



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza, Hartford, Connecticut 06155
(A stock insurance company, herein called The Company)
will pay benefits according to the terms and conditions of The Policy.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

AMENDMENT TO GROUP POLICY GRH-750012 PROCESSED ON APRIL 23, 2024. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE MAY 1, 2024. ALL OTHER TERMS CONDITIONS AND DATES REMAIN UNCHANGED.

Name of Participating Employer: SOUTH CAROLINA MEDICAL ASSOCIATION MEMBERS INSURANCE TRUST

Policy Number:
GRH-750012

Policy Effective Date:
January 1, 2024

Place of Delivery:
South Carolina

Anniversary Date:
January 1 of each year, beginning in 2025

Premium Due Dates:
Monthly, on the 15th day of each Policy month

Signed for The Company

Kevin Barnett, *Secretary*

Jonathan Bennett, *President*

THIRTY DAY RIGHT TO EXAMINE POLICY

The Company urges you to examine this Policy closely. If you are not satisfied with it, you may send it back to The Company for any reason within 30 days after the date you receive it. If so returned, your insurance will be canceled, and any premium paid will be refunded in full.

Countersigned by.....
Licensed Resident Agent or Registrar

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SCHEDULE OF INSURANCE

The Schedule(s) of Insurance for The Policy benefits listed below are shown in the Certificate(s) of Insurance, as incorporated into The Policy.

- 1) Short Term Disability Insurance

The Schedule(s) of Insurance will address the:

- 1) benefit amounts and maximum limits;
- 2) eligibility and effective date requirements; and
- 3) other schedule amounts and limits;

which apply to the employees of the Participating Employer.

PREMIUM PROVISIONS

Initial Monthly Premium Rates

The initial monthly premium rates to be charged are shown on the following page(s).

The first premium is due and payable on the effective date of The Policy. Subject to The Policy's grace period provision, all premiums after the first must be paid when or before they are due.

The Initial Monthly Premium Rates may be converted as follows:

To Convert Rates to:	Use a Conversion Factor of:
-- annual rates	11.8227
-- semi-annual rates	5.9557
-- quarterly rates	2.9852

Grace Period

The Company will allow the Participating Employer a 45 day grace period for the payment of all premiums after the first. During this 45 day period, The Policy will stay in force. If the owed premium is not paid by the 45th day, The Policy will automatically terminate. If the Participating Employer gives The Company written advance notice of an earlier cancellation date, The Policy will terminate on the earlier date. Premium is due for each day The Policy is in force.

Monthly Premium Rate Guarantee

Initial Monthly Premium Rates are guaranteed as follows:

Benefit	Rate Guarantee Period
Short Term Disability Benefits	until April 01, 2027

Subject to the Rate Guarantee Period shown above, The Company has the right to change premium rates on any premium due date if:

- 1) written notice is delivered to the Participating Employer's last address on record; and
- 2) the change is effective at least 31 days after the date of notice.

The Rate Guarantee Period supersedes only those provisions appearing elsewhere in this Policy which give The Company the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, The Company may change the premium rates during the Rate Guarantee Period if:

- 1) there is a change in The Policy;
- 2) there is any change to state or federal law or inaction by state or federal law makers which affects The Company's liability under The Policy on a temporary or permanent basis;
- 3) Social Security Disability benefits are reduced or eliminated on a temporary or permanent basis due to the actual or threatened insolvency of the Social Security Disability Insurance Trust Fund;
- 4) there is a 10% increase or decrease in the number of insured Employees;
- 5) the Participating Employer adds or deletes a subsidiary or affiliated business entity; or
- 6) there has been a material misstatement in the reported experience during the pre-sale process.

The Rate Guarantee Period in no way affects, amends or supersedes any other provision in The Policy.

PREMIUM PROVISIONS

Calculation

Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.

If any insurance is added, increased or becomes effective after The Policy is in force, the premium charges will begin on:

- 1) the day the coverage is effective, if it is also the first day of a policy month; or
- 2) the first day of the next policy month.

For insurance which is terminated, premium charges will stop as of the first day of the next policy month.

Premiums may be calculated by any other method which both The Company and the Participating Employer agree to in writing.

Premium Payments

Premium payments are due and payable in full to a place designated by The Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of The Company. The pre-payment of premiums for a particular period by the Participating Employer is not a guarantee that The Policy will remain in force.

All premiums due under The Policy shall be remitted by the Participating Employer or the Participating Employer's designee to The Company on or before the due date.

PREMIUM SCHEDULE

Short Term Disability Benefits

\$.28 per \$10 of covered weekly benefit

POLICY PROVISIONS

Entire Contract

The contract between the parties consists of:

- 1) The Policy;
- 2) any Certificate(s) of Insurance incorporated and made a part of The Policy;
- 3) any riders issued in connection with such Certificate(s) of Insurance;
- 4) the Participating Employer's application, if any, a copy of which is attached to and made a part of The Policy when issued; and
- 5) any individual application submitted by the Employee and accepted by The Company in connection with The Policy.

All statements made by the Participating Employer, or persons insured under The Policy will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary or personal representative.

Incontestability

The insurance provided by The Policy cannot be contested after such insurance has been in effect for a period of 2 years.

Changes

The Company reserves the right to make changes in The Policy, after The Policy has been in force for 12 months. The Company will give the Participating Employer 31 days advance written notice of any change. No agent has authority to change or waive any part of The Policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of The Policy.

Clerical Error

Clerical error (whether by the Participating Employer, the Plan Administrator, or The Company) in keeping the records having to do with The Policy, or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. A clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by The Policy. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and The Policy. In no event will the Employer's inaccurate payment of premium or reporting of Pre-disability Earnings be considered a clerical error.

Conformity with Law

If any provision of The Policy is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law. If any change to state or federal law, including but not limited to the Federal Social Security Act, affects The Company's liability under The Policy, The Company may change The Policy, the premiums or both. Such change:

- 1) will be effective as of the date of the change to the state or federal law; and
- 2) will not be made until The Company gives the Participating Employer 31 days notice.

Termination of Policy

The Company may terminate The Policy for the following reasons by giving the Participating Employer 31 days written notice:

- 1) the Participating Employer fails to furnish any information which The Company may reasonably require;
- 2) the Participating Employer fails to perform any of its other obligations pertaining to this Policy;
- 3) Less than 100% of the persons eligible for coverage on a Non-contributory basis are insured; or
- 4) Fewer than 10 persons are insured.

In addition, The Company may terminate this Policy on any premium due date after The Policy has been in force for 12 months by providing 31 days written notice.

POLICY PROVISIONS

Certificate(s) of Insurance

The Company will give individual Certificate(s) of Insurance to:

- 1) the Participating Employer; or
- 2) any other person according to a mutual agreement among the other person, the Participating Employer, and The Company;

for delivery to persons covered under The Policy and which will explain the important features of The Policy.

Data To Be Furnished

The Participating Employer, or any other person designated by the Participating Employer, will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The Policy is in force and for 12 months after that, The Company may inspect any of the Participating Employer's documents, books, or records which may affect the insurance or premiums of The Policy.

The Participating Employer will, upon our request, give The Company:

- 1) the names of all persons initially eligible for coverage;
- 2) the names of all additional persons who become eligible for coverage;
- 3) the names of all persons whose amount of insurance is to be changed;
- 4) the names of all persons whose eligibility or insurance is terminated; and
- 5) any data necessary to administer the insurance provided by The Policy.

