Certificate for Baylor University

Supplementary Contract providing Dependents' Group Life Insurance Benefits

This certificate becomes a part of, and should be attached to, the certificate issued to you by FDL describing the group life insurance currently in force on you.

FDL certifies that, under and subject to the terms and conditions of the Supplementary Contract providing Dependents' Group Life Insurance Benefits attached to and made a part of the group life insurance policy under which you are insured as employee, you are insured for Dependents' Life Insurance as stated in the following pages, to become effective in accordance with the provisions of Article II, Section B, of the policy to which the Supplementary Contract is attached, as though the Application for Dependents' Insurance was an application for insurance of an eligible employee.

[Signature]
President

G24220DL0309

Form No. DGL-Clf.(A)-1 3365.000-500
IMPORTANT NOTICE

To obtain information or make a complaint:

You may callFort Dearborn Life Insurance Company's toll-free telephone number for information or to make a complaint at

1-800-633-3696

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance:

P. O. Box 149104
Austin, TX 78714-9104
FAX #(512) 475-1771
Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Fort Dearborn Life Insurance Company para informacion o para someter una queja al

1-800-633-3696

Puede comunicarse con el Departmento de Seguros de Texas para conseguir informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P. O. Box 149104
Austin, TX 78714-9104
FAX #(512) 475-1771
Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con al Departamento de Seguros de Texas.

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para propuesto de informacion y no se convierte en parte o condicion del documento adjunto.
Endorsement
to the attached
Certificate to the
Supplementary Contract Providing
Dependents’ Group Life Insurance Benefits

The attached certificate is amended by deleting the
Schedule of Benefits in its entirety and substituting the following:

Schedule of Benefits

<table>
<thead>
<tr>
<th>Basic Dependents’ Coverage</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>Live birth to age 6 months</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Age 6 months to age 19</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Students age 19 to age 26</td>
<td>$2,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suppimental Dependents’ Coverage</th>
<th>Plan is as selected in the Employee’s application.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Amount of Insurance</td>
</tr>
<tr>
<td></td>
<td>Up to 50% of the Employee’s</td>
</tr>
<tr>
<td></td>
<td>Supplemental Term Life Amount</td>
</tr>
<tr>
<td></td>
<td>up to a maximum of $100,000</td>
</tr>
<tr>
<td></td>
<td>as selected in the Employee’s application.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children</th>
<th>Plan 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children:</td>
<td></td>
</tr>
<tr>
<td>Live birth to age 6 months</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Age 6 months to age 19</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Students age 19 to age 26</td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

| Plan 2                          |                                                  |
| Children:                       |                                                  |
| Live birth to age 6 months      | $2,500.00                                        |
| Age 6 months to age 19          | $5,000.00                                        |
| Students age 19 to age 26       | $5,000.00                                        |

| Plan 3                          |                                                  |
| Children:                       |                                                  |
| Live birth to age 6 months      | $2,500.00                                        |
| Age 6 months to age 19          | $7,500.00                                        |
| Students age 19 to age 26       | $7,500.00                                        |

| Plan 4                          |                                                  |
| Children:                       |                                                  |
| Live birth to age 6 months      | $2,500.00                                        |
| Age 6 months to age 19          | $10,000.00                                       |
| Students age 19 to age 26       | $10,000.00                                       |
The following is an outline of portions of the Dependents’ Group Life Supplement:

**Definitions**

The term “dependent” means:

1. an employee’s spouse,

2. any unmarried child of an employee, not in active military service, who is either:
   (a) over 14 days of age and under 19 years of age, or
   (b) under 23 years of age and who is attending an accredited educational institution as a full-time student, or

3. any disabled child, provided that in the case of a disabled child who has reached age 19, or up to age 23 if a student, such child is dependent upon the employee for more than one-half of his support as defined by the Internal Revenue Code of the United States.

excluding in any case,

1. any person who is an employee as defined in the Group Policy,

2. any person residing outside the United States or Canada,

3. any person whose evidence of good health, furnished in accordance with the provisions hereof, is not accepted by FDL as satisfactory.

