

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

GROUP DISABILITY INSURANCE STATEMENT OF COVERAGE

For Employers Who Participate In The California Educators Insurance Plan

Employer:	Junction Elementary
Employer Coverage Effective Date:	September 1, 2007
Employer ID Number:	503073

An employer must apply for group disability insurance coverage under the Group Policy by submitting a completed participation agreement and agreeing to pay premiums. No Employer's coverage under the Group Policy is in effect until approved in writing by us. The consideration for the Employer's coverage under the Group Policy is the participation agreement of the Employer and the payment by the Employer of premiums as provided herein.

Subject to the **Policyholder And Employer Provisions** and the **Time Limit On Certain Defenses** section of **The Group Policy** provision, the Employer's coverage under the Group Policy (a) is effective for the Initial Employer Rate Guarantee Period shown in the **Coverage Features**, and (b) may be renewed for successive renewal periods by the payment of the premium set by us on each renewal date. The length of each renewal period will be set by us, but will not be less than 12 months.

For purposes of effective dates and ending dates under the Group Policy, all days begin and end at 12:00 midnight Standard Time at the Policyholder's address with respect to the Policyholder and at the Employer's address with respect to the Employer.

"You" and "your" mean the Participant. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized, and where they are defined, appear in boldface type. Additionally, section headings, and references to them, appear in boldface type.

STANDARD INSURANCE COMPANY

By



Chairman, President and CEO



Corporate Secretary

GS190-LTD/S399/CTA.2

EXHIBIT A

Attached to and made a part of Group Policy 503000-L issued to
California Teachers Association as Policyholder.

Premium Rates:

Disability Insurance:

Plan J

Certificated Participants

Participant's insured Regular Contract Salary	Monthly, Ninthly, Tenthly and Eleventhly rate per insured Participant			
	Monthly	Ninthly	Tenthly	Eleventhly
Under \$8,250	\$2.11	\$2.81	\$2.53	\$2.30
\$8,250 through \$11,249	\$2.75	\$3.67	\$3.30	\$3.00
\$11,250 through \$14,249	\$3.59	\$4.79	\$4.31	\$3.92
\$14,250 through \$17,249	\$4.43	\$5.91	\$5.32	\$4.83
\$17,250 through \$20,249	\$5.27	\$7.03	\$6.32	\$5.75
\$20,250 through \$23,249	\$6.12	\$8.16	\$7.34	\$6.68
\$23,250 through \$26,249	\$6.96	\$9.28	\$8.35	\$7.59
\$26,250 through \$29,249	\$7.81	\$10.41	\$9.37	\$8.52
\$29,250 through \$32,249	\$8.65	\$11.53	\$10.38	\$9.44
\$32,250 through \$35,249	\$9.50	\$12.67	\$11.40	\$10.36
\$35,250 through \$38,249	\$10.34	\$13.79	\$12.41	\$11.28
\$38,250 through \$41,249	\$11.18	\$14.91	\$13.42	\$12.20
\$41,250 through \$44,249	\$12.02	\$16.03	\$14.42	\$13.11
\$44,250 through \$47,249	\$12.87	\$17.16	\$15.44	\$14.04
\$47,250 through \$50,249	\$13.71	\$18.28	\$16.45	\$14.96
\$50,250 through \$53,249	\$14.56	\$19.41	\$17.47	\$15.88
\$53,250 through \$56,249	\$15.47	\$20.63	\$18.56	\$16.88
\$56,250 through \$59,249	\$16.36	\$21.81	\$19.63	\$17.85
\$59,250 through \$62,249	\$17.21	\$22.95	\$20.65	\$18.77
\$62,250 through \$65,249	\$18.06	\$24.08	\$21.67	\$19.70
\$65,250 through \$68,249	\$18.91	\$25.21	\$22.69	\$20.63
\$68,250 through \$71,249	\$19.76	\$26.35	\$23.71	\$21.56
\$71,250 through \$74,249	\$20.61	\$27.48	\$24.73	\$22.48
\$74,250 through \$77,249	\$21.46	\$28.61	\$25.75	\$23.41
\$77,250 through \$80,249	\$22.31	\$29.75	\$26.77	\$24.34
\$80,250 through \$83,249	\$23.16	\$30.88	\$27.79	\$25.27
\$83,250 through \$86,249	\$24.01	\$32.01	\$28.81	\$26.19
\$86,250 through \$89,249	\$24.86	\$33.15	\$29.83	\$27.12
\$89,250 through \$92,249	\$25.71	\$34.28	\$30.85	\$28.05
\$92,250 through \$95,249	\$26.56	\$35.41	\$31.87	\$28.97
\$95,250 through \$98,249	\$27.41	\$36.55	\$32.89	\$29.90
\$98,250 through \$101,249	\$28.26	\$37.68	\$33.91	\$30.83
\$101,250 through \$104,249	\$29.11	\$38.81	\$34.93	\$31.76
\$104,250 through \$107,249	\$29.96	\$39.95	\$35.95	\$32.68