If the Participating Employer gives The Company any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Participating Employer. Any required adjustment may be made in premiums or benefits.

Right to Audit

The Company reserves the right to audit, once every 2 years, the Participating Employer's billing records and premium accounting practices. If The Company discovers:

- 1) an underpayment of premium by the Participating Employer, the Participating Employer will be obligated to remit, in a timely manner, the underpayment amount; or
- 2) an overpayment of premium, The Company will return any overpayment amount in a timely manner;

for the previous 2 year period.

Not in Lieu of Worker's Compensation

This Policy does not satisfy any requirement for worker's compensation insurance.

Time Period

All periods begin and end at 12:01 A.M., standard time, at the Participating Employer's address.

Disclosure of Fees

The Company may reduce or adjust premiums, rates, fees and/or other expenses for programs under The Policy.

Disclosure of Services

In addition to the insurance coverage, The Company may offer noninsurance benefits and services to Active Employees.

INCORPORATION PROVISION

The Certificate(s) of Insurance listed below are attached to, incorporated in and made a part of, The Policy.

Certificate(s) of Insurance

Form GBD-1200 (10/08) (Rev-1) (750012) GRH 2.07

The provisions found in the Certificate(s) of Insurance will address the benefit plan, period of coverage, exclusions, claims and other general policy provisions pertaining to state insurance law requirements.



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza, Hartford, Connecticut 06155
(A stock insurance company, herein called The Company)
will pay benefits according to the terms and conditions of The Policy.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

AMENDMENT TO GROUP POLICY GL-750012 PROCESSED ON April 23, 2024. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE May 1, 2024. ALL OTHER TERMS CONDITIONS AND DATES REMAIN UNCHANGED.

Name of Participating Employer: SOUTH CAROLINA MEDICAL ASSOCIATION MEMBERS INSURANCE TRUST

Policy Number:
GL-750012

Policy Effective Date:
January 1, 2024

Place of Delivery:
South Carolina

Anniversary Date:
January 1 of each year, beginning in 2025

Premium Due Dates:
Monthly, on the first day of each policy month

Signed for The Company

Kevin Barnett, *Secretary*

Jonathan Bennett, *President*

THIRTY DAY RIGHT TO EXAMINE POLICY

The Company urges you to examine this Policy closely. If you are not satisfied with it, you may send it back to The Company for any reason within 30 days after the date you receive it. If so returned, your insurance will be canceled, and any premium paid will be refunded in full.

Countersigned by.....
Licensed Resident Agent or Registrar

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SCHEDULE OF INSURANCE

The Schedule(s) of Insurance for The Policy benefits listed below are shown in the Certificate(s) of Insurance, as incorporated into The Policy.

- 1) Basic Life Insurance
- 2) Supplemental Life Insurance
- 3) Accidental Death and Dismemberment Benefit
- 4) Supplemental Dependent Accidental Death and Dismemberment Benefit
- 5) Dependent Life Insurance

The Schedule(s) of Insurance will address the:

- 1) benefit amounts and maximum limits;
- 2) eligibility and effective date requirements; and
- 3) other schedule amounts and limits;

which apply to the employees of the Participating Employer.

PREMIUM PROVISIONS

Initial Monthly Premium Rates

The initial monthly premium rates to be charged for employee coverage and/or child/spouse coverage, if applicable, are shown on the following page(s).

The first premium is due and payable on the effective date of The Policy. Subject to The Policy's grace period provision, all premiums after the first must be paid when or before they are due.

Premiums are based on the employee's .

The Initial Monthly Premium Rates may be converted as follows:

To Convert Rates to:	Use a Conversion Factor of:
--annual rates	11.8227
--semi-annual rates	5.9557
--quarterly rates	2.9852

Grace Period

The Company will allow the Participating Employer a 45 day grace period for the payment of all premiums after the first. During this 45 day period, The Policy will stay in force. If the owed premium is not paid by the 45th day, The Policy will automatically terminate. If the Participating Employer gives The Company written advance notice of an earlier cancellation date, The Policy will terminate on the earlier date. Premium is due for each day The Policy is in force.

Monthly Premium Rate Guarantee

Initial Monthly Premium Rates are guaranteed as follows:

Benefit	Rate Guarantee Period
Basic Life Insurance	until January 01, 2027
Supplemental Life Insurance	until January 01, 2027
Supplemental Dependent Life Insurance	until January 01, 2027
Basic Accidental Death and Dismemberment Benefit	until January 01, 2027
Supplemental Accidental Death and Dismemberment Benefit	until January 01, 2027

Subject to the Rate Guarantee Period shown above, The Company has the right to change premium rates on any premium due date if:

- 1) written notice is delivered to the Participating Employer's last address on record; and
- 2) the change is effective at least 31 days after the date of notice.

The Rate Guarantee Period supersedes only those provisions appearing elsewhere in this Policy which give The Company the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, The Company may change the premium rates during the Rate Guarantee Period if:

- 1) there is a change in The Policy;
- 2) there is any change to state or federal law or inaction by state or federal law makers which affects The Company's liability under The Policy on a temporary or permanent basis;
- 3) there is a 10% increase or decrease in the number of insured Employees;
- 4) the Participating Employer adds or deletes a subsidiary or affiliated business entity; or
- 5) there has been a material misstatement in the reported experience during the pre-sale process.

The Rate Guarantee Period in no way affects, amends or supersedes any other provision in The Policy.

PREMIUM PROVISIONS

Calculation

Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.

If any insurance is added, increased or becomes effective after The Policy is in force, the premium charges will begin on:

- 1) the day the coverage is effective, if it is also the first day of a policy month; or
- 2) the first day of the next policy month.

For insurance which is terminated, premium charges will stop as of the first day of the next policy month.

With respect to Dependent Life Insurance only, the premium rate per Dependent unit or per \$1,000 of insurance, whichever is applicable, will be based on actuarial assumptions, due to the difficulty in obtaining the ages of all Dependents who are covered under this benefit. The actuarial assumptions will produce, in the opinion of The Company, the same total amount of premium as would be obtained by the use of the actual ages of the Dependents covered.

Premiums may be calculated by any other method which both The Company and the Participating Employer agree to in writing.

Premium Payments

Premium payments are due and payable in full to a place designated by The Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of The Company. The pre-payment of premiums for a particular period by the Participating Employer is not a guarantee that The Policy will remain in force.

