

**SCHOOLS INSURANCE FUND INSURANCE TRUST
JOINDER AGREEMENT FOR
GROUP TERM LIFE INSURANCE**

The below named Employer hereby requests application for participation in group term life insurance benefits under the Group Policy issued to the below named Group Policyholder (hereafter referred to as "Policyholder", and underwritten by Madison National Life Insurance Company, Inc. (hereafter referred to as "Insurer"). The term **Group Policy** means only the provisions of the Group Policy that apply to the Employer, based upon the coverage requested under this Joinder Agreement.

Insurance and Benefit Information

A. Administrative

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| 1. Policyholder: | Schools Insurance Fund Insurance Trust |
| 2. Employer: | Linden Community Schools 7205 Silver Lake Rd Linden, MI 48451-8710 |
| 3. Employer Plan No: | 3886 |
| 4. Nature of Business: | Public Education |
| 5. Type of Coverage Replaced: | Group Term Life Insurance |
| 6. Prior Carrier: | MESSA/MI TEACHERS TRUST |
| 7. Prior Coverage Term Date: | December 1, 2009 |
| 8. Plan Effective Date: | December 1, 2009 |
| 9. Evidence of Insurability Requirements: | Applies to Late Enrollees, Increases in Benefits and Amounts over Guarantee Issue Amounts |
| 10. Employee Classes: | |
| 01 | All Administrators & Office Personnel with Health |
| 02 | All Administrators & Office Personnel without Health |
| 11. Minimum Hourly Work Requirement: | |
| Classes 01 & 02: | 30 hours per week |
| 12. Waiting Period for Insurance Coverage: | |
| Classes 01 & 02: | None |
| 13. New Employee Eligibility Date: | |
| Classes 01 & 02: | Upon completion of the Waiting Period |
| 14. Leaves / Layoffs: | |
| Classes 01 & 02: | Coverage with premium payment while on FMLA leave; Coverage with premium payment while not Actively Working due to Physical Disease or Injury not to exceed 12 months. |
| 15. Employee Premium Contribution: | |
| <u>Classes 01 & 02:</u> | |
| Employee Basic Insurance: | 0% |



16. Participation Requirements:

Classes 01 & 02:

Employee Basic Insurance: 100%

17. Insurance Reduction Schedule:

Classes 01 & 02:

Employee Basic Insurance: No Reductions. Basic Life and Basic AD&D Insurance terminate at retirement.

B. Basic Life Insurance

Employee Basic Life

Class 01: 2 x Annual Salary rounded to the next highest \$1,000; \$100,000 Minimum

Guarantee Issue: \$175,000

Maximum Issue: \$175,000

Class 02: 2 x Annual Salary rounded to the next highest \$1,000; \$100,000 Minimum; minus \$5,000

Guarantee Issue: \$175,000

Maximum Issue: \$175,000

C. Additional Benefits

- 1. Conversion of Insurance Benefit: Included for all classes
- 2. Waiver of Premium Benefit: Included in Classes 01 & 02
- 3. Living Benefit: Included in Classes 01 & 02
- 4. Retirement Long Term Care Benefit: Included in Classes 01 & 02

D. Accidental Death and Dismemberment (AD&D) Insurance

1. Basic AD&D Insurance

Employee Basic AD&D Insurance

Class 01: 2 x Annual Salary rounded to the next highest \$1,000; \$100,000 Minimum

Guarantee Issue: \$175,000

Maximum Issue: \$175,000

Class 02: 2 x Annual Salary rounded to the next highest \$1,000; \$100,000 Minimum; minus \$5,000

Guarantee Issue: \$175,000

Maximum Issue: \$175,000



E. Premium

1. Rate:

Classes 01 & 02:

| | |
|-----------------------------------|----------------------------------|
| Employee Basic Life Premium Rate: | \$ 0.122 per \$1,000 of coverage |
| Employee Basic AD&D Premium Rate: | \$ 0.02 per \$1,000 of coverage |

- | | |
|-------------------------|-----------|
| 2. Rate Guarantee: | 36 months |
| 3. Frequency of Billing | Monthly |

F. Benefits and coverage for Insured Persons are as agreed upon between the Insurer and the Policyholder. All coverages and actual benefit amounts in effect, with respect to each Insured Person, are described in the Certificates of Insurance issued by the Insurer to the Policyholder for distribution to the Insured Persons or, directly to the Insured Persons. This includes any applicable Riders or Endorsements which generally describe, without amending, superseding or changing the Policy in any way, the essential features of the coverages Insured Persons are entitled to under the Group Policy and this Joinder Agreement, and to whom the insurance benefits are payable in the event of a covered loss.

TERMS AND DEFINITIONS

All terms are as defined in the Certificates of Insurance (hereafter referred to as Certificate).

