

**AMALGAMATED LIFE INSURANCE COMPANY
333 Westchester Avenue, White Plains, NY 10604**

GROUP TERM LIFE INSURANCE

CERTIFICATE OF INSURANCE

Effective Date of Certificate **07/01/2022**

Certificate Holder's Name **Eligible Member**

Group Policyholder's Name **American Better Health Organization, Inc.**

Group Policy Number **26AP33**

Group Policyholder's Address **665 Union Blvd., Allentown, PA 18109**

Effective Date of Group Policy **01/01/2018**

This is to certify that, subject to the terms of the Group Policy under which this Certificate is issued, you are insured for the benefits as shown in the Schedule of Insurance and described in this Certificate.

Insurance takes effect only if you are eligible for it.

It is not an insurance contract. The group insurance contract is held by the Group Policyholder. You may request to inspect it at the Policyholder's office during usual business hours.

Amalgamated Life Insurance Company certifies that it has issued Group Policy Number 26AP33 and that the person named in this Certificate, and whose premium is paid, is insured for the benefits described, subject to the terms and conditions of the Group Policy. This Certificate provides valuable information about your benefit plan under the Group Policy.



President

Read Your Certificate Carefully

SCHEDULE OF INSURANCE

Effective Date of Certificate
Certificate Number

07/01/2022
N/A

Certificate Holder's Name

Eligible Member

This plan of Group Term Life Insurance provides You and/or your spouse and dependents benefits upon your death and if elected the death of your spouse and/or dependents and/or upon the occurrence of other contingencies as described in this Certificate.

BENEFITS

BASIC LIFE INSURANCE ACTIVE MEMBERS and if elected

SPOUSE AND/OR CHILDREN

If Enrolled 01/01/2020 through 06/30/2022 Basic Term Life is effective after 12 Months of Continuous Coverage and the Waiting Period is Satisfied

If Enrolled on or after 07/01/2022 and have not reached age 70. Basic Term Life is effective only after 24 Months of Continuous Coverage and the Waiting Period is Satisfied

CLASS X

\$ XXXX

Age Reduction

**Coverage reduces to 50% of original amount at age 55.
Coverage reduces to 25% of original amount at age 65.
Coverage terminates at age 85**

ACCIDENTAL DEATH (AD)

ACTIVE MEMBERS and if elected SPOUSE AND/OR CHILDREN

AD is effective at Enrollment or a Change of Class, and there is no waiting period for AD coverage.

CLASS X

\$ XXXX

Age Reduction

**Coverage reduces to 50% of original amount at age 55.
Coverage reduces to 25% of original amount at age 65.
Coverage terminates at age 85 or when the Basic Life Benefit
Waiting Period is satisfied, whichever occurs first**

Retiree, Supplemental Life Insurance & Waiver of Premium are not Provided by this Policy.

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DEFINITIONS

"We", "Us", "Our", "Company", "Life Insurance Company" means Amalgamated Life Insurance Company. Our Home Office Address is 333 Westchester Avenue, White Plains, NY 10604

"You", "Your" means the Certificate Holder shown on Page 1.

"Individual", "Insured", "Insured Person" means the insured member.

"Certificate holder" means the insured member.

"Policy", "Group Policy" means Group Policy issued to the Group Policyholder shown on page 1.

"Policyholder", "Group Policyholder" means the Group Policyholder to shown on page 1.

"Salary" means regular pay, not counting commissions, bonuses, overtime pay, or any other pay or fringe benefits.

"Eligible Member" means

- A. An "Eligible Member" is an individual who is a member of American Better Health Organization, and is enrolled into a sub-class which includes the Amalgamated Life insurance benefit.
- B. The Eligible Member must be a member in good standing, with membership dues paid to date.

"Member" means an Active Dues paying member in good standing.

"Total Disability", "Totally Disabled" means the incapacity of the Insured resulting from injury or disease, to engage in any occupation for remuneration or profit.

ELIGIBILITY

I. APPLICABLE TO INDIVIDUALS

A. Subject to below

Each Individual, who is eligible for insurance under this plan on the date this policy becomes effective with respect to the class(es) of which he or she is a member, will be eligible on that date for the coverages in the policy's plan of insurance for such class(es).

Please refer to your "Class Description" in the next section "Eligible Classes" for your eligibility.

