

ANTHEM LIFE INSURANCE COMPANY

Group Term Life Insurance Policy

Plan Sponsor:	Southern California IBEW-NECA Health Trust Fund
Group Number:	170001
Policy Effective Date:	06/01/2024
Policy Anniversary Date:	06/01
Policy Situs:	California

Anthem Life Insurance Company

“We”, “Us”, and “Our” means the insurer, Anthem Life Insurance Company.

In consideration of the Plan Sponsor’s application and payment of the first premium, Anthem Life Insurance Company agrees to insure those employees entitled to the insurance provided by this Group Insurance Policy, subject to its terms and conditions.

This Group Insurance Policy is being issued and delivered to the Trustees shown above for the purpose of providing group insurance coverage to Participating Employers and their Eligible Employees.

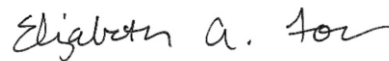
Payment of the premium indicates the Plan Sponsor’s acceptance of this Policy.

All premiums must be paid on or before the date they are due.

Signed for Anthem Life Insurance Company by:



David Payne
President



Elizabeth A. Fouts
Secretary

ANTHEM LIFE INSURANCE COMPANY
P.O. Box 182361

Columbus, OH 43218-2361

This is a legal contract between the Plan Sponsor and Anthem Life Insurance Company.

READ YOUR POLICY CAREFULLY

COMPLAINT NOTICE

Should you have any complaints or questions regarding your coverage, and this certificate was delivered by a broker, you should first contact the broker. You may also contact us at:

**Anthem Life Insurance Company
Group Administration Service Center
P.O. Box 182361
Columbus, OH 43218-2361**

If the problem is not resolved, you may also contact the California Department of Insurance at:

**California Department of Insurance
Claims Service Bureau, 11th Floor
300 South Spring Street
Los Angeles, California 90013**

1-800-927-HELP (4357) – In California

1-213-897-8921 – Out of California

1-800-482-4833 – Telecommunication Device for the Deaf

**E-mail Inquiry: “Consumer Services” link at
www.insurance.ca.gov**

Fraud Warning: *For your protection California law requires the following to appear on this form. “Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”*

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ELIGIBLE EMPLOYERS

Associated Employers

An employer may be included as an Associated Employer if We and the Plan Sponsor so agree.

An employee of an Associated Employer will be deemed to be an employee of the Plan Sponsor for insurance purposes under the Policy.

All actions, agreements and notices between Us and the Plan Sponsor will be binding on all Associated Employers.

Participating Employers

All the terms and conditions of the Policy and the Employer's Participation Agreement apply to a Participating Employer as of the date We and the Participating Employer agree.

We will keep a list of accepted Participating Employers and the effective dates of coverage for each.

Plan Coverage

The Plan Coverage for each Participating Employer is shown in the Participating Application and the Participation Agreement issued to each employer.

EMPLOYEE CLASS PROVISIONS

Eligible Classes

The Classes of employees eligible for insurance will be as agreed upon between the Plan Sponsor and Us.

The Classes originally insured herein will be added to from time to time with new employees of the Plan Sponsor eligible for insurance, except that the Policy may provide that if the premium is paid by the Plan Sponsor and employees jointly any employee who fails to request insurance during the period of eligibility following his or her employment as prescribed by the Policy shall not be insured until he or she has furnished evidence of insurability satisfactory to Us.

Additional eligibility, effective date, and termination provisions applicable to these eligible Classes are shown elsewhere in the Policy.

Contributions

This Policy may provide coverage for Eligible Employees and Eligible Dependents on a non-Contributory and/or Contributory basis as agreed upon between the Plan Sponsor and Us.

Employees may not contribute to non-Contributory coverage.

Any employee contributions may not exceed the premiums for the coverage.

Prior Service Credit

If a former employee leaves the Plan Sponsor's employ due to active service in the United States Armed Forces, then any prior service will be credited for the length of time required by any state or federal law.

PREMIUMS

Initial Premiums

We have set the initial premium rates. These rates are shown in the premium rate notice provided separately to the Plan Sponsor on or prior to the effective date of the Policy.

Premium Guarantee Period

These initial premium rates are guaranteed until the Plan Sponsor's first anniversary date, except as otherwise provided by this Group Policy.