\$107,250 through \$110,249	\$30.81	\$41.08	\$36.97	\$33.61
\$110,250 through \$113,249	\$31.66	\$42.21	\$37.99	\$34.54
\$113,250 through \$116,249	\$32.51	\$43.35	\$39.01	\$35.47
\$116,250 through \$119,249	\$33.36	\$44.48	\$40.03	\$36.39
\$119,250 through \$122,249	\$34.21	\$45.61	\$41.05	\$37.32
\$122,250 through \$125,249	\$35.06	\$46.75	\$42.07	\$38.25
\$125,250 through \$128,249	\$35.91	\$47.88	\$43.09	\$39.17
\$128,250 through \$131,249	\$36.76	\$49.01	\$44.11	\$40.10
\$131,250 through \$134,249	\$37.61	\$50.15	\$45.13	\$41.03
\$134,250 through \$137,249	\$38.46	\$51.28	\$46.15	\$41.96
\$137,250 through \$140,249	\$39.31	\$52.41	\$47.17	\$42.88
\$140,250 through \$143,249	\$40.16	\$53.55	\$48.19	\$43.81
\$143,250 through \$146,249	\$41.01	\$54.68	\$49.21	\$44.74
\$146,250 through \$149,249	\$41.86	\$55.81	\$50.23	\$45.67
\$149,250 through \$152,249	\$42.71	\$56.95	\$51.25	\$46.59
\$152,250 through \$155,249	\$43.56	\$58.08	\$52.27	\$47.52
\$155,250 through \$158,249	\$44.41	\$59.21	\$53.29	\$48.45
\$158,250 through \$161,249	\$45.26	\$60.35	\$54.31	\$49.37
\$161,250 through \$164,249	\$46.11	\$61.48	\$55.33	\$50.30
\$164,250 through \$167,249	\$46.96	\$62.61	\$56.35	\$51.23
\$167,250 through \$170,249	\$47.81	\$63.75	\$57.37	\$52.16
\$170,250 through \$173,249	\$48.66	\$64.88	\$58.39	\$53.08
\$173,250 through \$176,249	\$49.51	\$66.01	\$59.41	\$54.01
\$176,250 through \$179,249	\$50.36	\$67.15	\$60.43	\$54.94
\$179,250 through \$182,249	\$51.21	\$68.28	\$61.45	\$55.87
\$182,250 through \$185,249	\$52.06	\$69.41	\$62.47	\$56.79
\$185,250 through \$188,249	\$52.91	\$70.55	\$63.49	\$57.72
\$188,250 through \$191,249	\$53.76	\$71.68	\$64.51	\$58.65
\$191,250 through \$194,249	\$54.61	\$72.81	\$65.53	\$59.57
\$194,250 through \$197,249	\$55.46	\$73.95	\$66.55	\$60.50
\$197,250 through \$200,249	\$56.31	\$75.08	\$67.57	\$61.43
\$200,250 through \$203,249	\$57.16	\$76.21	\$68.59	\$62.36
\$203,250 through \$206,249	\$58.01	\$77.35	\$69.61	\$63.28
\$206,250 through \$209,249	\$58.86	\$78.48	\$70.63	\$64.21
\$209,250 through \$212,249	\$59.71	\$79.61	\$71.65	\$65.14
\$212,250 through \$215,249	\$60.56	\$80.75	\$72.67	\$66.07
\$215,250 through \$218,249	\$61.41	\$81.88	\$73.69	\$66.99
\$218,250 through \$221,249	\$62.26	\$83.01	\$74.71	\$67.92
\$221,250 through \$224,249	\$63.11	\$84.15	\$75.73	\$68.85
\$224,250 through \$227,249	\$63.96	\$85.28	\$76.75	\$69.77
\$227,250 through \$230,249	\$64.81	\$86.41	\$77.77	\$70.70
\$230,250 through \$233,249	\$65.66	\$87.55	\$78.79	\$71.63
\$233,250 through \$236,249	\$66.51	\$88.68	\$79.81	\$72.56
\$236,250 through \$239,249	\$67.36	\$89.81	\$80.83	\$73.48
\$239,250 through \$242,249	\$68.21	\$90.95	\$81.85	\$74.41