PREMIUMS, PAYMENTS AND TERMINATION

A. Payment of Premiums

1. Premiums are due on the 1st of the month of coverage for which the premium applies (e.g., premium for coverage in October would be due October 1st).
2. The premium due on each Premium Due Date is the sum of the premiums for all Insured Persons under the Group Policy. Premium rates for each Employer covered under the Group Policy are shown in this Joinder Agreement.
3. The Employer determines the amount, if any, of each Insured Person's contribution toward the cost of insurance.
4. Each premium is payable on or before its Premium Due Date directly to the Insurer at: Madison National Life Insurance Company, Inc., PO Box 5008, Madison, WI 53705.
5. Premium is due for an Insured Person for each month the Insured Person is covered under the Group Policy. The Employer must notify the Insurer immediately whenever an employee becomes eligible or ceases to be eligible for coverage. Effective dates of coverage or termination dates which occur mid-month will be billed as follows:
 - a) If the effective date of coverage is between the 1st of the month and 15th of the month, premium for an entire month will be due to the Insurer. If the effective date of coverage is between the 16th of the month and the end of the month the Employer will be billed for the next full month of coverage. The Insurer does not prorate premium.
 - b) If the date coverage ends is between the 1st of the month and the 15th of the month, no premium will be due for that month. If the date of termination is between the 16th of the month and the end of the month the Employer will be responsible for an entire month's premium.
6. All premiums will be based upon information provided by the Employer in the Census Reports.



B. Changes in Premium Rates.

1. Special Circumstances. The Insurer may change premium rates, to be effective on the next Premium Due Date, if any of the following occur:
 - a) A change or clarification in a law or governmental regulation affects the amount payable under the Group Policy. Any such change in premium rates will reflect only the change in the Insurer's obligations.
 - b) One or more changes occur in the factors material to the underwriting risk the Insurer assumed under the Group Policy with respect to the Employer, including, but not limited to, the number of persons insured, age, gender and occupational classification.
 - c) The premium contribution arrangement for insured employees changes or varies from that stated in this Joinder Agreement when issued or last renewed.
 - d) Plan design changes are requested by the Employer.
 - e) The Insurer and the Employer mutually agree to change premium rates.
2. In all other cases, and subject to a period for which the Insurer has provided the Employer with a written rate guarantee, the Insurer may change premium rates upon 60 days advance written notice to the Employer. Any such change in premium rates may be made effective on any Premium Due Date, but no such change will be made more than once in any Contract Year. Contract Years means successive 12-month periods computed from the end of the initial rate guarantee period, or from a time agreed to in writing by the Employer and Insurer.

C. Premium Adjustments. Premium adjustments involving a return of unearned premiums to an Employer will be limited to the 12 months just before the date the Insurer receives a request for premium adjustment.

D. Information Required from Employer

1. The Employer will furnish all information reasonably necessary to administer the Group Policy, including but not limited to the following:
 - a) At least one Census Report during each plan year, no later than six months prior to the next plan renewal date. The Census Report means a written report providing the following information for each Employee insured under the Group Policy: name, social security number, date of birth, gender, occupational class, Annual Salary as defined under the Group Policy and Certificate, and the amount of coverage.
 - b) A list of all eligible employees and documentation supporting employee eligibility under the Group Policy.
 - c) Information about employees who become eligible, whose amounts of coverage change and/or whose coverage ends.
 - d) Occupational information and any other information that may be required to manage a claim.
 - e) Notification of the Employer's change in legal status, expansion of business, dissolution, merger, buyout or any other significant business operational change.
 - f) Notice of any additional eligible employee segment(s).
 - g) Any other information that may be reasonably required.
2. The Employer must provide such information to the Insurer or its agents in a regular and timely manner as may be reasonably specified by the Insurer and/or its agents. The Insurer and its agents have the right at all reasonable times to inspect the payroll and other records of the Employer which relate to insurance under the Group Policy.



E. Grace Period, Termination for Nonpayment and Reinstatement.

1. If a premium is not paid on or before its Premium Due Date, it may be paid during the Grace Period. The coverage under the Group Policy will remain in force during the Grace Period.
2. Grace Period means the 31 days following the Premium Due Date.
3. If the premium for coverage is not paid during the Grace Period, the coverage under the Group Policy will terminate automatically at the end of the Grace Period.
4. The Employer is liable for premium for coverage during the Grace Period. The Insurer may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.
5. Reinstatement. If any renewal premium is not paid and coverage is terminated, the Employer may request a reinstatement by reapplying with the Group Policyholder and submitting the required premium. Coverage will be reinstated upon the Insurer's approval, if the Employer requests reinstatement within 31 days of termination date. The Insurer shall approve or disapprove the reinstatement within 15 calendar days following receipt of the reinstatement request and premium. The Insurer and Employer shall have the same rights hereunder as they did under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

F. Termination for Other Reasons

1. The Policyholder may terminate the Group Policy and the Employer may terminate coverage under the Joinder Agreement by giving the Insurer at least 60 days written notice. The effective date of termination will be the later of:
 - a) The date stated in the notice; or
 - b) The Premium Due Date immediately following the date the Insurer receives the notice.
2. The Insurer may terminate coverage under the Group Policy as follows:
 - a) On any Premium Due Date if the number of persons insured is less than the Minimum Participation requirements provided for under this Joinder Agreement.
 - b) On any Premium Due Date if the Insurer determines that the Employer has failed to promptly furnish any necessary information requested or has failed to perform any other obligations relating to the Group Policy or coverage under the Group Policy.
 - c) On any Premium Due Date by giving the Employer at least 60 days advance written notice.
 - d) On the date the Employer breaches any part of the Entire Contract.