Change In Monthly Premium Rates

We may set new premium rates to become effective at any time after the initial guarantee period.

However, the initial premium rates may not remain in effect if:

1. the coverage, terms or provisions of the Policy are changed or amended; *or*
2. the volume of coverage or number of insured employees or dependents under the Policy change by 10% or more; *or*
3. there is a merger, acquisition or divestiture which affects the Plan Sponsor; *or*
4. there is a change in law or regulation that affects the Policy.

Factors that We may consider when setting new premium rates following the initial guarantee period include, but are not limited to:

1. change or amendment to the coverage, terms or provisions of the Policy; *or*
2. a change in law or regulation that affects the Policy; *or*
3. a change in the number of participants, or the participation level; *or*
4. claims experience; *or*
5. a change in Our operating expenses; *or*
6. a change in the size or demographics for the group; *or*
7. a change in the structure, finances or practices of the Plan Sponsor that affect the Policy.

We will give the Plan Sponsor a Written 31-day notice before changing the premium rates.

Any change in premium rates will be made according to the Change In The Group Policy provision herein.

Premium Payments

The Policy is issued in return for the payment by the Plan Sponsor of the required Premiums. Premiums are payable in advance of each premium due date. The Plan Sponsor's initial premium is due on the Plan Sponsor's Effective Date. The due date for subsequent premiums is the first day of each succeeding Policy month. On any due date, We may, at the Plan Sponsor's Written request, agree to change the frequency of premium due dates. This premium frequency may be annual, semi-annual, quarterly or monthly.

Any premium due will not be deemed paid unless the Plan Sponsor's total premium for all insurance in force has been paid on the due date. Subject to the Policy's Grace Period provision, the payment of premium due will not maintain insurance in force beyond the day prior to the next premium due date. Payment of premiums for a period before it is due will not guarantee the insurance for that period.

All premiums are due and payable at Our Administrative Office or to Our authorized agent in exchange for a receipt signed by an officer of Our company and countersigned by the agent. If any check, draft, money order, or other instrument is not honored when presented in the due course of business, the premium is considered unpaid.

If the Policy is terminated, the Plan Sponsor must pay to Us any adjustment premiums that are due and unpaid. The Plan Sponsor must also pay to Us a pro rata premium for the period (if any) elapsed from the date on which the last unpaid premium was due to the date on which the Policy terminated. In the event there is an overpayment of premium, We will return the unearned portion of premium paid.

Unless otherwise specifically stated by the Policy We will not be required to accept the payment of any premium from anyone other than the Plan Sponsor.

Self-Administration

The Policy is self-administered at the Plan Sponsor's request:

1. All documents and notices that would otherwise be sent to Our Administrative Office in accordance with the terms of the Policy will instead be held by the Plan Sponsor. This will not apply to any Proof of Insurability required by Us nor to any notice or claim forms required by Us to process any claim.
2. Whenever We request, the Plan Sponsor will furnish Us with all of the documents relating to an Insured which have been completed under the terms of the Policy, and which are being held in accordance with item 1. above.
3. We may inspect and examine the records which pertain to a person, in so far as records affect the person's insurance, or eligibility for insurance under the Policy.
4. Whenever We request, the Plan Sponsor will send to Us at Our Administrative Office a statement listing *all* of the following:
 - a) each person who is then insured; *and*
 - b) the Class of each person insured; *and*
 - c) the amount of earnings that apply to each person; *and*
 - d) the date of birth of each person; *and*
 - e) the occupation of each person, if applicable.

TERMINATION

Plan Sponsor's Request

The Plan Sponsor may terminate the Policy at any time by providing Us 31 days Written notice. Upon receipt of this notice, the Policy will terminate on the later of:

1. the date stated in the notice; *or*
2. the date the notice is received at Our Administrative Office.

Our Request

We may terminate the Policy on any anniversary date, or at any time by giving the Plan Sponsor 31 days Written notice.