\$242,250 through \$245,249	\$69.06	\$92.08	\$82.87	\$75.34
\$245,250 through \$248,249	\$69.91	\$93.21	\$83.89	\$76.27
\$248,250 through \$251,249	\$70.76	\$94.35	\$84.91	\$77.19
\$251,250 through \$254,249	\$71.61	\$95.48	\$85.93	\$78.12
\$254,250 and over	\$72.46	\$96.61	\$86.95	\$79.05

Classified Participants

Participant's insured Regular Contract Salary	Monthly, Ninthly, Tenthly and Eleventhly rate per insured Participant			
	Monthly	Ninthly	Tenthly	Eleventhly
Under \$8,250	\$2.25	\$3.00	\$2.70	\$2.45
\$8,250 through \$11,249	\$2.93	\$3.91	\$3.52	\$3.20
\$11,250 through \$14,249	\$3.83	\$5.11	\$4.60	\$4.18
\$14,250 through \$17,249	\$4.73	\$6.31	\$5.67	\$5.16
\$17,250 through \$20,249	\$5.63	\$7.51	\$6.75	\$6.14
\$20,250 through \$23,249	\$6.53	\$8.71	\$7.83	\$7.12
\$23,250 through \$26,249	\$7.43	\$9.91	\$8.91	\$8.11
\$26,250 through \$29,249	\$8.33	\$11.11	\$9.99	\$9.09
\$29,250 through \$32,249	\$9.23	\$12.31	\$11.07	\$10.07
\$32,250 through \$35,249	\$10.13	\$13.51	\$12.15	\$11.05
\$35,250 through \$38,249	\$11.03	\$14.71	\$13.23	\$12.03
\$38,250 through \$41,249	\$11.93	\$15.91	\$14.31	\$13.01
\$41,250 through \$44,249	\$12.83	\$17.11	\$15.39	\$14.00
\$44,250 through \$47,249	\$13.73	\$18.31	\$16.47	\$14.98
\$47,250 through \$50,249	\$14.63	\$19.51	\$17.55	\$15.96
\$50,250 through \$53,249	\$15.53	\$20.71	\$18.63	\$16.94
\$53,250 through \$56,249	\$16.50	\$22.00	\$19.80	\$18.00
\$56,250 through \$59,249	\$17.32	\$23.09	\$20.78	\$18.89
\$59,250 through \$62,249	\$18.22	\$24.29	\$21.86	\$19.88
\$62,250 through \$65,249	\$19.12	\$25.49	\$22.94	\$20.86
\$65,250 through \$68,249	\$20.02	\$26.69	\$24.02	\$21.84
\$68,250 through \$71,249	\$20.92	\$27.89	\$25.10	\$22.82
\$71,250 through \$74,249	\$21.82	\$29.09	\$26.18	\$23.80
\$74,250 through \$77,249	\$22.72	\$30.29	\$27.26	\$24.79
\$77,250 through \$80,249	\$23.62	\$31.49	\$28.34	\$25.77
\$80,250 through \$83,249	\$24.52	\$32.69	\$29.42	\$26.75
\$83,250 through \$86,249	\$25.42	\$33.89	\$30.50	\$27.73
\$86,250 through \$89,249	\$26.32	\$35.09	\$31.58	\$28.71
\$89,250 through \$92,249	\$27.22	\$36.29	\$32.66	\$29.69
\$92,250 through \$95,249	\$28.12	\$37.49	\$33.74	\$30.68
\$95,250 through \$98,249	\$29.02	\$38.69	\$34.82	\$31.66
\$98,250 through \$101,249	\$29.92	\$39.89	\$35.90	\$32.64
\$101,250 through \$104,249	\$30.82	\$41.09	\$36.98	\$33.62
\$104,250 through \$107,249	\$31.72	\$42.29	\$38.06	\$34.60
\$107,250 through \$110,249	\$32.62	\$43.49	\$39.14	\$35.59

