



Value-Added Services Endorsement

This endorsement forms a part of the policy to which it is attached.

Policyholders and covered Employees of Kansas City Life Insurance Company are eligible for certain services provided by third-party vendors. A third-party vendor is an entity with whom we contract to provide non-insurance services.

Policyholders and covered Employees must remain insured under the Group Life policy in order to qualify for the following non-insurance services:

Beneficiary Companion – no-cost service

Travel Assistance – no-cost service

Identity Theft Services – no-cost service

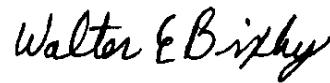
While Kansas City Life Insurance Company has arranged these services, the third-party vendors are responsible for the provision of such services. We are not liable to Policyholders or covered Employees for the failure to provide or the negligent provision of such services by our third-party vendors. These additional non-insurance services are only available while we have a contract in effect with a third-party vendor to provide the services.

In all other respects, the terms, conditions, and provisions of this policy will remain the same.

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



Secretary



President, CEO, and Vice Chairman



KANSAS CITY LIFE INSURANCE COMPANY

Broadway at Armour / Box 219139 / Kansas City, Missouri 64121-9139
Telephone: (816) 753-7000
Web Site: 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;
- 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, or contact:

Missouri Life and Health Insurance
Guaranty Association
2210 Missouri Boulevard
Jefferson City, MO 65109
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**

***Group Life Insurance Policy
Nonparticipating***

POLICYHOLDER
Forestadent USA, Inc.

POLICY EFFECTIVE DATE
April 1, 2023

POLICY NUMBER
27579

JURISDICTION OF ISSUE
Missouri

Kansas City Life Insurance Company, in consideration of the application of the Policyholder and the payment of premiums as due, agrees to provide the group insurance benefits according to the provisions on this and the following pages with respect to Insured Individuals and their eligible Child(ren) and Spouses in eligible classes.

This policy is issued and accepted subject to all the terms set forth on this page and on the subsequent pages, which are hereby made a part of this policy. This policy is delivered in the Jurisdiction of Issue and is governed by the laws of that Jurisdiction.

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

READ YOUR POLICY CAREFULLY

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Section 1. Policy Data

Policyholder

Forestadent USA, Inc.

Employer

Forestadent USA, Inc.

Subsidiaries, Divisions or Affiliates

None

Classes of Eligible Individuals

Class 1: All full-time active Managers working 32 or more hours per week

Class 2: All other full-time active employees working 32 or more hours per week, excludes Managers.

Employees must be U.S. citizens or legal residents of the U.S. excluding temporary, seasonal or part-time employees.

Waiting Period

Current Individuals – None
(For Employees hired
on or before the
policy effective date):

New Individuals – None
(For Employees hired
after the policy
effective date):

Section 2. Benefit and Premium Schedule

<u>CLASSIFICATION OF INDIVIDUAL</u>	<u>AMOUNT OF LIFE INSURANCE</u>	<u>AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT*</u>
Class 1: All full-time active Managers working 32 or more hours per week	\$50,000	\$50,000
Class 2: All other full-time active employees working 32 or more hours per week, excludes Managers.	\$20,000	\$20,000

Employees must be U.S. citizens or legal residents of the U.S. excluding temporary, seasonal or part-time employees.

Coverage reduces 50% at the Insured Individual's age 70. Coverage ceases at the Insured Individual's Retirement from the Policyholder.

INITIAL MONTHLY PREMIUM RATE

\$0.290 per \$1,000 of Life Insurance

\$0.030 per \$1,000 Accidental Death & Dismemberment

CONTRIBUTIONS FROM INSURED INDIVIDUALS ARE: Not Required

Waiver of Premium is included.

Accelerated Death Benefit is included.

*AD & D includes the following riders:

- Seat Belt/Air Bag Benefit

- Repatriation Benefit

- Child(ren) Education Benefit

- Spouse Education Benefit

- Day Care Benefit

Section 3. Definition of Certain Terms

For the purpose of this policy, the following terms have the meaning given below. As you read this policy, refer back to these definitions.

3.1 Company

Kansas City Life Insurance Company, a Missouri corporation, whose Home Office is 3520 Broadway, PO Box 219425, Kansas City, MO 64121-9425 and telephone number is (816) 753-7000.

3.2 Covered Person

All individuals whose insurance is in force under this policy.

3.3 Employee

A person who works the minimum number of regularly scheduled hours for the Employer indicated in Section 1, Policy Data. This specifically excludes a Retired Employee. An Employee is not someone who is temporary or seasonal; who is a consultant to the Employer; who is a subcontractor or independent contractor; or who is a member of the board of directors of the Employer. Owners, partners, and sole proprietors are considered to be Employees only if they work the minimum number of regularly scheduled hours for the Employer.

3.4 Employer

The Employer and covered Subsidiaries, Divisions, or Affiliates indicated in Section 1 Policy Data.

3.5 Enrollment Form

A form provided by or acceptable to Kansas City Life, which may be used for the purpose of collecting coverage information from the Employee.