PREMIUM SCHEDULE

Basic Life Insurance \$.05 per \$1,000

Supplemental Life Insurance For each \$1,000 of Supplemental Life Insurance the monthly premium rate shall be determined in accordance with the employee's age as follows:

Employee Age	Rate
Less than 25	\$.06
25-29	\$.06
30-34	\$.07
35-39	\$.10
40-44	\$.15
45-49	\$.25
50-54	\$.36
55-59	\$.54
60-64	\$.87
65-69	\$1.56
70-74	\$2.22
75 or over	\$4.77

Supplemental Dependent Life Insurance

Spouse per \$1,000 of Supplemental Dependent Life Insurance the monthly premium rate shall be determined in accordance with the employee's age as follows:

Employee Age	Rate
Less than 25	\$.06
25-29	\$.06
30-34	\$.07
35-39	\$.10
40-44	\$.15
45-49	\$.25
50-54	\$.36
55-59	\$.54
60-64	\$.87
65-69	\$1.56
70-74	\$2.22
75 or over	\$4.77

Child(ren) \$.20 per \$1,000 unit

Spouse AD \$.02 per \$1,000

Child AD \$.02 per \$1,000

Spouse per \$1,000 of Supplemental Dependent Life Insurance the monthly premium rate shall be determined in accordance with the employee's age as follows:

Employee Age	Rate
Less than 25	\$.06
25-29	\$.06
30-34	\$.07
35-39	\$.10
40-44	\$.15
45-49	\$.25

50-54	\$.36
55-59	\$.54
60-64	\$.87
65-69	\$ 1.56
70-74	\$ 2.22
75 or over	\$ 4.77

Child(ren)	\$.20 per \$1,000 unit
Spouse AD	\$.02 per \$1,000
Child AD	\$.02 per \$1,000

Basic Accidental Death & Dismemberment Insurance \$.015 per \$1,000

Supplemental Accidental Death & Dismemberment Insurance \$.02 per \$1,000

POLICY PROVISIONS

Entire Contract

The contract between the parties consists of:

- 1) The Policy;
- 2) any Certificate(s) of Insurance incorporated and made a part of The Policy;
- 3) any riders issued in connection with such Certificate(s) of Insurance;
- 4) the Participating Employer's application, if any, a copy of which is attached to and made a part of The Policy when issued; and
- 5) any individual application submitted by the Employee and accepted by The Company in connection with The Policy.

All statements made by the Participating Employer, or persons insured under The Policy will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary or personal representative.

Incontestability

The insurance provided by The Policy cannot be contested after such insurance has been in effect for a period of 2 years.

Changes

The Company reserves the right to make changes in The Policy, after The Policy has been in force for 12 months. The Company will give the Participating Employer 31 days advance written notice of any change. No agent has authority to change or waive any part of The Policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of The Policy.

Clerical Error

Clerical error (whether by the Participating Employer, the Plan Administrator, or The Company) in keeping the records having to do with The Policy, or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. A clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by The Policy. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and The Policy.

Conformity with Law

If any provision of The Policy is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law. If any change to state or federal law, including but not limited to the Federal Social Security Act, affects The Company's liability under The Policy, The Company may change The Policy, the premiums or both. Such change:

- 1) will be effective as of the date of the change to the state or federal law; and
- 2) will not be made until The Company gives the Participating Employer 31 days notice.

Termination of Policy

The Company may terminate The Policy for the following reasons by giving the Participating Employer 31 days written notice:

- 1) the Participating Employer fails to furnish any information which The Company may reasonably require;
- 2) the Participating Employer fails to perform any of its other obligations pertaining to this Policy;
- 3) Less than 100% of the persons eligible for coverage on a Non-contributory basis are insured;
- 4) Less than 25% of the persons eligible for coverage on a Contributory basis are insured; or
- 5) Fewer than 10 persons are insured.

In addition, The Company may terminate this Policy on any premium due date after The Policy has been in force for 12 months by providing 31 days written notice. If The Policy is terminated, the Participating Employer is responsible for providing notice to insureds of their right to convert under The Policy.

The Company reserves the right to terminate Dependent Life Insurance Benefits on any premium due date on which:

- 1) there are fewer than 10 persons insured for Dependent coverage; or
- 2) less than 25% of the persons eligible for Dependent coverage on a Contributory basis are insured.

The Company shall give the Participating Employer 31 days notice of its intent to terminate the Dependent Life Insurance Benefit.

POLICY PROVISIONS

Certificate(s) of Insurance

The Company will give individual Certificate(s) of Insurance to:

- 1) the Participating Employer; or
- 2) any other person according to a mutual agreement among the other person, the Participating Employer, and The Company;

for delivery to persons covered under The Policy and which will explain the important features of The Policy.

Data To Be Furnished

The Participating Employer, or any other person designated by the Participating Employer, will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The Policy is in force and for 12 months after that, The Company may inspect any of the Participating Employer's documents, books, or records which may affect the insurance or premiums of The Policy.

The Participating Employer will, upon our request, give The Company:

- 1) the names of all persons initially eligible for coverage;
- 2) the names of all additional persons who become eligible for coverage;
- 3) the names of all persons whose amount of insurance is to be changed;
- 4) the names of all persons whose eligibility or insurance is terminated; and
- 5) any data necessary to administer the insurance provided by The Policy.

If the Participating Employer gives The Company any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Participating Employer. Any required adjustment may be made in premiums or benefits.

Right to Audit

The Company reserves the right to audit, once every 2 years, the Participating Employer's billing records and premium accounting practices. If The Company discovers:

- 1) an underpayment of premium by the Participating Employer, the Participating Employer will be obligated to remit, in a timely manner, the underpayment amount; or
- 2) an overpayment of premium, The Company will return any overpayment amount in a timely manner; for the previous 2 year period.

Not in Lieu of Worker's Compensation

This Policy does not satisfy any requirement for worker's compensation insurance.

Time Period

All periods begin and end at 12:01 A.M., standard time, at the Participating Employer's address.

Disclosure of Fees

The Company may reduce or adjust premiums, rates, fees and/or other expenses for programs under The Policy.

Disclosure of Services

In addition to the insurance coverage, The Company may offer noninsurance benefits and services to Active Employees.

INCORPORATION PROVISION

The Certificate(s) of Insurance listed below are attached to, incorporated in and made a part of, The Policy.

Certificate(s) of Insurance

Form GBD-1100 (10/08) (Rev-1) (750012) GL 1.07

Form GBD-1100 (10/08) (Rev-1) (750012) GL 2.07

The provisions found in the Certificate(s) of Insurance will address the benefit plan, period of coverage, exclusions, claims and other general policy provisions pertaining to state insurance law requirements.

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GROUP HOSPITAL INDEMNITY INSURANCE POLICY

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



AMENDMENT TO GROUP POLICY VHI-750012 PROCESSED ON APRIL 23, 2024. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE MAY 1, 2024. ALL OTHER TERMS, CONDITIONS AND DATES REMAIN UNCHANGED.

Participating Employer: SOUTH CAROLINA MEDICAL ASSOCIATION MEMBERS INSURANCE TRUST

Policy Number: VHI-750012

Policy Issue State: South Carolina

Policy Effective Date: January 1, 2024

Policy Anniversary Date: January 1

Premium Due Date: First of each month

READ YOUR POLICY CAREFULLY

This is a legal contract between the Participating Employer and Us. We agree to provide the rights and benefits of this Policy according to its conditions and provisions.

This Policy is issued to the Participating Employer in consideration of the Participating Employer's application, a copy of which is attached and made part of this Policy, and payment of premiums.

Right to Return This Policy. If, for any reason, the Participating Employer or any Covered Person is not satisfied with this Policy, it may be returned to Us at Our Home Office within 30 days after receipt. At that time, it should be requested in writing by the Policyholder to cancel it. In that event, We will consider it void from its effective date and any premiums paid will be refunded.

This Policy is delivered in and governed by the laws of this Policy Issue State, and to the extent applicable, by the Employee Retirement Income Security Act of 1974 (as amended). This Policy may be inspected at the office of the Participating Employer.