\$110,250 through \$113,249	\$33.52	\$44.69	\$40.22	\$36.57
\$113,250 through \$116,249	\$34.42	\$45.89	\$41.30	\$37.55
\$116,250 through \$119,249	\$35.32	\$47.09	\$42.38	\$38.53
\$119,250 through \$122,249	\$36.22	\$48.29	\$43.46	\$39.51
\$122,250 through \$125,249	\$37.12	\$49.49	\$44.54	\$40.49
\$125,250 through \$128,249	\$38.02	\$50.69	\$45.62	\$41.48
\$128,250 through \$131,249	\$38.92	\$51.89	\$46.70	\$42.46
\$131,250 through \$134,249	\$39.82	\$53.09	\$47.78	\$43.44
\$134,250 through \$137,249	\$40.72	\$54.29	\$48.86	\$44.42
\$137,250 through \$140,249	\$41.62	\$55.49	\$49.94	\$45.40
\$140,250 through \$143,249	\$42.52	\$56.69	\$51.02	\$46.39
\$143,250 through \$146,249	\$43.42	\$57.89	\$52.10	\$47.37
\$146,250 through \$149,249	\$44.32	\$59.09	\$53.18	\$48.35
\$149,250 through \$152,249	\$45.22	\$60.29	\$54.26	\$49.33
\$152,250 through \$155,249	\$46.12	\$61.49	\$55.34	\$50.31
\$155,250 through \$158,249	\$47.02	\$62.69	\$56.42	\$51.29
\$158,250 through \$161,249	\$47.92	\$63.89	\$57.50	\$52.28
\$161,250 through \$164,249	\$48.82	\$65.09	\$58.58	\$53.26
\$164,250 through \$167,249	\$49.72	\$66.29	\$59.66	\$54.24
\$167,250 through \$170,249	\$50.62	\$67.49	\$60.74	\$55.22
\$170,250 through \$173,249	\$51.52	\$68.69	\$61.82	\$56.20
\$173,250 through \$176,249	\$52.42	\$69.89	\$62.90	\$57.19
\$176,250 through \$179,249	\$53.32	\$71.09	\$63.98	\$58.17
\$179,250 through \$182,249	\$54.22	\$72.29	\$65.06	\$59.15
\$182,250 through \$185,249	\$55.12	\$73.49	\$66.14	\$60.13
\$185,250 through \$188,249	\$56.02	\$74.69	\$67.22	\$61.11
\$188,250 through \$191,249	\$56.92	\$75.89	\$68.30	\$62.09
\$191,250 through \$194,249	\$57.82	\$77.09	\$69.38	\$63.08
\$194,250 through \$197,249	\$58.72	\$78.29	\$70.46	\$64.06
\$197,250 through \$200,249	\$59.62	\$79.49	\$71.54	\$65.04
\$200,250 through \$203,249	\$60.52	\$80.69	\$72.62	\$66.02
\$203,250 through \$206,249	\$61.42	\$81.89	\$73.70	\$67.00
\$206,250 through \$209,249	\$62.32	\$83.09	\$74.78	\$67.99
\$209,250 through \$212,249	\$63.22	\$84.29	\$75.86	\$68.97
\$212,250 through \$215,249	\$64.12	\$85.49	\$76.94	\$69.95
\$215,250 through \$218,249	\$65.02	\$86.69	\$78.02	\$70.93
\$218,250 through \$221,249	\$65.92	\$87.89	\$79.10	\$71.91
\$221,250 through \$224,249	\$66.82	\$89.09	\$80.18	\$72.89
\$224,250 through \$227,249	\$67.72	\$90.29	\$81.26	\$73.88
\$227,250 through \$230,249	\$68.62	\$91.49	\$82.34	\$74.86
\$230,250 through \$233,249	\$69.52	\$92.69	\$83.42	\$75.84
\$233,250 through \$236,249	\$70.42	\$93.89	\$84.50	\$76.82
\$236,250 through \$239,249	\$71.32	\$95.09	\$85.58	\$77.80
\$239,250 through \$242,249	\$72.22	\$96.29	\$86.66	\$78.79
\$242,250 through \$245,249	\$73.12	\$97.49	\$87.74	\$79.77

\$245,250 through \$248,249	\$74.02	\$98.69	\$88.82	\$80.75
\$248,250 through \$251,249	\$74.92	\$99.89	\$89.90	\$81.73
\$251,250 through \$254,249	\$75.82	\$101.09	\$90.98	\$82.71
\$254,250 and over	\$76.72	\$102.29	\$92.06	\$83.69

CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION ACT

SUMMARY DOCUMENT AND DISCLAIMER

Residents of California who purchase life and health insurance and annuities should know that the insurance companies licensed in this state to write these types of insurance are members of the California Life and Health Insurance Guarantee Association ("CLHIGA"). The purpose of this Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guarantee Association will assess its other member insurance companies for the money to pay the claims of the insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guarantee Association is not unlimited, however, as noted below, and is not a substitute for consumers' care in selecting insurers.

The California Life and Health Insurance Guarantee Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. **However, insurance companies and their agents are prohibited by law from using the existence of the guarantee association to induce you to purchase any kind of insurance policy.**

Policyholders with additional questions should first contact their insurer or agent or may then contact:

The California Life and Health Insurance Guarantee Association

PO Box 17319

Beverly Hills CA 90209-3319

OR

Consumer Services Division

California Department of Insurance

300 South Spring St, South Tower

Los Angeles CA 90013

The state law that provides for this safety-net coverage is called the California Life and Health Guarantee Association Act. Below is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Association.

