

**Life Insurance Company of North America**  
**1601 Chestnut Street**  
**Philadelphia, Pennsylvania 19192-2235**

---

**AMENDMENT**

Policyholder: Trustee of the Group Insurance Trust for Employers in the Services Industry

Subscriber: Devereux Advanced Behavioral Health

Policy No.: OK - 980463

**PLEASE READ**

**IMPORTANT:** The attached amendment to your policy has been made at your request, and will be effective on the date shown within the amendment. Please review this amendment immediately and confirm that it accurately reflects your request and is consistent with your intentions. If amended certificates have been provided, please review these as well. If there are any errors or discrepancies, please notify your account manager or account service representative immediately. If you have not notified your account manager or account service representative of any errors or concerns, continued payment of premium more than 31 days after delivery of this amendment will be deemed acceptance of this amendment.

**Life Insurance Company of North America**  
**1601 Chestnut Street**  
**Philadelphia, Pennsylvania 19192-2235**

---

**AMENDMENT**

Policyholder: Trustee of the Group Insurance Trust for Employers in the Services Industry

Subscriber: Devereux Advanced Behavioral Health

Policy No.: OK - 980463

This amendment will be in effect only for Covered Employees in Active Service on the Effective Date(s) shown below. If an Employee is not in Active Service on the date he would otherwise become eligible, he will become eligible on the date he returns to Active Service.

This Amendment is attached to and made part of the Policy specified above. It is subject to all of the policy provisions that do not conflict with its provisions.

Subscriber and We hereby agree that the Policy is amended as follows:

Effective May 1, 2026, Age Reductions under the Schedule of Benefits for Class 1 are deleted in their entirety and are replaced as outlined in the attached revised SCHEDULE OF BENEFITS FOR CLASS 1.

Except for the above, this Amendment does not change the Policy in any way.

**Life Insurance Company of North America**



Scott Berlin, President

Date: April 29, 2026

Amendment No. 09

GA-00-4000.00

## **SCHEDULE OF BENEFITS FOR CLASS 1**

---

**This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.**

### **Eligibility Waiting Period**

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

For Employees hired on or before the Policy Effective Date:	90 days
For Employees hired after the Policy Effective Date:	30 days

### **Time Period for Loss:**

Any Covered Loss must occur within:	365 days of the Covered Accident
-------------------------------------	----------------------------------

**Maximum Age for Insurance:** None

## **VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Employee Principal Sum:	\$10,000 units
Maximum Principal Sum:	the lesser of 10 times Annual Compensation or \$500,000
Spouse or Domestic Partner Principal Sum:	50% of the Employee's Principal Sum
Maximum Principal Sum:	\$250,000
Dependent Child Principal Sum:	15% of the Employee's Principal Sum
Maximum Principal Sum:	\$75,000

Annual Compensation means an Employee's annual earnings for normal work established by the Subscriber for his job classification, excluding commissions, bonuses, overtime or other extra compensation.

Changes in the Covered Person's amount of insurance resulting from a change in the Employee's amount of Annual Compensation take effect, subject to any Active Service requirement, on January 1 coinciding with or next following the change in Annual Compensation.

## **SCHEDULE OF COVERED LOSSES**

<b>Covered Loss</b>	<b>Benefit</b>
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or One Foot and Sight in One Eye	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Coma	
Monthly Benefit	1% of the Principal Sum
Number of Monthly Benefits	11
When Payable	At the end of each month during which the Covered Person remains comatose
Lump Sum Benefit	100% of the Principal Sum
When Payable	Beginning of the 12 <sup>th</sup> month
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum

<b>Covered Loss</b>	<b>Benefit</b>
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

**Age Reductions**

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below rounded to the next higher \$10,000 for the Employee and rounded to the next higher \$5,000 for the Spouse.

<b>Age</b>	<b>Percentage of Benefit Amount</b>
70 and over	50%

A covered Spouse's Principal Sum will reduce based on the Age of the covered Employee.

Benefit reductions will be effective on the January 1 coinciding with or next following the Covered Person's attainment of age as specified in schedule above.

**ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES**

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

**EXPOSURE AND DISAPPEARANCE COVERAGE** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

**ADDITIONAL ACCIDENT BENEFITS**

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

**COMMON ACCIDENT BENEFIT**

Covered Spouse or Domestic Partner Benefit up to 100% of the Employee's Principal Sum subject to a maximum of \$500,000

**SEATBELT AND AIRBAG BENEFIT**

Seatbelt Benefit	10% of the Principal Sum subject to a Maximum Benefit of \$25,000
Airbag Benefit	5% of the Principal Sum subject to a Maximum Benefit of \$10,000
Default Benefit	\$1,000

**SPECIAL EDUCATION BENEFIT**

Surviving Dependent Child Benefit	3% of the Principal Sum subject to a Maximum Benefit of \$3,000
Maximum Number of Annual Payments For Each Surviving Dependent Child	4
Default Benefit	\$1,000

**PREMIUM RATES**

Premium Rate:	<u>Voluntary Insurance</u> Employee Rate: \$0.018 per \$1,000 Family Rate: \$0.026 per \$1,000
Mode of Premium Payment:	Monthly
Contributions:	The cost of the coverage is paid by the Employee
Premium Due Dates:	The Policy Effective Date and the first day of each succeeding modal period

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

GA-00-1100.00