

Policyholder	University of Wisconsin Employees, Incorporated
Group Policy Number	46
Group Policy Effective Date	October 1, 2005

YOUR GROUP INSURANCE CERTIFICATE

We, COUNTRY Life Insurance Company[®], certify that We have issued to the Policyholder the Group insurance policy numbered above.

This certificate summarizes and explains the parts of the Group policy that apply to You. Your insurance is effective, subject to **ALL** provisions of this certificate and the policy.

This certificate is not an insurance policy. In case of differences or errors, the provisions of the Group policy control.

All benefits are subject to the provisions of the Group policy.

The Group policy is held in the Policyholder's office. You can see it there at any reasonable time.

This certificate replaces any other certificate We may have given You under the Group policy.

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DEFINITIONS

These terms have special meaning in Your certificate. More definitions are shown in other parts of the certificate.

DAY means a 24-hour period starting at 12:01 a.m. at the address of the Policyholder.

ELIGIBLE EMPLOYEE means a person: (1) who is employed in the UW system who currently holds at least a 1/3 University appointment with an expected duration of at least 6 months; or (2) who is a full-time (33% or greater) University of Wisconsin Hospital & Clinic Public Authority employee.

GROUP: The Group is composed of employees of the University of Wisconsin System and University of Wisconsin Hospital & Clinic Public Authority who are eligible for immediate or future state contribution to the State of Wisconsin group health insurance program and are not collecting a Wisconsin State Retirement benefit.

POLICY YEAR means the period from any anniversary date to the next anniversary date, except that the first year begins on the Group Policy Effective Date.

POLICYHOLDER means the Policyholder as named on the face page of this certificate.

PRIOR PLAN means the group life insurance policy issued to the Policyholder by Mutual Service Life Insurance Company prior to this replacement insurance. It includes all person covered on the Day prior to the effective date of this replacement insurance.

You means an Eligible Employee as defined by this plan.

We, Us, Our means COUNTRY Life Insurance Company.

SCHEDULE OF BENEFITS

<u>Age</u>	<u>Insurance</u>
34 years and under	\$25,000.00
35 years through age 39	\$21,000.00
40 years through age 44	\$18,000.00
45 years through age 49	\$12,000.00
50 years through age 54	\$ 9,000.00
55 years through age 59	\$ 7,500.00
60 years through age 64	\$ 7,000.00
65 years and over	\$ 3,000.00

The amount of life insurance coverage will be reduced by the amount of any individual policy issued to You under the RIGHT OF LIFE INSURANCE CONVERSION provisions.

WHEN INSURANCE STARTS

Eligibility Date. If You are an Eligible Employee on the Group Policy Effective Date, You are eligible on that date. If You become an Eligible Employee after the Group Policy Effective Date, Your eligibility date is the first of the month after You become an Eligible Employee.

Your Effective Date. Subject to the PROVISIO, Your insurance will start as follows:

1. If You were covered under the Prior Plan, You will be covered under this plan on the Group Policy Effective Date.
2. If You enroll on or before the end of 30 consecutive Days after the date You become eligible, Your insurance will start: on the first Day of the calendar month after the Policyholder receives Your application.
3. If You enroll more than 30 consecutive Days after the date You become eligible, You must apply for coverage and give Us evidence of Your insurability at no cost to Us. If We approve this evidence, Your insurance will start on the first Day of the calendar month after We approve Your application.
4. If You apply to reinstate insurance that has lapsed due to nonpayment of premium while continuing to be eligible, You must give Us evidence of insurability at no cost to Us. If We approve this evidence, Your insurance will start as described in item 3.

PROVISIO. If You are not actively at work on the date Your insurance would otherwise start, it will not start until the date You return to work.

Contributions Are Required. You must make payments toward the premiums for Your insurance.

WHEN INSURANCE ENDS

Subject to any exception shown below, Your insurance will end on the earliest of:

1. the date the Group policy ends;
2. if You cease to be an Eligible Employee under the Group policy, the Day after the end of the last calendar month for which a payroll deduction is made by the Policyholder to pay Us the premium for Your insurance;
3. the end of the last period for which You make a required premium payment for Your insurance;
or
4. when leaving employment, or upon retirement from the University of Wisconsin Systems and/or the University of Wisconsin Hospital and Clinics Public Authority.

EXCEPTIONS.

1. You do not cease to be eligible when Your payroll status changes to "leave without pay". However, You must pay all premium due during Your leave on or before the date Your leave takes effect.
2. You do not cease to be eligible when Your payroll status changes to "on disability leave". However, You must continue to pay all premium due during Your disability leave.

EXTENSION OF COVERAGE WHILE DISABLED

Disability or disabled means continuous inability to perform the substantial and material duties of any job giving consideration to Your education, training or experience. It must be due to an injury or sickness.

If You are disabled when the Group policy ends, Your life insurance may continue until the earliest of:

1. the date You are no longer disabled;
2. the end of the last period for which You make a required premium payment for Your insurance; or
3. the date You are covered under a group policy that replaces this Group policy.

Insurance is not continued for new disabilities that begin after the Group policy ends.