3.6 Insured Individual

An Employee of the Policyholder's organization whose insurance is in force under the terms of this policy.

3.7 Policyholder

The entity to which this policy is issued.

3.8 Retirement, Retired means the earlier of the following:

- 1) the date an Insured Individual's retirement pension benefits commence under any law of federal state, county, or municipal retirement system if such pension benefits include any credit for employment with the Policyholder;
- 2) the date an Insured Individual's retirement pension benefits commence under any plan which the Policyholder sponsors, makes or has made contributions to; or
- 3) the date an Insured Individual's retirement benefits commence under the United States Social Security Act, or under any similar plan or act.

Section 4. Benefit Provision

4.1 The Benefit

Upon the death or dismemberment of a Covered Person, the Company will pay the amount of insurance as elected on the Insured Individual's Enrollment Form and approved by the Company. The death benefit will be payable to the Beneficiary of record. All dismemberment benefits will be paid to the Insured Individual. Benefits will be payable after the Company receives satisfactory proof and any required claim forms.

To the extent permitted by law, the policy benefits are not subject to any claims of the creditors of a Covered Person or any beneficiaries.

Section 5. Eligibility and Effective Dates

5.1 Eligible Classes

The classes of individuals eligible for insurance are shown in Section 2. Any changes in eligible classes must be reported to and approved in writing by the Company.

5.2 Eligibility Date

An individual in an eligible class becomes eligible for coverage on the later of:

- 1) the policy effective date; or
- 2) the date the individual completes any applicable waiting period.

The waiting period as shown in Section 1 is the time period that an individual must be either employed by the Policyholder and actively-at-work or a member of the Policyholder group before being eligible for insurance.

If a former Employee is rehired within 6 months of the date employment terminated, previous service in an eligible class will apply toward the waiting period to determine the Employee's date of eligibility.

5.3 Open Enrollment

All open enrollments or resolicitations require the Company's prior written approval.

Section 6. Premium Provisions

6.1 Payment

The first premium must be paid before this policy becomes effective. All future premiums are payable to the Company or to a representative authorized to receive premiums. Each premium must be paid on or before the premium due date. The premium due date will be the day of the month that corresponds numerically with the policy anniversary date.

6.2 Method of Premium Payment

Premiums will be payable monthly unless the Policyholder and Kansas City Life agree on another method of premium payment. Upon written request of the Policyholder and approval by the Company, the method of premium payment may be changed on any policy anniversary.

6.3 Changes in Premium Rates

Premium rates are subject to change according to the terms of this policy.

Premium rates may be changed any time:

- 1) this policy is amended to change the eligibility and/or benefits; or
- 2) a subsidiary, division or affiliate is added to or deleted from this policy; or
- 3) when the number of Insured Individuals changes by 25% or more from the number of Insured Individuals on the policy's effective date.

Kansas City Life may determine that a premium rate change is necessary for reasons other than in (1), (2), or (3) above. However, such a rate change will not be made during the first 36 months or occur more often than once in any 6-month period.

Kansas City Life will provide written notification of any increase in premium rates to the Policyholder at least 31 days prior to the effective date of the increase unless the Policyholder and Kansas City Life both agree otherwise.

Premiums for insurance that becomes effective after the Effective Date of this policy will be charged from the:

- 1) premium due date if it is the same as the Insured Individual's effective date of insurance; or
- 2) next premium due date after the Insured Individual's effective date of insurance, if not the same.

Premium charges for any insurance that is terminated will cease on the:

- 1) premium due date if it is the same as the termination date; or
- 2) next premium due date after the termination date, if not the same.

The above manner of charging premiums will not extend insurance coverage beyond a date it would have otherwise terminated.

6.4 Monthly Statement

A monthly statement will be prepared as of the premium due date reflecting the premium payable. This monthly statement will reflect any premium charges and credits due to changes in the number of Insured Individuals and changes in the coverage status of Insured Individuals that took place prior to the premium due date. The Policyholder must remit premium as billed. Any credits or other adjustments will appear on the next bill.

If the plan is self-billed by the Policyholder or its third party administrator, the Policyholder or administrator is responsible for maintaining the plan enrollment records and must report eligibility changes to Kansas City Life each month as of the premium due date. Paid premium must support and match the reported eligibility changes. This includes enrollment record information for additions to the plan, terminations and enrollment status changes that are necessary for Kansas City Life to properly credit premium payments and adjudicate claims.

6.5 Time Limit on Premium Adjustments

Except for misstatement of facts or fraud, premium adjustments, refunds, or charges:

- 1) will be made for the current policy year; and
- 2) will not cover any period prior to the start of the last full policy year.

In the event of misstatement of facts or fraud, the Company reserves the right to adjust premium at any time.

6.6 Grace Period

A grace period of 31 days will be granted the Policyholder for the payment of each premium due after the first premium. This policy will continue in force during the grace period. The Policyholder will be liable to Kansas City Life for all unpaid premium for the time this policy was in force. If the Policyholder has given written notice in advance of an earlier date of termination, this policy will terminate as of the earlier date.