ELIGIBLE CLASSES

ELIGIBLE CLASSES

CLASS

DESCRIPTION

1a thru 6a

Eligible members, spouses, and children enrolled between 1/1/2020 and 06/30/2022 will be eligible for AD coverage for their respective Class for the first 12 months of continuous coverage. After the first 12 months of continuous coverage, members, spouses, and children will receive the Basic Life Insurance Benefit of their respective Class, which will replace the inforce AD benefit, and the AD benefit will terminate.

Eligible members, spouses, and children under age 70 enrolled on or after 7/1/2022 will be eligible for AD coverage for their respective Class for the first 24 months of continuous coverage. After the first 24 months of continuous coverage, members, spouses, and children will receive the Basic Life Insurance Benefit of their respective Class, which will replace the inforce AD benefit, and the AD benefit will terminate.

As established by the Group Policyholder based on such conditions as compensation, hours of work, occupational duties, geographic situs, affiliation or membership in an association etc.

If the amount of any insurance under this policy is contingent upon the classification of an individual, and if at any time the individual's classification warrants an amount of insurance greater or less than that for which he is then insured, the amount of his insurance shall be increased or reduced to that warranted by his new classification on the date of change in the individual's classification, provided, however, that in any instance in which the individual is not actively at work on the date his insurance would otherwise be increased, the effective date of the increase in the individual's insurance shall be deferred until his return to active work.

For the purposes of this policy, a retroactive change in an Individual's rate of earnings shall be deemed to be effective on the day the change was actually determined.

EFFECTIVE DATES OF INSURANCE

APPLICABLE TO DEPENDENTS

If a dependent is eligible for coverage under this policy as an Individual, he or she will not be so eligible as a dependent. If an Individual and his or her spouse are both insured under this policy as employees, their children may only be enrolled as dependents of one of the insured parents. Eligible children include the natural children and legally adopted children of the insured applicant.

If an Individual has dependents who are enrolled more than 31 days after they become eligible, such persons will not be insured until they satisfy Us of their good health. Each dependent may be asked to have a health examination at the Individual's expense.

In any other case, dependents will be insured:

- (a) on the day they become eligible, if the Individual enrolls for their insurance on or before the day they become eligible.
- (b) on the day the Individual enrolls them, if he or she enrolls for dependents' insurance within 31 days after the day they become eligible.

Except for a child at birth, if a dependent is confined to a hospital or other institution covered under the policyholder's plan on the day such person's insurance would normally begin, he or she will be insured on discharge.

An Individual's dependents will not be insured before the day his or her insurance begins.

APPLICABLE TO INDIVIDUALS FOR WHOM CONTRIBUTIONS ARE NOT REQUIRED.

Such Individual will be insured on the day he or she becomes eligible.

INDIVIDUAL TERMINATIONS

Subject to any extension of coverage benefit, the insurance under this policy for an Individual ends when the first of the following events occurs:

- (1) this policy ceases.
- (2) the termination of the classes under which the Individual is a member.
- (3) premium payments for the insurance of the Individual cease.
- (4) the last day of the month in which the Individual's membership in the eligible class under this policy ends. His or her membership will be deemed to end when he or she stops being an active dues paying member in good standing.

GENERAL PROVISIONS

CONTRACT

The entire contract is made up of the policy, the application for the policy, the certificate of insurance, any enrollment form & eligibility of insurance form completed by you or an insured individual, copies of all of which are attached. Your or an insured's statements will be deemed representations and not warranties. No statement made by you or an insured shall be used in any contest of this insurance unless it is in writing signed by such person and a copy given to such person or his or her beneficiary.

GRACE PERIOD

A grace period of 31 days will be granted for the payment of each premium after the first. If premium is not paid in the grace period the certificate will cease at the end of that period. The certificate will end before that date if You give Us written notice in advance. When the certificate ceases You will be liable to Us for all unpaid premiums, including a pro-rata premium.

INCONTESTABILITY

This certificate will not be contested after it has been in force for two years from its Certificate effective date, except for the failure to pay premiums.

A statement made by an insured as to his or her insurability may be used to contest the validity of the insurance with respect to which the statement was made, if: 1) the statement is in writing and is signed by the insured; and 2) a copy of such statement is or has been furnished to the insured or the insured's beneficiary. Such statement may not be used to contest the validity of such insurance after it has been in force prior to the contest for two years during the lifetime of the insured.