COVERAGE

Generally, individuals will be protected by the California Life and Health Insurance Guarantee Association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Guarantee Association if:

Their insurer was not authorized to do business in this state when it issued the policy or contract;

Their policy was issued by a health care service plan (HMO, Blue Cross, Blue Shield), 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;

They are eligible for protection under the laws of another state. This may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state.

The Guarantee Association also does not provide coverage for:

Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which guarantee rights to group contract holders, not individuals;

Employer or association plans, to the extent they are self-funded or uninsured;

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 a variable contract sold by prospectus;

Any policy of reinsurance unless an assumption certificate was issued;

Interest rate yields that exceed an average rate;

Any portion of a contract that provides dividends or experience rating credits.

LIMITS ON AMOUNT OF COVERAGE

The Act limits the Association to pay benefits as follows:

LIFE AND ANNUITY BENEFITS

80% of what the insurance company would owe under a policy or contract up to \$100,000 in cash surrender values,

\$100,000 in present value of annuities, or

\$250,000 in life insurance death benefits.

A maximum of \$250,000 for any one insured life no matter how many policies and contracts there were with the same company, even if the policies provided different types of coverages.

HEALTH BENEFITS

A maximum of \$200,000 of the contractual obligations that the health insurance company would owe were it not insolvent. The maximum may increase or decrease annually based upon changes in the health care cost component of the consumer price index.

PREMIUM SURCHARGE

Member insurers are required to recoup assessments paid to the Association by way of a surcharge on premiums charged for health insurance policies to which the Act applies.

CALIFORNIA NOTICE OF COMPLAINT PROCEDURE

Should any dispute arise about your premium or about a claim that you have filed, write to the company that issued the group policy. If the problem is not resolved, you may also write to the State of California, Department of Insurance, Consumer Services Division, 300 S. Spring Street, South Tower, Los Angeles, CA 90013, or call toll-free 1-800-927-HELP, or (213) 897-8921 outside of California. This notice of complaint procedure is for information only and does not become a part or condition of this group policy/statement of coverage/certificate.

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COVERAGE FEATURES

This section contains many of the features of your group disability insurance. Other provisions, including exclusions, limitations, and Deductible Income, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Policyholder:	California Teachers Association
Group Policy Number:	503000-L
Group Policy Effective Date:	September 1, 2007
Policy Issued in:	California
Group ID Number:	10115779
Employer(s):	Junction Elementary
Employer Coverage Effective Date:	September 1, 2007
Employer ID Number:	503073

PREMIUM CONTRIBUTIONS

Insurance is:	Noncontributory or Contributory, based upon your Employer's employee benefits plan.
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PREMIUM RATES AND RENEWALS

Premium Rate:	Premium rates are shown in Exhibit A.
Employer Premium Due Dates:	<p>For Participants who pay premiums monthly: The Employer Coverage Effective Date and the first day of each calendar month thereafter.</p> <p>For Participants who pay premiums other than monthly: The Employer Coverage Effective Date and the first day of each applicable calendar month thereafter as determined by the Employer and agreed to by us and authorized through payroll deduction.</p>
Grace Period:	60 days (without interest)
Initial Employer Rate Guarantee Period:	Three years
Notice of Employer Rate Change:	120 days
Minimum Employer Participation Percentage:	
If coverage is Noncontributory:	100% of eligible Participants
If coverage is Contributory:	90% of eligible Participants

THE GROUP POLICY

A. The Group Policy and Statement Of Coverage

The Group Policy has been issued to the Policyholder. The Group Policy contains numerous optional and variable provisions. Group Policy with respect to the Policyholder means the group disability insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Group Policy with respect to an Employer means only those provisions of the Group Policy, including the options and variables requested by the Employer, we have approved for that Employer with respect to its eligible employees. The options and variables we have approved for the Employer's coverage under the Group Policy are contained in this Statement Of Coverage issued by us to the Employer and identified by the Employer ID Number.

Statement Of Coverage means the statement we provide to an Employer describing the coverage under the Group Policy we have approved with respect to its eligible employees and identified by the Employer ID Number. The Statement Of Coverage consists of this group disability insurance statement of coverage issued by us to the Employer and identified by the Employer ID Number, the Employer's attached participation agreement, group disability insurance certificates with the same Employer ID Number, and any amendments or endorsements to the statement of coverage or certificates.