In addition, We may terminate the Policy on:

1. the date premium is due but not paid by the Plan Sponsor, subject to the Policy's Grace Period provision; *or*
2. the date the number of Eligible Employees is less than 15, or less than 75% of those eligible for insurance under the Policy; *or*
3. the date the number of Eligible Employees insured for dependent insurance is less than 75%; *or*
4. the date the Plan Sponsor fails to comply with contribution rules described in the Policy; *or*
5. the date the Plan Sponsor has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact in connection with the Policy; *or*

6. the date the Plan Sponsor does not promptly provide Us with information we reasonably require;
or
7. the date that We cease to offer coverage for this type of insurance; *or*
8. the date 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 Plan Sponsor and/or its employees; *or*
9. for association groups, on the date the Plan Sponsor's membership in the association ceases.

We also reserve the right to review and terminate all Classes covered under the Policy if a Class or Classes cease to be covered.

The Plan Sponsor will be liable for any unpaid premium accrued while the Policy remains in force.

The Plan Sponsor is responsible for notifying all insured Eligible Employees about a cancellation of the Policy. Upon termination of the Policy, the Plan Sponsor must provide a list of Eligible Employees not Actively at Work on the cancellation date.

Termination by Us will not prejudice any claims incurred by a covered person prior to the effective date of the termination.

By Mutual Agreement

The Policy may be canceled on a date set by mutual agreement between the Plan Sponsor and Us.

The Plan Sponsor will be required to give each Eligible Employee at least 15 days Written notice prior to the date on which the Policy is to terminate. Failure to give Written notice within such 15-day period will not continue insurance in force with respect to a person beyond the time the Policy would otherwise have terminated.

UNIFORM COMPULSORY PROVISIONS

Entire Contract Changes

The Contract between the Plan Sponsor and Anthem is comprised of this Policy, the documents listed in the SCHEDULE OF POLICY EXHIBITS (inclusive of the Plan Sponsor Application, the Certificate(s), and any Amendments) herein, and the individual applications, if any, of the employees.

No change in this Policy shall be valid unless approved by an executive officer of the insurer and unless such approval be endorsed herein or attached hereto. No agent has authority to change this Policy or waive any of its provisions.

Incontestability, Time limit on Certain Defenses

The validity of the Policy shall not be contested, except for nonpayment of premiums, after it has been in force for two years from its date of issue; and no statement made by any employee insured under the Policy relating to his or her insurability shall be used in contesting the validity of the insurance with respect to which the statement was made after the insurance has been in force prior to the contest for a period of two years during the employee's lifetime nor unless it is contained in a written application signed by the employee.

Any statement made by the employer or by any employee shall, in the absence of fraud, be deemed a representation and not a warranty. No such statement shall avoid the insurance or reduce the benefits under this Policy or be used in defense to a claim hereunder unless it is contained in a written application, nor shall any such statement of the employer, except a fraudulent misstatement, be used at all to void this Policy after it has been in force for two years from the date of its issue, nor shall any such statement of any employee eligible for coverage under the Policy, except a fraudulent misstatement, be used at all in defense to a claim for loss incurred or disability as defined in the Policy commencing after the insurance coverage with respect to which claim is made has been in effect for two years from the date it became effective.

Grace Period

A grace period of 60 days will be granted for the payment of premiums accruing after the first premium, during which grace period the Policy shall continue in force, but the employer shall be liable to the insurer for the payment of the premium accruing for the period the Policy continues in force.

Notice of Claim

Written notice of claim must be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the insurer at:

Anthem Life Insurance Company
Life and Disability Claims Service Center
P.O. Box 182361
Columbus, Ohio 43218-2361

- or to any authorized agent of the insurer, with information sufficient to identify the insured employee
- or dependent, shall be deemed notice to the insurer.

Claim Forms

The insurer, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of

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such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Proof of Loss

Written proof of loss must be furnished to the insurer, in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which the insurer is liable, and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the employee, later than one year from the time proof is otherwise required.

Time of Payment of Claim

Indemnities payable under this Policy for any loss other than loss for which this Policy provides periodic payments will be paid to the insured employee or named beneficiary, as appropriate, as they accrue immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnity for loss for which this Policy provides periodic payment will be paid monthly to the insured employee and any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.

Physical Examination and Autopsy

The insurer at its own expense shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

Legal Actions

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

OTHER PROVISIONS

Nonparticipation

This is a nonparticipating Policy. The Plan Sponsor shall not be entitled to share in any earnings.