BENEFICIARY

The beneficiary of the individual's insurance for loss of life, including those with respect to accidental death, if any, will be the person(s) named by the insured as shown on the records kept by the Company on this policy. The insured may change such beneficiary at any time by giving written notice to us. Such change will take effect on the date the notice is signed, without prejudice to us, because of prior payment made in good faith based on our records. If there is no named beneficiary, as to any part of the benefits, living at the date of death of the insured, that part will be paid in a lump sum to the Executors or Administrators of the insured's estate, or at our option, to the survivors in the first surviving class of those that follow:

- a. spouse
- b. children, equally
- c. parents, equally
- d. brothers and sisters, equally

no beneficiary survives, benefits will be paid in a lump sum to the insured's estate.

If any benefit under the policy becomes payable to an Insured's estate, a minor, or any person who, in Our opinion, is not competent to give a valid release, then We, at Our option, may make payment to any one or more of the following:

- a. a person who has assumed the care and support of the Insured or beneficiary;
- b. a person who has incurred expenses not to exceed \$500 as a result of the Insured's last illness or death;
- c. the personal representative of the Insured's estate;
- d. any person related by blood or marriage to the Insured.

Any payment we make shall discharge us from liability to the extent of that payment. We are not obligated to see that the payment(s) are properly used.

The Insured may elect to have all or any part of the insurance for loss of life paid out to the beneficiary in installments or in any other way that may be agreed to by Us. To elect, the Insured must give notice to Us in writing. The Insured will have the right to change such election. The terms of payment will be in accord with those offered by Us for the insurance at the time election is made.

After the Insured's death, the beneficiary:

- (a) may make such an election, if the insured had not done so; and
- (b) may name person(s) to receive any amount which, if no person(s) were so named, would go to the beneficiary's estate; and
- (c) will have the right to change the person(s) name in accord with (b).

Two or more beneficiaries in the same class shall share equally unless otherwise provided.

AGE

If the age of an insured has been misstated there will be a fair adjustment of premium. If the benefit for the insured is based on age, there will be an adjustment of benefit to that amount which the premium being paid would purchase at the correct age.

We have the right to require satisfactory proof of age.

CLAIMS OF CREDITORS

To the extent allowed by law, benefits will be exempt from creditors.

LIFE INSURANCE

PART 1. DEATH BENEFIT

When We receive due proof of the death of an Insured Individual or Dependent who is insured under this policy for this coverage, We will pay at Our Home Office, the amount for which his or her life is insured as shown in the Schedule of Benefits. Payment will be made to the beneficiary in accord with the terms of the policy.

DEATH BENEFIT NOT COVERED

1. Aviation other than as a fare paying passenger on a scheduled or charter flight operated by a scheduled airline.

PART 2. CONVERSION

An Insured Individual or Dependent may elect to buy an individual life insurance policy if his or her Life Insurance is reduced or ends because of:

- 1) termination of membership;
- 2) termination of membership in the class or classes eligible for coverage under the policy;
- 3) termination of the policy;
- 4) attainment of a particular age;
- 5) change in class; or
- 6) amendment of the policy.

No evidence of good health will be required for the converted policy. The converted policy may be on any of the forms We then issue, except:

- 1) it may not provide term insurance except as stated below;
- 2) it may not provide benefits for disability;
- 3) it may not provide extra benefits for accidental death;
- 4) it must meet Our issue rules as to amount and age.

The person may choose to have the converted policy preceded by term insurance for not more than one year with premiums payable at the same frequency as for the conversion policy.

The person must apply to Us and pay the first premium for the converted policy. If the person is notified of the right to convert within 15 days before or after the change in Life Insurance, this must be done within 31 days of the change. Then the converted policy will take effect 31 days after the change. If the person is not notified in that period, the time to apply to Us is extended to the earlier of 45 days after notice is given or 90 days after the change. Then the converted policy will take effect on the later of 31 days after the change or when the first premium is paid.

premium for the converted policy will be based on:

- 1) attained age,
- 2) class of risk, and
- 3) amount of the policy.

The amount of the converted policy may not exceed:

- 1) the amount for which the person was covered under this policy, less
- 2) any amount for which the person is eligible under this policy or becomes eligible under any other group policy in the 31 days after the change.

If the person dies within 31 days after the change, We will pay to the beneficiary, in accord with the terms of this policy, the amount of the life insurance that could have been converted.

No payment will be made if: (i) at the death of the Dependent he or she is eligible for life insurance under this policy as an Individual, or (ii) at the date of a child's death, he or she is married or has reached the age limit.

The incontestability period does not start anew, but is effective as of the date the original group policy coverage was issued.

ENDORSEMENT AND RIDER FORMS ATTACHED TO THE CERTIFICATE

The following table sets forth the list of any Endorsements & Riders attached to the Certificate.