Signed for Hartford Life and Accident Insurance Company at Hartford, Connecticut.

A handwritten signature in black ink, appearing to read "Kevin Barnett".

Kevin Barnett, *Secretary*

A handwritten signature in black ink, appearing to read "Jonathan R. Bennett".

Jonathan Bennett, *President*

Notice to Buyer: This is a hospital confinement indemnity policy. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. The Policy does not constitute comprehensive health insurance coverage and does not satisfy the requirement of Minimum Essential Coverage under the Affordable Care Act.

The Policy may provide payment of several benefits as a result of claims from a single hospitalization or covered incident. Payment of one benefit under the Policy does not constitute acceptance of liability for all claims made under the Policy nor does it prohibit Us from further investigation of subsequent claims.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If a Covered Person is eligible for Medicare, he/she should review the Guide to Health Insurance for People with Medicare available from Us.

A note on capitalization in this Policy:

Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in this Policy or refers to a specific provision contained herein.

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INCORPORATION PROVISION

Incorporation Provision

The following forms are incorporated in and made part of this Policy:

Certificate(s) of Insurance

Rider(s)

Form GBD-2900 (EM) (750012) VHI 5.06

If there is any conflict between the terms and conditions of this Policy and an attachment, this Policy shall be controlling.

The following provisions in the Certificate(s) and/or any Certificate amendments, endorsements or riders apply to the Employees of the Participating Employer:

- 1) the benefit plan provisions;
- 2) benefit amounts and limits;
- 3) the eligibility and effective date of insurance rules;
- 4) the termination of insurance rules;
- 5) general provisions;
- 6) exclusions; and
- 7) other Certificate provisions pertaining to state insurance requirements.

PREMIUM PROVISIONS

Payment of Premiums

The Participating Employer must pay premiums to Us at the location chosen by Us. The first premium is due on the Policy Effective Date. Subsequent premiums are due on the Premium Due Date.

The premium for additional, increased or reduced insurance will begin being charged on:

- 1) the day the coverage is effective, if it is also the first day of a Policy month; or
- 2) the first day of the next Policy month.

For insurance which is terminated, premium charges will stop as of the first day of the next Policy month.

Monthly Premium Rates

The monthly premium rates to be charged for Employee coverage and/or Dependent coverage, if applicable, are as follows:

Employee Only.....	\$21.32
Employee and Spouse	\$37.90
Employee and Child(ren)	\$28.91
Employee and Family.....	\$45.49

Rate Guarantee Date

April 1, 2025 or any date thereafter agreed to in writing by Our authorized representative in Our Home Office.

Our Right to Change Premium Rates

The premium is based on the Premium Rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the Participating Employer with an explanation of how to apply them.

After the initial monthly premium rates have been in effect for 12 months from the Policy Effective Date, We have the right to recalculate any premium rate.

However, We also have the right to recalculate the initial or any subsequent monthly premium rate when any of the following occurs:

- 1) the terms of this Policy change;
- 2) the number of Employees changes by more than 10% in a 12-month period; or
- 3) one or more classes are added or deleted from this Policy.

Unless Our liability changes:

- 1) We will not change the rates more than once in any period of 12 consecutive months; and
- 2) We will give the Participating Employer 31 days advance written notice of an increase in rates.

Grace Period

A Grace Period of 45 days will be granted for the payment of each premium falling due after the first premium; during the Grace Period of this Policy shall continue in force. If the entire premium is not paid by the end of the Grace Period, this Policy will terminate.

If the Participating Employer gives Us written advance notice of an earlier cancellation date, this Policy will terminate on the earlier date; but no such termination will take effect during any period for which the required premium has been paid to Us. The Participating Employer shall be liable to Us for the payment of a pro rata premium for the time this Policy was in force during the grace period.

Reinstatement

If any premium after the first is not paid to Us by the end of the Grace Period, subsequent acceptance of premium by Us or any agent of Ours authorized by Us to accept such premium, without requiring an application for reinstatement, shall reinstate this Policy. However, if We or Our agent require an application for reinstatement and issue a conditional receipt for the premium paid, this Policy will be reinstated upon Our approval or, lacking such approval, upon the 45th day following the date of the conditional receipt unless We provide written notification to the Participating Employer prior to that date that the application is disapproved.

The reinstated Policy shall cover only a Covered Illness or Covered Injury that occurs after the date of reinstatement. In all other respects We and the Participating Employer shall have the same rights under this Policy as We had immediately

before the due date of the defaulted premium, subject to the provisions of any rider which may be attached in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

TERMINATION

Termination of Policy: We may terminate this Policy if We do not receive any premium when due in accordance with the Grace Period provision of this Policy.

Either party may terminate this Policy upon 30 days advance written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that 30-day notice period.

Either party may terminate this Policy, with or without prior notice, effective as of midnight prior to the date that the other party:

- 1) ceases doing business as a going concern;
- 2) makes an assignment for the benefit of creditors;
- 3) admits in writing that it is unable to pay debts as they come due; or
- 4) consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.

We may terminate this Policy, upon not less than 30 days written notice if the Participating Employer fails to comply with a material plan provision relating to the Participating Employer's premium contribution or group participation rules or if We determine there has been a material change affecting the risk assumed under this Policy.

Upon written notice, We may terminate or rescind this Policy or the coverage on a Covered Person for fraud or misrepresentation by the Participating Employer or a Covered Person of material fact concerning the Participating Employer or Covered Person.

After this Policy has been in force for 12 months, either party may terminate this Policy upon 30 days advance written notice.

Termination of Policy Because of Inability to Perform Obligations: This Policy may be immediately suspended or terminated by written notice to the other party if either party is unable to perform its obligations for reasons beyond its control, including:

- 1) complete or partial destruction of facilities or equipment; or
- 2) lockout, strike, riot, war, act of God, or any ordinance, law, order or decree of any governmental authority.

Neither party will be required to perform its duties nor be liable for any damages arising from the suspension or termination of this Policy pursuant to this provision.

Once this Policy terminates, the insurance it provides will end automatically.

POLICY PROVISIONS

Entire Contract

The contract between the parties consists of:

- 1) this Policy and any amendments; and
- 2) the application of the Participating Employer, a copy of which is attached to and made a part of this Policy when issued; and
- 3) the Certificates, and the endorsements or riders which are attached to and made a part of this Policy; and
- 4) the individual applications, if any, of each Covered Person.

Statements

All statements made by the Participating Employer and persons insured under this Policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing, signed by the person making it and a copy of it is given to the person who made it, or, in the event of the death or incapacity of the Covered Person, to the Covered Person's beneficiary or personal representative.

Incontestability

The validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date.

Certificate

We will give individual Certificates of Insurance to the Participating Employer, in electronic or paper form, for delivery to persons covered under this Policy, which will explain the important features of this Policy, who is covered under this Policy, and to whom benefits are payable.

Changes to this Policy

The Participating Employer owns this Policy. We may change any or all of the provisions of this Policy by notifying the Participating Employer. We must give the Participating Employer at least 31 days advance written notice of any change, unless the Participating Employer accepts an amendment during that period. This Policy may also be changed in whole or in part when there is any change in laws or regulations which affect Our obligations under this Policy. A change must be approved by one of Our executive officers. No agent can change this Policy or waive any of its provisions. Payment of the applicable premium following any change of this Policy in accordance with this section shall constitute acceptance of that change.

