and under contract with Assurity. If a TPA will be involved, please provide the information below.

Name _____

Address _____ (Street Address) (City) (State) (ZIP+4)

Additional information or details _____

NOTE: There is an "actively employed" requirement for coverage to be in force. Any employee unable to perform the material and substantial duties of their regular occupation will not be insured until this requirement is satisfied.

ENROLLMENT INFORMATION

ACCIDENT EXPENSE — Policy and rider availability, features and rates may vary by state

Plans	Riders
☐ 24-hour Accident Expense	☐ Accident-only Disability Income Rider
☒ Off-the-job Accident Expense	☒ Wellness Benefit Rider
Premium paid by: ☒ pre-tax deduction	
☐ after-tax deduction	☐ Other *(specify)* _____

CRITICAL ILLNESS—Policy and rider availability, features and rates may vary by state

Plan	Riders
☒ Critical Illness	☒ Cancer Benefit Rider ☐ Cancer Benefit Rider with Recurrence Benefit ☒ Health Screening Benefit Rider ☐ Recurrence Benefit Rider ☐ Other *(specify)* _____

DISABILITY INCOME—Policy and rider availability, features and rates may vary by state

Plans	Riders
☐ Off-the-job Accident-only Disability Income ☒ Off-the-job Accident and Sickness Disability Income Premium paid by: ☐ pre-tax deduction ☒ after-tax deduction	☐ Emergency Accident Rider ☐ On-the-job Disability Income Rider ☐ Retroactive Injury Benefit Rider ☐ Spouse Accident-only Disability Income Rider ☐ Other *(specify)* _____

CANCER EXPENSE—Policy and rider availability, features and rates may vary by state

Plan	Riders	
☐ Cancer Expense	☐ Cancer First Occurrence Benefit Rider	☐ Intensive Care Unit Benefit Rider
	☐ Cancer First Occurrence Increasing Benefit Rider	☐ Specified Disease Benefit Rider
	☐ Other *(specify)* _____	

HOSPITAL INDEMNITY—Policy and rider availability, features and rates may vary by state

Plan	Riders	
☐ Hospital Indemnity	☐ AD & D Rider	☐ Critical Illness Rider
	☐ Diagnostic Rider	☐ Emergency Accident Rider
	☐ First Hospital Admission Rider	☐ Initial Hospitalization Lump Sum Rider
	☐ Intensive Care Unit Rider	☐ Outpatient Sickness Rider
	☐ Private Duty Nurse Rider	☐ Surgical/Anesthesia Rider
	☐ Wellness Rider	
	☐ Other *(specify)* _____	

TERM LIFE—Policy and rider availability, features and rates may vary by state

Plan	Riders	
☐ 5-year	☐ Spouse Term Insurance Rider	☐ Waiver of Premium Rider
☐ 10-year	☐ Children's Term Insurance Rider	☐ Accident-only Disability Income Rider
☐ 20-year	☐ Accidental Death Rider	☐ Critical Illness Rider
☐ 30-year	☐ Other *(specify)* _____	

WHOLE LIFE—Policy and rider availability, features and rates may vary by state

Plan	Riders	
☐ Whole Life	☐ Level Term Insurance Rider	☐ Waiver of Premium Rider
	☐ Spouse Term Insurance Rider	☐ Charitable Benefit Rider
	☐ Children's Term Insurance Rider	☐ Accident-only Disability Income Rider
	☐ Accidental Death Rider	☐ Critical Illness Rider
	☐ Other *(specify)* _____	

AUTHORIZATION AND AGREEMENT

Assurity Life Insurance Company reserves the right to withdraw the policy if participation during the initial enrollment is less than [10] covered Certificate holders or any other state-specific participation requirements. It is understood and agreed that this application shall be made a part of the policy applied for and that no insurance shall be effective until approved by the Company at its home office. The Employer acknowledges that compliance with federal and state employment laws is solely the responsibility of the Employer.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

Signed at: St. Ann, MO on 04, 23, 15

City State Date (MM/DD/YYYY)

Authorized Employer Representative Title

Signature of Licensed Agent Kelly L Reeter

Kelly Agent Name and Agent No.