



Blue Shield of California Life & Health Insurance Company
50 Beale Street, 20TH Floor
San Francisco, CA 94105

Policy of Insurance

**BASIC GROUP TERM LIFE AND ACCIDENTAL DEATH AND
DISMEMBERMENT (AD&D)**

Blue Shield of California Life & Health Insurance Company, (Blue Shield Life), certifies that a Group Term Life and AD&D Insurance Contract has been issued to the Policyholder to insure certain Covered Employees who are eligible for the insurance provided by this Policy.

The Policy is issued in consideration of the application of the Policyholder and the payment of the Premiums in advance to Blue Shield Life.

Policyholder: INTERNATIONAL ASSOCIATION OF PLUMBING AND MECHANICAL OFFICIALS

Associated Companies: NONE

Basic Life and AD&D Policy Number: W0064916

Policy Effective Date: August 1, 2018

Signed for BLUE SHIELD LIFE AND HEALTH INSURANCE COMPANY at its home office in San Francisco, California. The Policy takes effect at 12:01 am pacific time on the Effective Date.

Blue Shield of California Life and Health Insurance Company

Seth A. Jacobs, Secretary
Blue Shield of California Life & Health Insurance Company

Jeff Smith
President
Blue Shield of California Life & Health Insurance Company

An independent licensee of the Blue Shield Association A49921

POLICY NOTICE

The Policyholder, on behalf of itself and its Covered Employees hereby expressly acknowledges its understanding that this agreement constitutes a Policy solely between the Policyholder and Blue Shield Life, which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association ("Association"), an association of independent Blue Cross and Blue Shield plans, permitting Blue Shield Life to use the Blue Shield Service Mark in the State of California, and that Blue Shield Life is not contracting as the agent of the Association. The Policyholder further acknowledges and agrees that it has not entered into this agreement based upon representations by any person other than Blue Shield Life and that neither the Association nor any person, entity or organization affiliated with the Association, shall be held accountable or liable to the Policyholder or its Covered Employees for any of Blue Shield Life's obligations to the Policyholder holder created under this agreement. This paragraph shall not create any additional obligations whatsoever on the part of Blue Shield Life, other than those obligations created under other provisions of this agreement.

POLICY INQUIRIES

Please contact Us directly if you have any questions or Inquiries about this Policy. You may contact Us in writing, or by phone at:

Blue Shield of California Life and Health Insurance Company
50 Beale Street, 20TH Floor
San Francisco, CA 94105
Customer Service Phone Number – 1-888-256-3650

If We are not able to resolve an inquiry to your satisfaction, the Policyholder may request a formal review by the California Department of Insurance by contacting through the following options:

Consumer Affairs Office
California Department of Insurance
300 South Spring Street, South Tower
Los Angeles, CA 90013
Telephone: 1-800-927-4357

Website: <http://www.insurance.ca.gov/01-consumers/101-help/index.cfm>

GENERAL POLICY PROVISIONS

Entire Contract; Changes

This Policy and any supplemental documents, including the Group Policyholder's application, if attached, constitute the entire contract between the parties, and no statement made by the Policyholder or by any Insured Person whose eligibility has been accepted by Blue Shield Life shall (avoid the insurance or reduce the benefits under this Policy or) be used in defense to a claim hereunder.

No change in this Policy shall be valid unless approved by an executive officer of Blue Shield Life unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

Incontestable

We will not contest the Policy after it has been in force for two years from its date of issue, and may only be contested based on a statement made in the Policyholder application or in the case of an individual insured, the Evidence of Insurability form, if the statement is attached to the Policy. The statement upon which the contest is made shall be material to the risk accepted or the hazard assumed by the insurer.

Misstatement of Age

If the age of any Insured Person has been misstated, the amount payable shall be such as the premium paid for the coverage of such individual would have purchased using the correct age.

Policyholder Not Our Agent

The Policyholder is not Our agent or Our representative.

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.

Payment of Benefits

All benefits provided in this Policy shall be paid to the named beneficiary or Insured Person as stated in the claims section of the Certificate. Upon receipt and approval of the written proof covering the character and extent of the event for which a claim is made.

Assignments

The insurance and benefits under the Policy may not be assigned by the Policyholder.

Not in Lieu of Workers' Compensation

The Policy is not in lieu of, and does not affect any requirement for coverage by Workers' Compensation Insurance.

Waiver of Rights

If We fail to enforce any provision of the Policy, such failure will not affect Our right to do so at a later date, nor will it affect Our right to enforce any other provision of the Policy.