Only those provisions of the Group Policy which appear in this Statement Of Coverage will apply to the Employer's coverage under the Group Policy. All provisions on this and the following pages are part of the Statement Of Coverage. All provisions on this and the following pages are part of the Group Policy.

We will provide benefits according to the terms of the Group Policy.

B. Entire Contract

The Group Policy and the application of the Policyholder, the Statement Of Coverage and the participation agreement, and any amendments to the Group Policy or Statement Of Coverage constitute the entire contract between the parties, and any statement made by the Policyholder, Employer, or by any Participant shall, in the absence of fraud, be deemed a representation and not a warranty. No such statement shall be used in defense to a claim hereunder unless it is contained in a written application, nor shall any such statement of the Policyholder, except a fraudulent misstatement, be used at all to void the policy after it has been in force for three years from the date of its issue; nor shall any such statement of the Employer, except a fraudulent misstatement, be used at all to void the Employer's coverage under the Group Policy after it has been in force for three years from the date it became effective; nor shall any such statement of any Participant 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 Group Policy) commencing after the insurance coverage with respect to which claim is made has been in effect for three years from the date it became effective.

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

C. Time Limit On Certain Defenses

After two years from the date of issue of the Group Policy, no misstatement of the Policyholder, except a fraudulent misstatement, made in his application shall be used to void the Group Policy; and after two years from the Employer Coverage Effective Date, no misstatement of the Employer, except a fraudulent misstatement, made in his application shall be used to void the Employer's coverage under the Group Policy; and after two years from the effective date of the coverage with respect to which any claim is made, no misstatement of any Participant eligible for coverage under the Group Policy, except a fraudulent misstatement, made in an application under the policy shall be used to deny a claim for loss incurred or disability (as defined in the Group Policy) commencing after expiration of such three years.

D. Legal Actions

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

E. 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 Employer's coverage under the Group Policy shall continue in force.

If the premium for an Employer's coverage is not paid by the Employer during the grace period, the Employer's coverage under the Group Policy will terminate automatically at the end of the grace period.

F. Assignment

The rights and benefits under the Group Policy are not assignable.

G. Clerical Error

Clerical error by the Policyholder, the Employer, or their respective employees or representatives will not:

1. Cause a person to become insured;
2. Invalidate insurance under the Group Policy otherwise validly in force; or
3. Continue insurance under the Group Policy otherwise validly terminated.

TERMINATION OR AMENDMENT OF THE GROUP POLICY AND THE EMPLOYERS COVERAGE UNDER THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Participants, at any time by giving us written notice.

An Employer's coverage under the Group Policy may be terminated, changed or amended in whole or in part by us or the Employer according to the terms of the Group Policy.

Benefits are limited to the terms of the Employer's coverage under the Group Policy, including any valid amendment. No change or amendment to the Employer's coverage will be valid unless it is approved in writing by one of our executive officers and given to the Employer. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, the Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or the Employer's coverage under the Group Policy or to waive any of its terms or provisions without our signed, written approval.

We may change the Group Policy and any Employer's coverage under the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's or Employer's consent.

Any such change or amendment of the Group Policy may apply to current or future Employers and Participants covered under the Group Policy or to any separate classes or groups of Participants.

POLICYHOLDER AND EMPLOYER PROVISIONS

A. Premiums

The premium due on each Employer Premium Due Date is the sum of the premiums for all persons then insured. Premium Rates are shown in the **Coverage Features**.

B. Changes In Premium Rates

We may change Premium Rates at any time when:

1. A change or clarification in law or governmental regulation affects the amount payable under the Group Policy. Any such change in Premium Rates will reflect only the change in our obligations; or
2. Administration expenses are increased because the Policyholder or Employer requests additional services. Such services include, but are not limited to, special printing, travel, systems enhancements and development, mailings and billing sub-codes. In lieu of any increase in Premium Rates we will provide the Policyholder or Employer with other options, including but not limited to, changes in benefit amounts and/or policy provisions, or other measures to control expected costs; or

3. We and the Policyholder mutually agree to change Premium Rates.

Except as provided above, Premium Rates will not be changed during the Initial Employer Rate Guarantee Period shown in the **Coverage Features**.

Thereafter, except as provided above, we may change Premium Rates upon advance written notice to the Policyholder or Employer and in accordance with 1. through 3. below. The minimum advance notice is shown in the **Coverage Features** as Notice of Employer Rate Change.

1. A change in Premium Rates may be made effective on the September 1 following advance written notice of 120 days. However, except as provided in 2. below, an increase in Premium Rates will not become effective for any Contract Year for which Premium Rates previously have been agreed upon in writing by us.