Data to Be Furnished

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

If the Participating Employer gives Us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he/she is otherwise entitled or have insurance to which he/she is not entitled, because of any misstatement of fact by the Participating Employer or Covered Person. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

Right to Audit

We reserve the right to audit, once every 2 years, the Participating Employer's billing records and premium accounting practices. If We discover:

- 1) an underpayment of premium by the Participating Employer, the Participating Employer will be obligated to remit, in a timely manner, the underpayment amount; or
 - 2) an overpayment of premium, We will return any overpayment amount in a timely manner;
- for the previous 2 year period.

Conformity with State and Federal Laws

Any provision of the Policy that is contrary to the law of the jurisdiction in which it is delivered or with any other applicable law is amended to meet the minimum requirements of the law.

Time Periods

Unless otherwise specifically stated, all time periods begin and end at 12:01 A.M., Standard Time at the place where the Policy is delivered.

Workers' Compensation

This Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



Will pay benefits according to the conditions of this Policy.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

READ YOUR POLICY CAREFULLY.

This is a legal contract between the Policyholder and Us. We agree to provide the rights and benefits of this Policy according to its conditions and provisions.

This Policy is issued to the Policyholder shown in the Policy Schedule in consideration of the Policyholder's application, a copy of which is attached and made part of the Policy, and payment of premiums.

Right to Return This Policy: If, for any reason, you are not satisfied with this Policy, you can return it to us at Our Home Office within 30 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider this Policy as if it never existed. Any premium paid will be refunded.

This Policy is delivered in and governed by the laws of the Policy Issue State shown in the Policy Schedule.

The Policy may be inspected at the office of the Policyholder.

Signed for Hartford Life and Accident Insurance Company at Hartford, Connecticut.

A handwritten signature in black ink, appearing to read "Kevin Barnett".

Kevin Barnett, *Secretary*

A handwritten signature in black ink, appearing to read "Jonathan R. Bennett".

Jonathan Bennett, *President*

Notice to Buyer: This is an accident-only Policy and it does not pay benefits for loss from sickness. Review Your Policy carefully.

This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

THIS IS NOT A MAJOR MEDICAL POLICY AND DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

**GROUP ACCIDENT INSURANCE POLICY
Non-Participating**

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POLICY SCHEDULE

Policyholder: SOUTH CAROLINA MEDICAL ASSOCIATION MEMBERS INSURANCE TRUST
Employer: SOUTH CAROLINA MEDICAL ASSOCIATION MEMBERS INSURANCE TRUST
Policy Number: VAC-750012
Policy Effective Date: January 1, 2024
Policy Issue State: South Carolina
Annual Enrollment Period: a date determined by the Policyholder on a yearly basis
Premium Due Date: First of each month
Amendment Effective Date: May 1, 2024

The Benefit Schedules for Covered Persons are shown in the Certificate(s) of Insurance.

INCORPORATION PROVISION

Incorporation Provision: The following forms are incorporated in and made part of this Policy:

Certificate(s) of Insurance

Form GBD-2300 (SC) (750012) VAC 3.05

Rider(s)

Form PA-10221 (2019) (750012) VAC 3.05

If there is any conflict between the terms and conditions of this Policy and an attachment, this Policy shall be controlling.

The following provisions in the Certificate(s) and/or any Certificate amendments, endorsements or riders apply to the employees of the Policyholder:

- (a) the benefit plan provisions;
- (b) benefit amounts and limits;
- (c) the eligibility and effective date of insurance rules;
- (d) the termination of insurance rules;
- (e) general provisions;
- (f) exclusions; and
- (g) other Certificate provisions pertaining to state insurance requirements.

PREMIUM PROVISIONS

Payment of Premiums: The Policyholder must pay premiums to Hartford Life and Accident Insurance Company at the location chosen by Us. The first premium is due on the effective date. Subsequent premiums are due on the Premium Due Date.

The premium for additional, increased, reduced or terminated insurance will cause a pro-rata adjustment on the next Premium Due Date.

Initial Monthly Premium Rates: The initial monthly premium rates to be charged for employee coverage and/or Dependent coverage, if applicable are shown on the following pages.

Monthly Premium Rate Guarantee: Initial Monthly Premium rates are guaranteed as follows:

Benefit	Rate Guarantee Period
Voluntary Accident Insurance	1 year

The Rate Guarantee supersedes only those provisions appearing elsewhere in this Policy which give Us the right to change premium rates, and then, only for the period of time for which the rates are guaranteed. However, we may change premium rates during the Rate Guarantee Period for the reasons disclosed in Our Right to Change Premium Rates section of the Policy.

Our Right to Change Premium Rates: The premium is based on the premium rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the Policyholder with an explanation of how to apply them.

After the initial monthly premium rates have been in effect for 12 months from the Policy Effective Date, We have the right to recalculate any premium rate.

However, We also have the right to recalculate the initial or any subsequent monthly premium rate when any of the following occurs:

- (a) the terms of the Policy change;
- (b) the number of employees changes by more than 10% in a 12 month period;
- (c) one or more classes are added or deleted from this Policy;

Unless Our liability changes:

- (a) We will not change the rates more than once in any period of 12 consecutive months; and
- (b) We will give the Policyholder 31 days advance written notice of an increase in rates.

Grace Period: A grace period of 45 days will be granted for the payment of each premium falling due after the first premium, during which grace period the Policy shall continue in force. If the entire premium is not paid by the end of the grace period, this Policy will terminate.

If the Policyholder gives Us written advance notice of an earlier cancellation date, the Policy will terminate on the earlier date; but no such termination will take effect during any period for which the required premium has been paid to us.

PREMIUM PROVISIONS

Reinstatement: If any premium after the first is not paid to Us by the end of the grace period, subsequent acceptance of premium by Us or any agent of Ours authorized by Us to accept such premium, without requiring an application for reinstatement, shall reinstate the Policy. However, if We or Our agent require an application for reinstatement and issue a conditional receipt for the premium paid, the Policy will be reinstated upon Our approval or, lacking such approval, upon the 45th day following the date of the conditional receipt unless We provide written notification to the Policyholder prior to that date that the application is disapproved. The reinstated Policy shall cover only loss resulting from accidental Injury as may be sustained after the date of reinstatement. In all other respects We and the Policyholder shall have the same rights under the Policy as We had immediately before the due date of the defaulted premium, subject to the provisions of any rider which may be attached in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

TERMINATION

Termination of Policy: We may terminate this Policy if We do not receive any premium when due in accordance with the Grace Period provision of the Policy.

Either party may terminate this Policy upon 30 days advance written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that 30 day notice period.

Either party may terminate this Policy, with or without prior notice, effective as of midnight prior to the date that the other party:

- (a) ceases doing business as a going concern;
- (b) makes an assignment for the benefit of creditors;
- (c) admits in writing that it is unable to pay debts as they come due; or
- (d) consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.

We may terminate this Policy, upon not less than 30 days written notice if the Employer fails to comply with a material plan provision relating to the Employer's premium contribution or group participation rules or if We determine there has been a material change affecting the risk assumed under this Policy.

Upon written notice, We may terminate or rescind the Policy or the coverage on a Covered Person for fraud or misrepresentation by the Employer or a Covered Person of material fact concerning the Employer or Covered Person.