Records Required

The Policyholder will promptly give Us, at Our administrative office, any facts that We may need to administer the insurance under the Policy and to determine the Premiums. All of the Policyholder's records having a bearing on this insurance will be ready for Us to inspect when and as often as We may, within reason, require. All communication may be done by mail, in person or telephonically. Clerical error by the Policyholder or by Us will not make the insurance of an ineligible person valid nor continue insurance which was ended by valid means. The Policyholder will be considered our administrator.

Neither the passage of time nor the payment of Premiums for a person who is not eligible for insurance under the terms of the Policy will make this insurance valid for such person. If it is found that such a person was included when the premium was set for the Policy, the only liability We will have is the proper refund of premiums. We can request such information while the Policy is in force and for one year after the Policy terminates.

Recovery Right Due to Clerical Error

When payments made under the Policy are due to clerical error, We will have the right to recover any such payment We made in error. We have a right to recover from the person an amount equal to the amount We paid.

Monies Payable

All monies paid by Us will be paid, subject to the laws which govern such payment, at Our administrative office. All monies payable to Us or by Us will be in lawful currency of the United States.

Conformity to State and Federal Law

Any provision of the Policy which, on the Policy Effective Date, is in conflict with the laws of the state of issue or with federal law, is hereby amended to meet the minimum requirements of law.

Premiums

Premiums are payable on a monthly basis, unless We agree to some other mode of payment. Premiums must be paid to Us at Our Administrative Office or to Our authorized administrator.

The payment of any Premium will keep the insurance in force to the next premium due date, subject to the Grace Period.

We may change the Premium by giving the Policyholder a written notice at least 30 days prior to any change. We will not change Premiums during the first year following the Policy effective date.

Grace Period

A grace period of 31 days will be granted for each payment of Premiums after the first Premium. The coverage under the Policy will continue in force during such grace period. A lapse notice will be sent 31 days before the Policy terminates. There will be liability for the Premium for any period coverage continues in force, unless written notice to end the Policy is given Us before the grace period.

Cancellation

We may cancel this Policy at any time by written notice delivered to the Policyholder or mailed to the Policyholder's last address as shown on Our records, stating when, not less than 31 days thereafter, such cancellation shall be effective; and after the Policy has been continued beyond its original term the Policyholder may cancel this Policy at any time by written notice delivered or mailed to Us, effective on receipt or on such later date as may be specified in the notice. In the event of such cancellation by either Us or the Policyholder, We shall promptly return any unearned Premium paid and the Policyholder shall promptly pay the earned Premium which has not been paid. Such cancellation shall be without prejudice to any claim originating prior to the effective date of such cancellation.

Non-Participating

This Policy does not share in Our surplus earnings.

Renewal and Termination

This Policy may be renewed by payment of Premiums as required under the terms of this Policy, except that:

- We have the right to end this Policy on any Premium due date by giving written notice to the Policyholder at least 31 days before such due date; and
- The Policyholder may end this Policy on any Premium due date by giving written notice to Us and to their Insured Persons at least 31 days before such due date. Insurance under this Policy will end with respect to each Insured Person as of the first of the month for which a Premium is in default if the required Premium is not paid by the last day of the grace period.

Policy and Certificate Delivery

The Policy will be delivered electronically to the Policyholder, as Our administrator, in compliance with applicable law. It will be the Policyholder's responsibility to deliver the Certificates to the Certificateholders. In the event that a paper copy is requested, the Policyholder will provide the paper certificate to the Insured Person.

Certificate Provisions Made Part of the Policy

The remainder of this Policy consists of provisions shown in the Certificate. All of the provisions in the Certificate are part of this Policy. Endorsements, Amendments, Riders, if any are also made part of the Policy.

PREMIUM RATE PAGE

Age Banded Rates

Monthly Group Life Rate By Age	Monthly Rate/\$1,000 of Insurance Covered Employees
00-29	\$ 0.14
30-34	\$ 0.15
35-39	\$ 0.16
40-44	\$ 0.28
45-49	\$ 0.41
50-54	\$ 0.69
55-59	\$ 1.10
60-64	\$ 2.20
65-69	\$ 3.70
70-74	\$ 5.28
75-79	\$ 8.34
80-84	\$12.00
85-99	\$17.99

Composite Rate

Covered Employees Monthly Life Rate/\$1,000 of Insurance [LF]

Covered Employees Monthly AD&D Rate/\$1,000 of Insurance [AD]

The above rates are guaranteed for [Rate Guarantee Period] months from the Policy's effective date, unless any of the Policy's terms are changed.

Blue Shield of California Life & Health Insurance Company

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 April 1, 2011, is \$470,125. 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.

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.