Contract Years are successive 12 month periods computed from the end of the Initial Employer Rate Guarantee Period.

2. We may change Premium Rates if Material Factors change by 25% or more during a renewal period for which Premium Rates previously had been guaranteed for more than 12 months. The change in Premium Rates will become effective on the September 1 following advance written notice of 120 days.

Material Factors are factors (a) which are material to underwriting the risk we assumed under all group employer-paid disability insurance policies issued to the Policyholder, or which are material to underwriting the risk we assumed under an Employers coverage under the Group Policy; and (b) which were specifically identified in writing by us and presented to the Policyholder prior to the current renewal period.

3. In lieu of any increase in Premium Rates we will provide the Policyholder and Employer with other options, including but not limited to, changes in benefit amounts and/or policy provisions, or other measures to control expected costs.

C. Payment Of Premiums

The Policyholder will not be responsible for the collection of premium from Participants or payment to us of premiums due under the Group Policy. The Employer is responsible for the collection of premium from Participants and payment to us of the premiums due for Coverage under the Group Policy.

With respect to Noncontributory insurance, Employers will pay premium to us at our home office by each Employer Premium Due Date or by the end of the following grace period.

With respect to Contributory insurance, Employers will collect premium by means of payroll deduction or directly from Participants, and will send the aggregate of such premium to us at our home office by each Employer Premium Due Date or by the end of the following grace period. The payment of premium to us as provided above will maintain a Participant's coverage in force until the end of the grace period, unless the Participant's coverage otherwise ends under the terms of the Group Policy.

D. Termination For Other Reasons

The Employer may terminate coverage under the Group Policy by giving us written notice. The effective date of termination will be the later of:

1. The date stated in the notice; and
2. The date we receive the notice.

We may terminate an Employer's coverage under the Group Policy on the second August 31st next following the date we have provided written notice of termination to the Policyholder or Employer if:

1. The number of persons insured is less than the Minimum Employer Participation Percentage shown in the **Coverage Features**; or
2. The Policyholder or Employer has failed to furnish as soon as reasonably possible any material information requested by us, or has failed to perform any other material obligations relating to the Group Policy.

E. Premium Adjustments

Premium adjustments to the Employer involving a return of unearned premiums will be limited to the 12 months just before the date we receive a request for premium adjustment.

F. Certificates

We will issue certificates to Employers showing the coverage under the Group Policy. The Employer will distribute a certificate to each insured Participant. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern.

G. Records And Reports

The Policyholder or Employer will furnish on our forms all information reasonably necessary to administer the Group Policy.

H. Agency

Individuals selected by the Policyholder or by any Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them, and do not represent or act on our behalf. The Policyholder and Employer and such individuals have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy.

I. Notice Of Suit

The Policyholder or Employer shall promptly give us written notice of any lawsuit or other legal proceedings arising under the Group Policy of which the Policyholder or Employer is aware. We shall promptly give the Policyholder written notice of any lawsuit or other legal proceedings arising under the Group Policy.

J. Effect On Workers' Compensation, State Disability Insurance

The coverage provided under the Group Policy is not a substitute for coverage under a workers' compensation or state disability income benefit law and does not relieve the Employer of any obligation to provide such coverage.

CALIFORNIA EDUCATORS INSURANCE PLAN

PARTICIPATION AGREEMENT FOR ESTABLISHED PLANS 503073

1 District Information	District Name Junction Elementary			
	District Physical Address (Street, City, State, Zip) 10140 Old Oregon Trail, Redding, CA 96003			
	District Billing Address (Street, City, State, Zip) Same as above			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Phone Number (include Area Code) 530-722-1702</td> <td style="width: 33%; border: none;">District Contact: Cathleen Serna</td> <td style="width: 33%; border: none;">Title Director of Business Services</td> </tr> </table>	Phone Number (include Area Code) 530-722-1702	District Contact: Cathleen Serna	Title Director of Business Services
Phone Number (include Area Code) 530-722-1702	District Contact: Cathleen Serna	Title Director of Business Services		
2 Enrollment Information	The number of active eligible employees on the date of this agreement is <u>35</u> . The required minimum number of active eligible employees is 2. <i>See the Certificate of Insurance for eligibility requirements and a complete description of the insurance coverage(s) provided.</i>			
3 Bill Type	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Disability: <input checked="" type="checkbox"/> Census Bill Life: <input type="checkbox"/> Census Bill <input type="checkbox"/> Self-Administered Bill <input type="checkbox"/> List Bill </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Self-Administered Bill For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> List Bill For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life </td> </tr> </table>	Disability: <input checked="" type="checkbox"/> Census Bill Life: <input type="checkbox"/> Census Bill <input type="checkbox"/> Self-Administered Bill <input type="checkbox"/> List Bill	<input type="checkbox"/> Self-Administered Bill For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life	<input type="checkbox"/> List Bill For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life
Disability: <input checked="" type="checkbox"/> Census Bill Life: <input type="checkbox"/> Census Bill <input type="checkbox"/> Self-Administered Bill <input type="checkbox"/> List Bill	<input type="checkbox"/> Self-Administered Bill For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life	<input type="checkbox"/> List Bill For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life For: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> Dependent Life		
4 Life and AD&D Insurance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
5 Dependents Life and AD&D Insurance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