After the Policy has been in force for 12 months, either party may terminate the Policy upon 30 days advance written notice.

Termination of Policy Because of Inability to Perform Obligations: The Policy may be immediately suspended or terminated by written notice to the other party if either party is unable to perform its obligations for reasons beyond its control, including:

- (a) complete or partial destruction of facilities or equipment;
- (b) lockout, strike, riot, war, act of God, or any ordinance, law, order or decree of any governmental authority.

Neither party will be required to perform its duties nor be liable for any damages arising from the suspension or termination of this Policy pursuant to this provision.

Once this Policy terminates, the insurance it provides will end automatically.

POLICY PROVISIONS

Entire Contract: The contract between the parties consists of:

- (a) the Policy and any amendments; and
- (b) the application of the Policyholder, a copy of which is attached to and made a part of the Policy when issued, as may be amended during the term of this Policy; and
- (c) the Certificates, and the endorsements or riders which are attached to and made a part of the Policy when issued; as may be amended during the term of this Policy; and
- (d) the enrollment forms, if any, of each Covered Person.

All statements made by the Policyholder and persons insured under the Policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing, signed by the person making it and a copy of it is given to the person who made it, or, in the event of the death or incapacity of the Covered Person, to the Covered Person's beneficiary or personal representative.

Incontestability: The validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date.

Certificate: We will give individual Certificates of Insurance to the Policyholder, in electronic or paper form, for delivery to persons covered under the Policy, which will explain the important features of the Policy, who is covered under the Policy, and to whom benefits are payable.

Changes to the Policy: The Policyholder owns the Policy. We may change any or all of the provisions of this Policy by notifying the Policyholder. We must give the Policyholder at least 31 days advance written notice of any change, unless the Policyholder accepts an amendment during that period. The Policy may also be changed in whole or in part when there is any change in laws or regulations which affect Our obligations under the Policy. A change must be approved by one of Our executive officers. No agent can change the Policy or waive any of its provisions. Payment of the applicable premium following any change of this Policy in accordance with this section shall constitute acceptance of that change.

Agency: For all purposes of this Policy, the Policyholder or third party administrator acts on its own behalf or as an agent of the employee. Under no circumstances will the Policyholder or third party administrator be deemed an agent of The Hartford Life and Accident Insurance Company.

Data to Be Furnished: The Policyholder 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 one year after that, We may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this Policy.

If the Policyholder gives us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder or covered individual. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

Right to Audit: The Company reserves the right to audit, once every 2 years, the Policyholder's billing records and premium accounting practices. If The Company discovers:

- (a) an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
- (b) an overpayment of premium, The Company will return any overpayment amount in a timely manner; for the previous 2 year period.

POLICY PROVISIONS

No Replacement for Workers' Compensation: The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

Time Periods: All periods begin and end at 12:01 a.m., standard time, at the Policyholder's address.

Disclosure of Services: In addition to the insurance coverage, The Company may offer noninsurance benefits and services to Active Employees.

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza, Hartford, Connecticut 06155
(A stock insurance company, herein called The Company)

Policy Modifications: The Policy is amended as follows:

Monthly Premium Rate(s)

Plan 1

Employee Only.....	\$6.60
Employee and Spouse	\$10.41
Employee and Child(ren)	\$12.09
Employee and Family.....	\$18.57

Plan 2

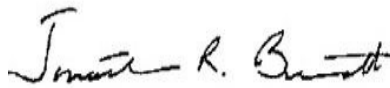
Employee Only.....	\$9.63
Employee and Spouse	\$15.19
Employee and Child(ren)	\$17.24
Employee and Family.....	\$26.64

In all other respects, The Policy remains the same.

RIDER: This rider, issued April 23, 2024, forms a part of Policy Number VAC-750012 issued to SOUTH CAROLINA MEDICAL ASSOCIATION MEMBERS INSURANCE TRUST. It is effective April 1, 2024. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Signed for **The Company**


Kevin Barnett, *Secretary*


Jonathan Bennett, *President*

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GROUP CRITICAL ILLNESS (SPECIFIED DISEASE) INSURANCE POLICY



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza

Hartford, Connecticut 06155

(A stock insurance company, herein called The Company)

will pay benefits according to the terms and conditions of this Policy.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

AMENDMENT TO GROUP POLICY 750012 PROCESSED ON APRIL 23, 2024. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE MAY 1, 2024. ALL OTHER TERMS CONDITIONS AND DATES REMAIN UNCHANGED.

Policyholder: SOUTH CAROLINA MEDICAL ASSOCIATION MEMBERS INSURANCE TRUST

Policy Number: VCI-750012

Policy Effective Date: January 1, 2024

Policy Issue State: South Carolina

Policy Anniversary: January 1

Premium Due Date: First of each month

READ YOUR POLICY CAREFULLY.

This is a legal contract between the Policyholder and Us. We agree to provide the rights and benefits of this Policy according to its conditions and provisions.

This Policy is issued to the Policyholder in consideration of the Policyholder's application, a copy of which is attached and made part of the Policy, and payment of premiums.

Right to Return This Policy. If, for any reason, You are not satisfied with this Policy, You can return it to Us at Our Home Office within 30 days after You receive it. At that time, You should ask Us in Writing to cancel it. We will consider this Policy as if it never existed. Any premium paid will be refunded.

This Policy is delivered in and governed by the laws of the Policy Issue State.

The Policy may be inspected at the office of the Policyholder.

Signed for Hartford Life and Accident Insurance Company at Hartford, Connecticut.



Kevin Barnett, *Secretary*



Jonathan Bennett, *President*

The Hartford complies with applicable Federal civil rights laws and does not unlawfully discriminate on the basis of race, color, national origin, age, disability, or sex. The Hartford does not exclude or treat people differently for any reason prohibited by law with respect to their race, color, national origin, age, disability, or sex.

Notice to buyer: The Policy is a specified disease policy. The Policy provides limited benefits. Benefits provided are supplemental and are not intended to substitute for medical coverage or disability insurance.

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INCORPORATION PROVISION

Incorporation Provision: The following forms are incorporated in and made part of this Policy:

Certificate(s) of Insurance

Rider(s)

Form GBD-3700 (750012) VCI 4.05

Policy Rider(s)

Form GBD-3600 PM

If there is any conflict between the terms and conditions of this Policy and an attachment, this Policy shall be controlling.

The following provisions in the Certificate(s) and/or any Certificate amendments, endorsements or riders apply to the Employees of the Policyholder:

- 1) the benefit plan provisions;
- 2) benefit amounts and limits;
- 3) the eligibility and effective date of insurance rules;
- 4) the termination of insurance rules;
- 5) general provisions;
- 6) exclusions; and
- 7) other Certificate provisions pertaining to state insurance requirements.

PREMIUM PROVISIONS

Payment of Premiums: The Policyholder must pay premiums to The Company at the location chosen by Us. The first premium is due on the Policy Effective Date. Subsequent premiums are due on the Premium Due Date.

The premium for additional, increased or reduced insurance may begin on:

- 1) the day the coverage is effective, if it is also the first day of a Policy month; or
- 2) the first day of the next Policy month.

For insurance which is terminated, premium charges will stop as of the first day of the next Policy month.