Form	Form Number	Effective Date
Accidental Death Benefit Rider	ALTLADDRC-13(PA)	01/01/2018
Accelerated Benefit Rider	ALTLABRC-PA-05	01/01/2018

AMALGAMATED LIFE INSURANCE COMPANY
333 Westchester Ave., White Plains, NY 10604

Amalgamated Life Insurance Company (“we”, “us”, “our”) has issued this Rider as part of the Certificate to which it is attached. The effective date of this Rider is the Certificate Date shown in the Certificate Schedule. Except as shown in this Rider, the provisions of the Certificate will prevail.

PLEASE READ THIS RIDER CAREFULLY.

ACCIDENTAL DEATH BENEFIT RIDER

WHAT IS COVERED

We will pay the applicable benefit amount for an accidental death resulting from accidental bodily injury and incurred by the Insured. Payment is subject to receipt of due proof of the Accidental Death of the Insured. The Loss must have occurred: (a) within **90** days after the accident causing such Loss; (b) while this Rider is in force.

Benefits for loss of life will be paid to the Insured’s beneficiary.

The amount shown in the Schedule of Benefits for Accidental Death is paid for loss of life.

NOT COVERED

No benefits will be paid for losses resulting from or caused directly or indirectly by:

1. War or any act of war, whether declared or undeclared, terrorism, insurrection, rebellion, or participation in a riot or civil commotion;
2. Sickness, disease or bodily infirmity. (This does not include bacterial infection which results from an accidental cut or wound or accidental ingestion of a poisonous food substance;
3. Taking a poison or asphyxiation from or inhaling of gas, or intentionally taking narcotics, drugs, barbiturates, hallucinogenic drugs, alcohol or any combination of these when not part of a professional medical treatment;
4. Intentionally self-inflicted injury, while sane or insane;
5. Suicide or attempted suicide, while sane or insane;
6. Injury sustained while engaged in or taking part in aeronautics and/or aviation of any description or resulting from being in an aircraft except while a fare-paying passenger in any aircraft then licensed to carry passengers
7. Commission of or participation in a crime.

NO RIGHT TO CONVERT

The coverage provided by this rider may not be converted.

NOTICE OF CLAIM

Written notice of the event on which claim is based must be given to us at our Home Office no later than thirty days after the loss for which claim is made. Late notice will be accepted if it is shown to have been furnished as soon as it is reasonably possible; in the absence of any adequate explanation, a late processing fee up to \$500 may be charged against benefits payable.

On receipt of such notice we will furnish forms for filing proof of claim. If the claimant has not been given such forms within fifteen days after receipt of notice that person can fulfill the terms of the policy as to proof of claim by giving written proof of: (1) the occurrence of the loss; (2) the nature of the loss; and (3) the extent of the loss.

Such proof must be given within the time stated in "PROOF OF CLAIM" below.

PROOF OF CLAIM

Written proof of claim must be given to us at our Home Office on our forms within ninety days after the date of loss for which claim is made.

Late proof will be accepted if it is shown to have been furnished as soon as it is reasonably possible.

PAYMENT OF CLAIMS

On receipt of due proof of claim: (1) benefits for loss of life will be paid in accord with the terms of this policy.

EXAMINATIONS

We, at our own expense, have the right to have a doctor examine any Insured when we deem it reasonably necessary while there is a claim pending under this policy. We also have the right to make an autopsy in case of death where the law does not forbid it.

LEGAL ACTIONS

No one may sue for payment of claim: (1) less than sixty days after due proof of claim is furnished; or (2) more than three years after the date proof of claim is required by this policy.



David J. Walsh
President

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Amalgamated Life Insurance Company (“we”, “us” “our) has issued this Rider as part of the Certificate to which it is attached. The effective date of this Rider is the Certificate Date shown in the Certificate Schedule/ the Effective Date shown in the Notification of Certificate Change Endorsement. Except as shown in this Rider, the provisions of your Certificate will prevail.

PLEASE READ THIS RIDER CAREFULLY

ACCELERATED BENEFIT RIDER

This Rider provides for the accelerated payment of a portion of the Certificate Death Benefit applicable to the Certificate Holder, his/her covered Spouse, and covered Dependent Child named in the Certificate if all requirements of this rider are met and the Insured, covered spouse or covered dependent child of the Insured named in the Certificate is diagnosed with a terminal condition as defined in this rider.