“Child” means the natural child of the employee; a legally adopted child (including a child living with the adopting parents during the period of probation); a stepchild whose primary residence is the employee’s household; or a child (a) whose primary residence is the household of which the employee is the head, and (b) to whom the employee is legal guardian or related by blood or marriage, and is dependent upon the employee for more than one-half of his support as defined by the Internal Revenue Code of the United States.

“Disabled” means any medically determinable physical or mental condition which prevents a child from engaging in self-sustaining employment; provided that the disability commences prior to such child’s attainment of the limiting age and that satisfactory proof of such disability and dependency is submitted by the employee within 31 days following the child’s attainment of the limiting age.

As a condition to the continued coverage of a child as a disabled dependent beyond the limiting age, FDL shall have the right to require periodic certification of the child’s physical or mental condition, but not more frequently than annually after the child’s attainment of the limiting age.

“Personal Insurance” means the insurance provided by the Group Policy with respect to the employee’s own life. “Dependents’ Insurance” means the insurance provided by the Supplementary Contract with respect to the life of the employee’s dependent.

**Eligibility and Effective Dates of Insurance**

For the employee to be eligible for Dependents’ Insurance hereunder on the life of his or her spouse, such spouse must be under 70 years of age on the date such insurance would otherwise become effective under the provisions of Article III of the Supplementary Contract.

In the event that both husband and wife are covered under the Group Policy as Insureds, any child or children shall, if otherwise qualified hereunder, be considered as dependents of only one parent under the Group Policy.

An employee must be insured for Personal Insurance under the Group Policy in order to be insured for Dependents’ Insurance under the provisions of the Supplementary Contract.

If an employee acquires a dependent while insured for Dependents’ Insurance hereunder, such acquired dependent shall become automatically insured and thereafter premium payments for such employee shall be based on his new classification.

If any instance when a dependent is confined as a bed patient in a hospital on the date insurance on his life would otherwise become effective, such insurance shall become effective on the date such dependent is discharged from the hospital.

**Payment of Benefits**

Subject to the terms and conditions of the Group Policy and the Supplementary Contract, FDL hereby agrees to pay in one lump sum the amount of any insurance as determined by the Schedule of Benefits contained herein on the life of any insured dependent of the employee, immediately upon receipt of due proof of the death of such dependent while such insurance is in force.

Any sum payable by FDL as a death claim shall be paid at its Administrative Office in Dallas, Texas to the employee, if living, otherwise to the employee’s legal representative, in accordance with the terms of the Supplementary Contract.

**Amount of Insurance**

The amount of insurance which shall be in force under the Supplementary Contract shall be in accordance with the “Schedule of Benefits” set forth, except that in no event shall coverage of a dependent spouse exceed fifty percent (50%) of the amount of insurance in force under the Group Policy on the employee. Any increase in the amount of insurance by reason of a change in classification shall be effective automatically on the date of such change.
Schedule of Benefits

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>Age 14 days to 6 months</td>
<td>$100.00</td>
</tr>
<tr>
<td>Age 6 months to 23 years</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

Termination of Insurance

The Dependents’ Insurance of any employee insured under the Supplementary Contract shall automatically cease:

(i) upon termination of the employee’s Personal Insurance under the Group Policy; or
(ii) upon termination of the Supplementary Contract; or
(iii) upon termination of the Group Policy of which the Supplementary Contract is a part; or
(iv) at the end of the period for which such employee made his last premium contribution under the Supplementary Contract if he shall fail to make any required premium contribution when due.

The insurance of any employee under the Supplementary Contract with respect to any dependent shall, in any case, automatically cease on the date the dependent ceases to be a dependent as defined herein.

Conversion Option

If the Personal Insurance under the Group Policy of any employee ceases because of such employee’s termination of employment, or of membership in the class or classes eligible for coverage under the Group Policy or because of the death of such employee, and if the spouse of such employee is covered under the Supplementary Contract on the date of such cessation, such spouse shall be entitled to have issued to him by FDL without evidence of insurability, upon application to FDL within 31 days after such cessation and payment to FDL within such 31 days of the premium applicable to the class of risks to which such spouse belongs and to the form and amount of the policy at such spouse’s then attained age, a policy of life insurance without disability or other supplementary benefits, in any one of the forms customarily issued by FDL, except term insurance, in an amount equal to, or at the option of the spouse less than, the amount of such spouse’s insurance under the Supplementary Contract which ceases because of such termination.