CALIFORNIA EDUCATORS INSURANCE PLAN

PARTICIPATION AGREEMENT FOR ESTABLISHED PLANS 503073

6

District Paid Disability Insurance (503000-L)

☒ Yes

☐ No

Billing Rate Mode

☐ % of Insured Earnings

☐ Salary Banded

Please indicate your current plan or select one of the following plans (if adding Disability):

Disability Benefits	<input checked="" type="checkbox"/> Plan J	<input type="checkbox"/> Plan L	<input type="checkbox"/> Plan M
While the Participant is eligible to receive Fully Paid Sick Leave	\$12.50 payable for each Regular Day of Required Attendance (RDRA)		\$25.00 payable for each RDRA
Thereafter, for the following one Benefit Year	75% of Regular Daily Contract Salary, reduced by Deductible Income, payable for all RDRAs in each month. The Minimum Benefit for each of these days is \$30.00.		
Thereafter (applies only to Participants who on the date of Disability participate in but have less than 5 years of credited service with California STRS and/or PERS)	50% of Regular Monthly Contract Salary, reduced by Deductible Income. The Minimum Disability Benefit for each calendar month is \$500.		
Daily Hospital Benefit	\$25.00		\$35.00
Extra Duty Pay Benefit	None		75% of any Extra Duty Pay, reduced by Deductible Income.
Accidental Death & Dismemberment Insurance	\$5,000		\$10,000

Classification (check all that apply):

☒ Certificated ☒ Classified ☒ Confidential ☐ Management ☐ Administrative
☒ Other Certificated Administration and Classified Management

Disability hourly requirement (only one may apply): ☒ 15 hours per week

☐ Other (please explain) _____

Additional Notes:

Premium Contributions:

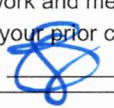
Employer to pay 100% of Disability premiums for all eligible Active employees:

☒ Yes ☐ No — If no, please explain: _____

Minimum Participation Percentages:

If coverage is Noncontributory: 100% of eligible Participants

If coverage is Contributory: 90% of eligible Participants **Initial:** 

Disability Active Work Requirement: A person must meet an Active Work requirement to become insured. Participants who have not met an Active Work requirement are not insured until they complete **ten** consecutive full days of active work and meet all other contractual requirements. **Note:** If electing new coverage, current participants under your prior carrier actively working on the day before the policy effective date will have this rule waived. **Initial:** 

**CALIFORNIA EDUCATORS INSURANCE PLAN
PARTICIPATION AGREEMENT FOR ESTABLISHED PLANS 503073**

7

Authorization

We hereby: (1) elect to participate in the group Life and/or Disability Insurance coverage under the California Teachers Association endorsed group life and disability insurance policies issued by Standard Insurance Company; (2) agree to remit premiums on or before the Premium Due Date; (3) agree to be bound by the terms and provisions of the group insurance policies issued to the California Teachers Association; and (4) agree to make the elected coverages available to all present and future eligible employees.

We understand that the group insurance policies contain limitations and exclusions not described in this Participation Agreement. We understand that Certificates of insurance giving a complete description of the insurance coverage(s) will be provided. We agree to distribute those Certificates to insured Participants. We agree not to distribute any other description of the terms of insurance coverage(s) without the prior written approval of Standard Insurance Company.

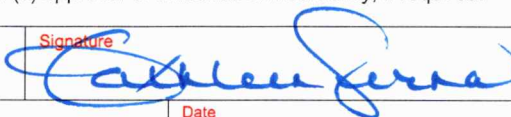
Requested Effective Date *(if electing new coverage)*: N/A

We understand that no insurance coverage for any Participant will be in effect prior to the latest of (a) requested effective date; (b) approval by Standard Insurance Company; and (c) approval of evidence of insurability, if required.

Authorized By (Print Name)

Cathleen Serna

Signature



Title

DIRECTOR OF BUSINESS SERVICES

Date

8/6/19