The amount of accelerated benefit will be **80%** of the Certificate Death Benefit that is scheduled to be in effect one year from the date an accelerated benefit is requested. The amount so payable will in compliance with the requirements of the state in which the policy is delivered.

The Accelerated Benefit, less any administrative charge, will be paid in a lump sum and any remaining Death Benefit under the Certificate will be reduced by the amount of Accelerated Benefit. The amount of any Accidental Death Benefit will not be affected by the payment of the Accelerated Benefit. Premium must continue to be paid for the Insured under the Group Policy after payment of an Accelerated Benefit in order to keep the remaining Certificate Death Benefit in force.

Receipt of Accelerated Benefit may affect eligibility for public assistance programs and may be taxable. Please consult a personal tax advisor to determine the tax status of any benefits paid under this rider.

DEFINITIONS

The following definitions shall constitute the meaning of the terms used in this Rider.

Accelerated Death Benefit: The amount payable by Amalgamated Life Insurance Company to the Insured under this Rider.

Certificate Death Benefit: The amount listed on the Certificate of Insurance reduced by the amount of any Accelerated Benefit paid.

Insured: The Individual named as the Insured in the Certificate.

Administrative Charge: The amount of Accelerated Benefit is reduced as a result of the administrative cost to Amalgamated Life Insurance Company in processing the Accelerated Benefit claim. The administrative charge shall be \$75.

Physician: A Physician is a licensed medical doctor (M.D.) or doctor of osteopathy (D.O.) A Physician does not include the Insured, any person who lives with the Insured or a spouse, child, parent, brother, sister, grandparent, grandchild, or spouse of such relative, of the Insured or Insured's spouse.

Terminal Condition: A condition caused by sickness or accident which, in the judgment of a Physician and subject to the approval of the Company, will directly result in a life expectancy of twelve months or less.

Amalgamated Life Insurance Company may require a second opinion and examination of a covered individual. It will be at the Company's expense by a licensed Physician chosen by the Company. If there is a discrepancy between the two medical opinions, the opinion of the Company Physician will govern.

GENERAL

Frequency: Only one Group Living Benefit will be paid for the Insured, his/her covered Spouse, and covered Dependent Child.

Incontestability: The Incontestability Clause as written under the Certificate of Insurance shall apply to this Rider.

TERMINATION OF COVERAGE

The coverage under this rider will terminate for the Insured:

1. Upon written request to cancel by the group policyholder;
2. Upon termination of the Group Policy/Certificate;
3. If the Insured is no longer a member of the class(es) of insureds as defined in the Group Policy;
4. The date of the Certificate Holder's death;
5. After payment of the Accelerated Benefit.

EXCEPTIONS AND LIMITATIONS

This benefit provides for the accelerated payment of life insurance proceeds. It is not meant to cause the Certificate Holder to involuntarily invade proceeds ultimately payable to the named beneficiary. The accelerated benefit will be made available on a voluntary basis only. Therefore, if it is required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, the applicant is not eligible for this benefit. Or, if required by a government agency to use this option to apply for, obtain, or keep a government benefit or entitlement, the applicant is not eligible for this benefit.

If the amount of term insurance in force on the Insured is scheduled to reduce because of an age related reduction, within one (1) year after the date he/she applies for an Accelerated Benefit, the maximum Accelerated Benefit will be limited to the scheduled reduced amount shown on the Policy Schedule.

No Accelerated Benefit will be paid to the Certificate Holder if:

1. The Certificate Holder made an absolute assignment or an irrevocable beneficiary designation of his/her group term life insurance, unless the absolute assignee or irrevocable beneficiary provides the Amalgamated Life Insurance Company with written consent to the acceleration.
2. The Insured's Terminal Condition resulted, directly or indirectly, from suicide or any self-inflicted injury, committed while sane or insane.
3. When all or a portion of the Certificate Holder's life insurance benefits are paid as a part of a divorce settlement.
4. If the required group life premium is due and unpaid.

TAX CONSIDERATIONS

This rider is intended to provide an Accelerated Death Benefit that qualifies as such under the Internal Revenue Code (IRC). Tax liability for any Accelerated Death Benefit payable under this rider may depend upon a number of factors including how the Internal Revenue Service interprets applicable provisions of the IRC. The Insured should consult a tax advisor to consider any tax consequences that may arise when benefits are paid under this rider.

OTHER FINANCIAL CONSIDERATIONS

If the Insured receives benefits under this rider, eligibility for certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security Income (SSI), and other government assistance benefits may be affected.



David J. Walsh
President