Any spouse whose coverage under the Supplementary Contract ceases because of termination of the Supplementary Contract or because of amendment terminating the Dependents’ Insurance of the class of employees to which the employee belongs, and who has then been continuously covered under the Supplementary Contract for at least 5 years, shall be entitled to have an individual policy issued to him by FDL under the same conditions as would apply if the employee’s employment had then terminated, except that the amount of the individual policy shall not exceed the lesser of: (a) the amount of the spouse’s insurance under the Supplementary Contract ceasing because of the termination or amendment of the Supplementary Contract reduced by the amount of any life insurance for which such spouse is or becomes eligible under any group policy issued or reinstated by FDL or another insurer within 31 days after such termination; and (b) $2,000.

If the spouse of any employee dies during the period during which such spouse would have been entitled to have an individual policy issued as above provided and before such individual policy becomes effective, the amount of life insurance which such spouse would have been entitled to have issued under such individual policy shall be payable as a claim under the Supplementary Contract whether or not application for the individual policy or the payment of the first premium therefor has been made.

Any individual policy issued under the provisions of this section will take effect at the end of the 31-day period during which application for the policy may be made.

Assignment

The employee’s certificate or any riders thereto and the Dependents’ Insurance provided hereunder are non-assignable.

General Provisions

Coordination of Benefits. If a dependent has been insured under the Group Policy as an employee and is eligible for conversion following termination of such insurance, insurance on such dependent under the Supplementary Contract shall not become effective until the thirty-second (32nd) day following termination of such insurance. Conversely, if a dependent spouse has been insured under the Supplementary Contract and is eligible for conversion following termination of such insurance and becomes eligible for insurance as an employee under the Group Policy, insurance on such spouse under the Group Policy shall not become effective until the thirty-second (32nd) day following termination of insurance on the spouse’s life under the Supplementary Contract.
Endorsement
to the attached
Certificate
to the
Supplementary Contract Providing
Dependents’ Group Life Insurance Benefits

effective on the date of the corresponding Policy amendment or the effective date shown on the insured Employee’s Certificate, whichever is later.

The “Definitions” section is changed by deleting the definition of “Dependent” in its entirety and substituting the following:

The term “Dependent” means:
1. An employee’s spouse; or
2. Any unmarried child of an employee, not in active military service:
   a. From live birth to 19 years of age; or
   b. Under age 26 and who is attending an accredited educational institution as a full-time student for at least five months of the year; or
3. Any disabled child, provided that in the case of a disabled child who has reached age 19, or up to age 26 if a student, such child is dependent upon the employee for more than one-half of his support as defined by the Internal Revenue Code of the United States;

excluding in any case,
   a. Any person who is an employee as defined in the Policy;
   b. Any person residing outside the United States or Canada;
   c. Any person whose evidence of good health, furnished in accordance with the provisions hereof, is not accepted by FDL as satisfactory.

“Child” means the natural child of the employee; a legally adopted child (including a child living with the adopting parents during the period of probation); a stepchild whose primary residence of the employee’s household; or a child (a) whose primary residence is the household of which the employee is the head; and (b) to whom the employee is legal guardian or related by blood or marriage, and is dependent upon the employee for more than one-half of his support as defined by the Internal Revenue Code of the United States.

“Disabled” means any medically determinable physical or mental condition which prevents a child from engaging in self-sustaining employment; provided that the disability commences prior to such child’s attainment of the limiting age and that satisfactory proof of such disability and dependency is submitted by the employee within 31 days following the child’s attainment of the limiting age.

“Live birth” means a newborn, natural child who is born alive as certified by an attending physician.

As a condition to the continued coverage of a child as a disabled dependent beyond the limiting age, FDL shall have the right to require periodic certification of the child’s physical or mental condition, but not more frequently than annually after the two-year period following the child’s attainment of the limiting age.