



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 affiliated companies follow with respect to the non-public personal information of its customers. We follow these rules for both current and former customers.

The affiliated companies are:

- Kansas City Life Insurance Company, Old American Insurance Company and Sunset Life Insurance Company of America, 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;
- perform services and transactions you ask for;
- comply with laws and regulations; and
- as you or your representative approve.

There are federal rules which 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.



**KANSAS CITY LIFE
INSURANCE COMPANY**

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

POLICYHOLDER: Missouri Valley Conference, Inc.

POLICY NUMBER: 23071

POLICY EFFECTIVE DATE: August 1, 2015

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;
- 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 Chairman

Kansas City Life Insurance Company
3520 Broadway Kansas City, MO 64121-9425
816-753-7000

Policy Table of Contents

POLICYHOLDER PROVISIONS.....	3
------------------------------	---

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):

Class1: All Full-Time Employees in Active Employment in the United States with the Employer, excluding Members

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:

Class1: 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: None

For persons entering an eligible class after the policy effective date: 30 Days

After completing the Waiting Period, the first month effective date applies.

COST OF INSURANCE

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

Monthly rate of \$0.410 per \$10 of Weekly Benefit

INITIAL RATE GUARANTEE AND RATE CHANGES

A change in premium rates will not take effect before 08/01/2018.

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: 08/01/2015 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;
 - 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 675% 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.

ASSIGNMENT

The 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.