Information To Be Furnished

The Plan Sponsor and any Associated Employers will give Us all information We need regarding matters pertaining to the insurance. At any reasonable time while the Policy is in force and for 24 months after that, We may inspect any of the Plan Sponsor's or Associated Employer's documents, books, or records which may affect the insurance or premiums of the Policy.

Misstatement of Age

If an Employee's age was misstated. We will use the correct facts to determine for what amount the Employee is insured and for what duration. We will make an equitable adjustment of the premium or the amount of insurance payable in the event of a misstatement of age.

If a Spouse's age is misstated, We will use the correct facts to determine for what amount the Spouse is insured and for what duration. We will make an equitable adjustment of the premium or the amount of insurance payable in the event of a misstatement of the Spouse's age.

Misstatement Of Other Facts

If other facts concerning an Employee or Employee's Spouse were misstated, We will use the correct facts to determine whether the Employee or Employee's Spouse are Insured and if so, for what amount and duration. An equitable adjustment of premium will be made.

An error or omission by the Plan Sponsor or by Us will not cause the Employee to become Insured. An error or omission by the Plan Sponsor or by Us will not cancel insurance that should continue nor continue insurance that should end. The requirements of the Policy must be met for any change in the amount of the Employee's insurance to take effect.

We have the right to full recovery of any overpayments made. Such reimbursement will be required regardless of whether the overpayment occurred due to an error by Us, or by an Insured or Insured's representative or beneficiary, or the Plan Sponsor.

Change In The Group Policy

No change in the Policy may be made unless approved in Writing by the President, a Vice President, or a Secretary or Assistant Secretary of Our company. No other person may change or waive any part of the Policy. Any approved change will be documented in an amendment to the Policy.

Right To Amend

With at least 60 days advance written notice, We may change the provisions under the Policy, following the premium guarantee period described in the Premiums section of the Policy.

Notice

Any notice due from Us to the Plan Sponsor shall be deemed given on the day after such notice is deposited in the United States mail with first class postage prepaid and addressed to the address of the Plan Sponsor appearing in our records. Any notice due from the Plan Sponsor to us shall be deemed given on the day after such notice is deposited in the United States mail with first class postage prepaid and addressed to Us at Our Administrative Office, or to such other address We designate in Writing.

Non-Waiver Of Policy Terms

Our failure to insist upon compliance with any terms of the Policy, at any time or under any circumstance, will not operate to waive or modify these terms.

Certificate

We will give the Plan Sponsor a certificate, which is incorporated and made part of this Policy, that explains available insurance benefits for each insured Employee. The Plan Sponsor is responsible for distribution of certificates to the insured Employees.

If the Plan Sponsor has consented in writing to electronic delivery of the certificate, then We will provide the Plan Sponsor certificates electronically. The Plan Sponsor is responsible for distribution of certificates to the insured Employees. To withdraw this consent or request a paper copy of the certificate, the Plan Sponsor can contact Us.

We are not responsible and shall bear no liability for certificates not distributed or any materials used instead of, or in addition to the certificates.

Time Period

All time periods begin and end at 12:01 A.M., standard time at the address of the administrative office of the Plan Sponsor.

Jurisdiction

This Group Policy is governed by the laws of California.

Conformity With State Statutes

Any provision of the Policy which is in conflict with the statutes of the applicable Jurisdiction is amended to meet the minimum requirements of such statutes.

NOTICE OF PROTECTION PROVIDED BY CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

COVERAGE

- **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

- **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

- **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**

- 80% of death benefits but not to exceed \$300,000

- 80% of cash surrender or withdrawal values but not to exceed \$100,000

- **Annuities and Structured Settlement Annuities**

- 80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of December 31, 2022, the maximum coverage limit for healthcare is \$651,303. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website www.califega.org.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C)

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance
Guarantee Association
P.O. Box 16860
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927- 4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.

SCHEDULE OF POLICY EXHIBITS

The following documents are hereby incorporated into, and made part of, the Group Policy.

<u>Exhibit Number</u>	<u>Form/Document</u>	<u>Applicable to:</u>
1.	Plan Sponsor Group Insurance Application	All Eligible Employees
2.	Booklet-Certificate Form Number LBO AB 0123 C	All Eligible Employees