Initial Monthly Premium Rates: The initial monthly premium rates to be charged for Employee coverage and/or Dependent coverage are shown on the following pages.

The rates used to calculate premium are attained age rates. Attained age rates are rates that increase as an Employee ages and moves into a new age band. Premiums for attained age rates are based on:

- 1) an Employee's age as of the Policy Effective Date or Policy Anniversary immediately preceding their effective date of coverage, and thereafter on each Policy Anniversary;
- 2) the Coverage Amount currently in-force for an Employee and any Dependents; and
- 3) an Employee's Eligible Class.

Premium Rate Guarantee: Initial Monthly Premium rates are guaranteed as follows:

Benefit	Rate Guarantee Period
Critical Illness	1 year

The Rate Guarantee supersedes only those provisions appearing elsewhere in this Policy which give Us the right to change premium rates, and then, only for the period of time for which the rates are guaranteed. However, We may change premium rates during the Rate Guarantee Period for the reasons disclosed in Our Right to Change Premium Rates section of the Policy.

Our Right to Change Premium Rates: The premium is based on the premium rate and the amount of insurance in effect for the month reported on the Premium Due Date. We will furnish premium rates to the Policyholder with an explanation of how to apply them.

After the Initial Monthly Premium rates have been in effect for 12 months from the Policy Effective Date, We have the right to recalculate any premium rate.

However, We also have the right to recalculate the initial or any subsequent Monthly Premium rate when any of the following occurs:

- 1) the terms of the Policy change; or
- 2) the number of Employees changes by more than 10% in a 12 month period; or
- 3) one or more classes are added or deleted from this Policy.

Unless Our liability changes:

- 1) We will not change the rates more than once in any period of 12 consecutive months; and
- 2) We will give the Policyholder 31 days advance Written notice of an increase in rates.

Grace Period: A Grace Period of 45 days will be granted for the payment of each premium falling due after the first premium, during the Grace Period the Policy shall continue in force. If the entire premium is not paid by the end of the Grace Period, this Policy will terminate.

If the Policyholder gives Us Written advance notice of an earlier cancellation date, the Policy will terminate on the earlier date; but no such termination will take effect during any period for which the required premium has been paid to Us.

PREMIUM PROVISIONS

Reinstatement: If any premium after the first is not paid to Us by the end of the Grace Period, subsequent acceptance of premium by Us or any agent of Ours authorized by Us to accept such premium, without requiring an application for reinstatement, shall reinstate the Policy. However, if We or Our agent require an application for reinstatement and issue a conditional receipt for the premium paid, the Policy will be reinstated upon Our approval or, lacking such approval, upon the 45th day following the date of the conditional receipt unless We provide Written notification to the Policyholder prior to that date that the application is disapproved. The reinstated Policy shall cover only a Critical Illness Diagnosed after the date of reinstatement. In all other respects, We and the Policyholder shall have the same rights under the Policy as We had immediately before the due date of the defaulted premium, subject to the provisions of any rider which may be attached in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

TERMINATION

Termination of Policy: We may terminate this Policy if We do not receive any premium when due in accordance with the Grace Period provision of the Policy.

Either party may terminate this Policy upon 30 days advance Written notice, if the other party breaches its obligations and fails to cure that breach to the other party's reasonable satisfaction within that 30 day notice period.

Either party may terminate this Policy, with or without prior notice, effective as of midnight prior to the date that the other party:

- 1) ceases doing business as a going concern;
- 2) makes an assignment for the benefit of creditors;
- 3) admits in Writing that it is unable to pay debts as they come due; or
- 4) consents to the appointment of a trustee or receiver; or if a trustee or receiver is appointed pursuant to applicable Federal or State bankruptcy, insolvency or similar laws.

We may terminate this Policy, upon not less than 30 days Written notice if the Policyholder fails to comply with a material plan provision relating to the Policyholder's premium contribution or group participation rules or if We determine there has been a material change affecting the risk assumed under this Policy.

Upon Written notice, We may terminate or rescind the Policy or the coverage on a Covered Person for fraud or misrepresentation by the Policyholder or a Covered Person of material fact concerning the Policyholder or Covered Person.

After the Policy has been in force for 12 months, either party may terminate the Policy upon 30 days advance Written notice.

Termination of Policy Because of Inability to Perform Obligations: The Policy may be immediately suspended or terminated by Written notice to the other party if either party is unable to perform its obligations for reasons beyond its control, including:

- 1) complete or partial destruction of facilities or equipment; and
- 2) lockout, strike, riot, war, act of God, or any ordinance, law, order or decree of any governmental authority.

Neither party will be required to perform its duties nor be liable for any damages arising from the suspension or termination of this Policy pursuant to this provision.

Once this Policy terminates, the insurance it provides will end automatically.

Continuation of Policy: If, on the day the Policy would otherwise terminate, there is at least one person who is insured under the Extended Continuation provision of any Certificate of the Policy, the Policy will be deemed to continue in effect, but only with respect to the person(s) insured under the Extended Continuation provision at the time of Policy termination.

POLICY PROVISIONS

Entire Contract: The contract between the parties consists of:

- 1) the Policy and any amendments; and
- 2) the application of the Policyholder, a copy of which is attached to and made a part of the Policy when issued; and
- 3) the Certificates, and the endorsements or riders which are attached to and made a part of the Policy when issued; as may be amended during the term of this Policy; and
- 4) the individual applications, if any, of each Covered Person.

All statements made by the Policyholder and persons insured under the Policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in Writing, signed by the person making it and a copy of it is given to the person who made it, or, in the event of the death or incapacity of the Covered Person, to the Covered Person's beneficiary or personal representative.

Incontestability: The validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date.

Certificate: We will give individual Certificates of Insurance to the Policyholder, in electronic or paper form, for delivery to persons covered under the Policy, which will explain the important features of the Policy, who is covered under the Policy, and to whom benefits are payable.

Changes to the Policy: The Policyholder owns the Policy. We may change any or all of the provisions of this Policy by notifying the Policyholder. We must give the Policyholder at least 31 days advance Written notice of any change, unless the Policyholder accepts an amendment during that period. The Policy may also be changed in whole or in part when there is any change in laws or regulations which affect Our obligations under the Policy. A change must be approved by one of Our executive officers. No agent can change the Policy or waive any of its provisions. Payment of the applicable premium following any change of this Policy in accordance with this section shall constitute acceptance of that change.

Data to Be Furnished: The Policyholder 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 one year after that, We may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this Policy.

If the Policyholder gives Us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which they are otherwise entitled or have insurance to which they are not entitled, because of any misstatement of fact by the Policyholder or covered individual. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

Right to Audit: The Company reserves the right to audit, once every 2 years, the Policyholder's billing records and premium accounting practices. If The Company discovers:

- 1) an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
- 2) an overpayment of premium, The Company will return any overpayment amount in a timely manner; for the previous 2 year period.

POLICY PROVISIONS

No Replacement for Workers' Compensation: The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

Time Periods: All periods begin and end at 12:01 a.m., standard time, at the Policyholder's address.

Disclosure of Services:

In addition to the insurance coverage, The Company may offer noninsurance benefits and services to Employees.