You must prove that You are disabled. You must be under the continuing care of a Physician. You must give proof once each year after the first year. We may also require medical exams. They may be required at any time during the first two years. They may be required once a year after that.

LIFE INSURANCE

When We receive proof of loss that You have died while insured for this benefit, We will pay the amount of life insurance shown in the SCHEDULE OF BENEFITS. Our payment will be made under the terms of the BENEFICIARY PROVISIONS.

Facility of Payment. At our discretion, We may pay all or part of any life insurance amount to any person who paid any expense connected with Your death. The amount which We will pay will not exceed \$1000. We will pay the remainder, if any, of the insurance to the beneficiary.

We will pay under this provision only if We have been given a receipt describing the expense and the amount paid on account of that expense. This payment will fully discharge Us to the extent of the payment.

BENEFICIARY PROVISIONS

Payment to Beneficiary. Benefits for loss of life are payable to the named beneficiary if such party survives You. If there is no named beneficiary or if the named beneficiary does not survive You, the benefits are payable to the surviving person or persons in the first of the following classes of successive preference beneficiaries of which a person survives You: Your (1) spouse; (2) children, including legally adopted children; (3) parents; (4) brothers and sisters; (5) executor or administrator. As the basis for our payment, We may rely on an affidavit by a person in any of the classes of preference beneficiaries. Payment made before We have received written notice at our Home Office of a valid claim by some other person releases Us from further obligation. If two or more persons become entitled to benefits as preference beneficiaries, they will share equally.

Benefits for loss of life payable to a minor will be paid to the legally appointed guardian of the minor's estate. If there is no such guardian, the benefits may be paid to such adult or adults who We determine have assumed the custody and main financial support of the minor.

Changing The Beneficiary

You may change the beneficiary at any time. You must give written notice on a form suitable to Us. The change becomes effective the date You sign the notice. We furnish a copy of the change for attachment to Your Certificate of Coverage.

RIGHTS OF LIFE INSURANCE CONVERSION

When Your life insurance ends under the Group policy because You cease to be eligible, You can obtain an individual policy of life insurance without evidence of insurability, subject to the provisions below.

The individual policy:

1. must be applied for and the first premium paid to Us during the life conversion period, which is the 31-day period starting on the date Your life insurance ended under the Group policy.
2. must be for an amount equal to or less than the amount of life insurance for which You were insured under the Group policy on the date Your life insurance ended. The amount You choose must meet our minimum face amount requirements.
3. cannot contain disability or accidental death benefits.
4. must be on a form, other than term insurance, that We then issue to a person of Your age.
5. must require payment of premiums at our usual rate for: (a) the type and amount of the policy; (b) the class of risk that applies to You; and (c) Your age on the effective date of the individual policy.
6. must be effective on its date of issue. This date will not be earlier than the Day after the life conversion period ends.

Exceptions to Conversion Right. If Your life insurance stops because the Group policy ends or is amended so that the life insurance ends for all persons in the Group or class to which You belong, You will have the right to convert only if Your life insurance was in force under the Group policy for all the past 5-year period. The amount that You can convert cannot be more than the lesser of: (1) the amount of life insurance for which You were insured under the Group policy reduced by the amount of life insurance that becomes effective for You under any Group life insurance plan replacing the Group policy; or (2) \$5,000.

Death During Life Conversion Period. If You die during the life conversion period, the amount of life insurance that You were entitled to convert to an individual policy will be payable under the Group policy in lieu of payment under an individual policy.

ADDITIONAL PROVISIONS

Right to Contest. After this group policy has been in force for two years, We have no right to contest its validity except for nonpayment of premiums.

After Your insurance has been in force for two years during Your lifetime, We have no right to contest Your insurance on the basis of any statement made by You. When We have this right to contest, We can do so only if the statement is in writing on a form signed by You and a copy of it given to You or Your beneficiary.

Suicide. This insurance does not cover death caused by suicide during the first two years of coverage. If coverage is terminated and reapplied for at a later date, death by suicide will not be covered during the first two years from the coverage election date.

Notice Of Claim. We must receive written notice of any claim. It must be given within 20 days of the date that any covered death occurs or as soon as reasonably possible.

Proof Of Loss. A claim must include a signed, written proof of loss and satisfactory supporting evidence establishing a right to benefits, including a certified copy of the death certificate. Proof of loss and supporting evidence must be provided within 90 days of the notice or as soon as reasonably possible.

We may request additional information. You, Your designated Beneficiary, and or Your legal representative must cooperate and assist in Our investigation of the claim, must provide truthful and complete information and must authorize Us to obtain medical records and records relevant to completing an investigation to determine benefits.

Legal Action. Action at law or in equity may be brought to recover on this policy; however, no suit may be brought against Us until at least 60 days after initial written proof of loss has been furnished in accordance with the requirements of this policy or we deny full payment, whichever is earlier. A suit cannot be filed more than six (6) years from the date the claim is denied in whole or in part. Your time to bring suit is not extended by any reconsideration, review, or appeal of Your claim made by or to Us.