GENERAL PROVISIONS

- A. Certificates. The Insurer will prepare the Certificates setting forth the main features of the Group Policy applicable to each Insured Person. The Insurer and Employer may agree to distribute the Certificates to Insured Persons in paper format, or to make the document available and accessible for review by Insured Persons on the Employer's website. The Employer will be responsible for providing sufficient notice to the Insured Person of the existence and availability of the Certificate, including instructions on how to view the document, and a statement that a paper copy of the document will be made available upon request. Upon receiving such a request from either the Employer or Insured Person, the Insurer will provide a written copy of the Certificate to the Employer for distribution to the Insured Person. If the terms of the Certificate differ from the terms of the Employer's coverage under the Group Policy, the latter will govern.



- B. **Limitation of Liability.** Individuals selected by the Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them and do not represent or act on behalf of Madison National Life Insurance Company, Inc. The Policyholder and Employer hereby release, hold harmless and indemnify Madison National Life Insurance Company, Inc. from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of the Policyholder or Employer respectively, or any of their respective representatives, agents or employees.
- C. **Agency.** The Policyholder and Employer are not agents of the Insurer for any purpose under the Policy.
- D. **Entire Contract, Changes:** This Joinder Agreement, the Policy, including the Certificates and any Riders, Amendments or attached papers, if any, constitutes the entire contract of Insurance. No change in the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Policyholder for attachment to the Group Policy. No change in an Employer's coverage under the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Employer for attachment to the Joinder Agreement. No agent has authority to change this Policy or waive any of its provisions.

We have authority to determine all questions arising in connection with the Policy, including its interpretation. Our failure to enforce any provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

- E. **Incontestability.** All statements made by the Employer in the Application are, in the absence of fraud, representations and not warranties. The Insurer cannot contest the Policy or this Joinder Agreement after it has been in force for 2 years from its Date of Issue. No statement shall be used to contest the validity of coverage or reduce benefits, unless it is in writing, signed by the Employer, and a copy of such statement is furnished to the Employer.
- F. **Non-Participating:** The Policy is non-participating. It does not share in Our profits or surplus earnings.
- G. **Conformity With State Laws:** If any provisions of Our forms are contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.
- H. **Workers' Compensation.** The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.
- I. **Misstatement.** If Policyholder or Employer premiums for the Insured Person are based on age or gender and the Insured Person's age or gender has been misstated, there will be a fair adjustment of premiums based on his or her true age or gender. If benefits for the Insured Person is based on age or gender and the Insured Person's age or gender has been misstated, there will be an adjustment of said benefits based on his or her true age or gender. We may require satisfactory proof of age or gender before paying any claim.



J. Clerical Error. A clerical error may be made by the Insurer, Employer or Policyholder in keeping data. If so, when the error is found the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

ACCEPTANCE AND SIGNATURES

The undersigned Employer adopts and agrees to be bound by the terms and conditions of this Agreement, as amended from time to time and Group Policy. Copies of these documents are available for Employer review at the Policyholder's place of business. The Employer may also contact the Insurer for further information.

The Group Policy is a vehicle for obtaining group insurance plans in which Employers join together as a single policyholder for the purchase and maintenance of group insurance policies.

The Insurer, in performing its obligations under the Group Policy, is acting only as a life insurer with respect to the Group Policy. The Trust Administrator, in performing its obligations under the Group Policy, is acting only as a trust administrator with respect to the Group Policy. The Insured and Trust Administrator are not in any way acting as a plan administrator, a plan sponsor or a plan trustee for the purposes of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, or any other federal or state laws.

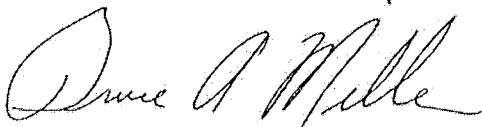
The signatures below constitute acceptance of the undersigned Employer as a participating member under the Group Policy.

Signed into effect this _____ day of _____, 20____.

Signature of Authorized Signer for Employer

Printed Name & Title of Signer

Administrator:
National Insurance Services of Wisconsin, Inc.

By: 
Bruce A. Miller, President
December 8, 2009

LINDEN COMMUNITY SCHOOLS / 3886

ACTIVELY AT WORK STATEMENT

This statement certifies that as of the Requested Effective Date, all employees who are eligible for insurance as described in this Application are Actively-At-Work with the following exceptions:

| Employee | Date of Birth | Last Day Worked | Return to Work Expected Date | Reason for Absence |
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I understand that insurance coverage for the Employees listed above is not guaranteed without written acceptance by an authorized representative of Madison National Life Insurance Company, Inc.

Printed Name of Authorized Employer Representative

Title

Signature of Authorized Employer Representative

Date