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza, Hartford, Connecticut 06155

(A stock insurance company, herein called The Company)

will pay benefits according to the terms and conditions of the Policy.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

Policy Modifications: The Policy is amended as follows:

Monthly Premium Rates

Age	Attained Age Monthly Rates per \$1,000	
	Employee	Spouse
Less than 25	\$0.59	\$0.39
25-29	\$0.67	\$0.48
30-34	\$0.78	\$0.56
35-39	\$0.92	\$0.68
40-44	\$1.14	\$0.88
45-49	\$1.56	\$1.27
50-54	\$1.92	\$1.75
55-59	\$2.36	\$2.31
60-64	\$3.04	\$3.17
65-69	\$3.96	\$4.31
70-74	\$5.17	\$5.55
75-79	\$6.52	\$7.01
80 or over	\$7.86	\$8.46

For any premium paid by Employees, actual per pay period premium deductions may differ slightly from monthly billed amounts due to rounding. The Hartford offers a billing tolerance to help account for this difference.

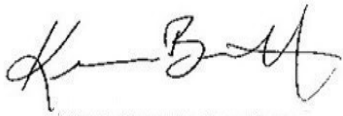
Employee and Spouse premiums are calculated with the Employee's age as of the Policy Effective Date or as of the most recent Policy Anniversary Date. Rates are adjusted once each year on the Policy Anniversary Date that coincides with or follows the day an Employee reaches the starting age of the next age band.

Child insurance is automatic with Employee enrollment/participation. A separate premium is not required.

In all other respects, the Policy remains the same.

RIDER: This rider, issued April 23, 2024, forms a part of Policy Number 750012 issued to SOUTH CAROLINA MEDICAL ASSOCIATION MEMBERS INSURANCE TRUST. It is effective April 1, 2024. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Signed for **The Company**



Kevin Barnett, *Secretary*



Jonathan Bennett, *President*

Summary of the South Carolina Life and Accident and Health Insurance Guaranty Association Act and Notice Concerning Coverage Limitations and Exclusions

Residents of South Carolina who hold life insurance, annuities, or health insurance policies should know that the insurance companies and health maintenance organizations (HMOs) licensed in this state to write these types of insurance are required by law to be members of the South Carolina Life and Accident and Health Insurance Guaranty Association (SCLAHIGA). The purpose of SCLAHIGA 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 happens, SCLAHIGA will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through SCLAHIGA is limited. Consumers should shop around for insurance coverage and exercise care and diligence when selecting insurance coverage.

Disclaimer

Under South Carolina law, the South Carolina Life and Accident and Health Insurance Guaranty Association (SCLAHIGA) may provide coverage of certain direct life insurance policies, accident and health insurance policies, annuity contracts and contracts supplemental to life, accident and health insurance policies and annuity contract claims (covered claims) if the insurer becomes impaired or insolvent. South Carolina law does not require the SCLAHIGA to provide coverage for every policy. **COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY.**

Coverage is generally conditioned upon residence in this state. Other conditions that may preclude or exclude coverage are described in this notice. Even if coverage is provided, there are significant limits and exclusions. Please read the entire notice for further details on limitations and exclusions.

Insurance companies and insurance agents are prohibited by law from using the existence of the SCLAHIGA or its coverage to sell you an insurance policy. You should not rely on the availability of coverage under SCLAHIGA when selecting an insurer. The South Carolina Life and Accident and Health Insurance Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

If you think the law has been violated, you may file a written complaint with the SCLAHIGA or the South Carolina Department of Insurance at the addresses listed below:

South Carolina Life and Accident and Health Insurance Guaranty Association Attention: Executive Director P.O. Box 8625 Columbia, SC 29202

South Carolina Department of Insurance Attention: Office of Consumer Services 1201 Main Street, Suite 1000 Columbia, SC 29201 Electronic complaint submission via www.doi.sc.gov/complaint

Please attach copies of all pertinent documentation. You may submit a written complaint or a complaint electronically to the Department through submission of the electronic form on the Department's website at www.doi.sc.gov/complaint. You should receive a response to your complaint within 10 days.

This safety-net coverage is provided for in the South Carolina Life and Accident and Health Insurance Guaranty Association Act (the Act). The following summary of the Act's coverages, exclusions and limits does not cover all provisions of the Act; nor does it in any way change any person's rights or obligations under the Act or the rights or obligations of the SCLAHIGA.

COVERAGE

Generally, individuals will be protected by the SCLAHIGA if they live in this state and hold a covered life, accident, health or annuity policy, plan or contract issued by an insurer (including a health maintenance organization) authorized to conduct business in South Carolina. The beneficiaries, payees or assignees of insured persons may also be protected if they live in another state unless circumstances described under the Act exclude coverage.

EXCLUSIONS FROM COVERAGE

Persons who hold a covered life, accident, health or annuity policy, plan or contract are not protected by SCLAHIGA if:

- 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 insurer was not authorized to do business in this state; or
- They acquired rights to receive payments through a structured settlement factoring agreement.

SCLAHIGA also does not provide coverage for:

- A portion of a policy or contract or part thereof not guaranteed by the member insurer, or under which the risk is borne by the policy or contract owner;
- A policy or contract of reinsurance, unless assumption certificates have been issued;
- Interest rate or crediting rate yields or similar factors employed in calculating value changes that exceed an average rate;
- Any policy or contract issued by assessment mutuals, fraternal, and nonprofit hospital and medical service plans;
- Benefits payable by an employer, association or other person under: (a) a multiple employer welfare arrangement; (b) a minimum premium group insurance plan; (c) a stop-loss group insurance plan; or (d) an administrative services contract;
- A portion of a policy or contract to the extent that it provides for (a) dividends or experience rating credits; (b) voting rights; or (c) payment of any fees or allowances to any person, including the policy or contract owner, in connection with the service to or administration of the policy or contract;
- A portion of a policy or contract to the extent that the assessments required by Section 38-29-80 with respect to the policy or contract are preempted by federal or state law;
- An obligation that does not arise under the express written terms of the policy or contract issued by the member insurer to the enrollee, certificate holder, contract owner or policy owner, including without limitation: (a) Claims based on marketing materials; (b) Claims based on side letters, riders or other documents that were issued by the member insurer without meeting applicable policy or contract form filing or approval requirements; (c) Misrepresentations of or regarding policy or contract benefits; (d) Extra-contractual claims; or (e) A claim for penalties or consequential or incidental damages;
- An unallocated annuity contract;
- A policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to Medicare Part C or D or Medicaid; or
- Interest or other changes in value to be determined by the use of an index or other external references but which have not been credited to the policy or contract or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes impaired or insolvent insurer, whichever is earlier.

LIMITS ON AMOUNTS OF COVERAGE

The South Carolina Life and Accident and Health Insurance Guaranty Association Act also limits the amount that SCLAHIGA is obligated to pay for covered claims. The benefits for which SCLAHIGA may become liable shall in no event exceed the lesser of the following:

- With respect to one life, regardless of the number of policies or contracts: \$300,000 in life insurance death benefits, or not more than \$300,000 in net cash surrender and net cash withdrawal values for life insurance;
- For health insurance benefits: (a) \$300,000 for coverages not defined as disability income insurance or health benefit plans or long-term care insurance, including any net cash surrender and net cash withdrawal values; (b) \$300,000 for disability income insurance; (c) \$300,000 for long-term care insurance; (d) \$500,000 for health benefit plans; or
- \$300,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values.