Section 7. Termination Provisions

7.1 Termination of the Policy

Termination of this policy for any reason will not prejudice any claim originating prior to termination.

7.2 Termination for Non-Payment of Premium

If any premium is not paid before the end of the grace period, this policy will automatically terminate at the end of the grace period.

7.3 Termination by the Policyholder

The Policyholder may terminate this policy by giving written notice to the Company at least 31 days in advance. However, termination will not become effective during any period for which a premium has been accepted by the Company.

7.4 Termination by the Company

The Company reserves the right to terminate this policy:

- 1) if the number of individuals insured is fewer than 10;
- 2) if fewer than 75% of the individuals eligible for any contributory insurance are participating;
- 3) if fewer than 100% of the individuals eligible for any non-contributory insurance are participating;
- 4) at any time by giving written notice to the Policyholder at least 31 days in advance;
- 5) the Policyholder fails to promptly furnish any information which the Company may reasonably require; or
- 6) the Policyholder, without good and sufficient cause, fails to perform its duties pertaining to this policy.

The Company will give written notice of termination to the Policyholder at least 31 days in advance unless the Policyholder and the Company both agree otherwise in writing.

7.5 Termination of a Covered Person's Insurance

All insurance provided for a Covered Person will terminate at 11:59 p.m. on the earliest of the following:

- 1) on the date this policy terminates;
- 2) on the date a Covered Person ceases to be in an eligible class;
- 3) on the date employment terminates. This will be the date the Insured Individual ceased active work. Accrued vacation and/or sick days will not extend termination date; or
- 4) at the end of the period for which the Insured Individual has made any required contribution.

Section 8. General Provisions

8.1 Entire Contract

The contract consists of:

- 1) this policy;
- 2) the attached Policyholder application;
- 3) the certificate;

- 4) any endorsements, amendments or riders; and
- 5) any individual applications.

Further, in regard to applications:

- 1) statements made are representations not warranties;
- 2) no statement made in applying for this policy will make it void unless it is in a written application; and
- 3) no statement made by an individual in applying for insurance coverage under this policy will reduce benefits or be used as a defense unless it is in a written and signed application.

8.2 Contract Changes

This policy may be changed at any time by written agreement between the Company and the Policyholder without the consent of any other person.

No change or waiver of any provisions of this policy will be valid unless signed by a Company officer and endorsed or attached to this policy. No agent, broker or other person has authority to change or waive any provision of this policy.

8.3 Individual Certificates

A certificate is a document which summarizes the benefits provided to a Covered Person by this policy. The Company will issue to the Policyholder a certificate to be given to each Insured Individual which will state:

- 1) the insurance to which a Covered Person is entitled; and
- 2) the main policy provisions affecting a Covered Person.

The certificate is a part of the policy and will explain the important features of the policy.

8.4 Furnishing of Information - Access to Records

The Policyholder will furnish at regular intervals to the Company:

- 1) information relative to individuals:
 - a) who qualify to become insured;
 - b) whose amounts of insurance change; or
 - c) whose insurance terminates; and
- 2) any other information needed to administer this policy.

The Policyholder's records which, in the Company's opinion, have a bearing on the insurance will be made available for inspection by the Company at any reasonable time.

8.5 Legal Actions

A Covered Person or an authorized representative may not start any legal action:

- 1) sooner than 60 days after the claim form or proof is sent to the Company; or
- 2) later than ten years after the claim form or proof of loss is due.

8.6 Misstatement of Facts

If relevant facts about any Covered Person were not accurate:

- 1) an adjustment of premium will be made; and
- 2) the accurate facts will decide whether, and in what amount, benefits are payable under this policy.

If a Covered Person's age has been misstated, an equitable adjustment will be made in the premium. If the amount of the benefit shown in Section 2 is dependent upon a Covered Person's age, the amount of the benefit will be the amount a Covered Person would have been entitled to if the correct age were known.

8.7 Time Limit on Certain Defenses - Incontestability

Except for nonpayment of premium, after this policy has been in force two years from its effective date, no Policyholder statement will be used to void this policy. No statement by any individual on a written application for insurance will be used to reduce or deny a claim after the individual's insurance coverage, with respect to which claim has been made, has been in effect two years or more during the Insured Individual's lifetime.

8.8 Conformity with State Statutes

Any policy provision that is in conflict with state laws where the Policyholder is domiciled on its effective date is amended to conform to the minimum requirements of the law.

8.9 Agency

For all purposes of this policy, the Policyholder acts as the Insured Individual's agent. Nothing herein shall be construed to make the Policyholder the agent of the Company.

**GROUP LIFE INSURANCE POLICY
NONPARTICIPATING**

If you have any questions concerning this policy or if anyone suggests that you change or replace this policy, please contact your agent or the Home Office of the Company.



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Kansas City, MO 64121-9425
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