

Dearborn National[®] Life Insurance Company

(A stock life insurance company herein called "We", "Us", "Our")
Chicago, Illinois
Administrative Office: 1020 31st Street • Downers Grove, IL 60515-5591

Policyholder: **CITY OF MANDAN**

Policy Number: F015948-0001

Policy Effective Date: January 1, 2015

Anniversary Date: January 1, 2017

We agree with the *Policyholder* to insure certain eligible *Employees* of the *Policyholder*. We promise to pay benefits for loss covered by the Policy in accordance with its provisions.

The *Policyholder* should read this Policy carefully and contact Dearborn National Life Insurance Company promptly with any questions.

Policyholder means the *Employer* to whom the Policy is issued and who sponsored the coverage for its *Employees*. If the *Policyholder* is a trust or *Organization*, the term *Participating Employer* shall be substituted for *Policyholder*.

Employer means the *Policyholder* and includes any division, subsidiary, or affiliated company named in the Policy.

Employee means a person who is a citizen or legal resident of the United States and *Actively at Work* with the *Employer*.

POLICY EFFECTIVE DATE AND TERM

The Policy takes effect on the Policy Effective Date stated above subject to any participation requirement stated in the Policy. All insurance periods will be computed from that date. The Policy remains in force for the period for which premium has been paid. It may be renewed for further successive periods by payment as stated in the Policy.

All periods of insurance begin and end at 12:01 A.M., Standard Time, at the *Policyholder's* address as stated in the Policy, and on the Application.

Signed for Dearborn National Life Insurance Company


Secretary


President

Group Long Term Disability Policy
Non-Participating
THIS IS NOT A WORKERS' COMPENSATION POLICY

TABLE OF CONTENTS

PROVISION	PAGE
<i>Premium</i>	3
<i>Premium Rate Guarantee</i>	4
<i>Policy Termination</i>	5
<i>Additional Provisions</i>	6

ATTACHMENTS:

- Master Application
- Certificate of Insurance

PREMIUM

How is the initial premium calculated?

Initial Premium is calculated by multiplying the total insured volume, divided by 100, by \$.300. Do not include *Monthly Earnings* for any individual in excess of \$8,996.00 per month in the premium calculation.

When is premium paid?

The Policy is issued in consideration of the payment in advance of premium on the billing mode indicated on the Application. The initial premium is calculated at the premium rate stated above. Payment must be made by the premium due date as shown on the Application.

If an addition, termination or change in insurance takes place other than on a regular due date, any premium adjustment will take effect on the next due date.

Is premium payable while an Insured receives benefits?

We will waive premium for an *Insured Employee* during the period of *Disability* for which the *LTD Monthly Benefit* is payable under the Policy. Premium payment is required during the *Insured Employee's Elimination Period*. During this period, the *Insured Employee's* insurance will remain in force.

Is there a grace period for premium payment?

We will allow a grace period of 31 days for the payment of any premiums due except the first. Insurance coverage shall continue in force during the grace period unless the *Policyholder* has given Us advance written notice of cancellation in accordance with the terms of this Policy. If premium is not received by the end of the grace period, this Policy will terminate as of the last date for which premium was paid.

The *Policyholder* is liable for premium due on coverage provided during the grace period.

If We receive written notice during the grace period that the Policy is to be canceled, We will cancel it as of the later of:

1. the date requested in the cancellation notice; or
2. the date We receive such notice. The *Policyholder* must pay a pro rata premium for any coverage provided during the grace period.

PREMIUM RATE GUARANTEE

What is the initial premium rate guarantee?

A change in premium rates will not take effect before January 1, 2017. However, We may change premium rates if the risk assumed changes. Premium rates may change if the following occurs:

1. a change in the policy design;
2. a change in the terms of the Policy;
3. addition or deletion of a division, subsidiary or affiliated company;
4. a change in the number of *Insureds* by 10% or more from the number of *Insureds* on the initial Effective Date;
5. a change in the laws or regulations or other government action which applies to the Policy;
6. for reasons other than 1-5 above such as but not limited to a change in factors bearing on the risk assumed.

The *Policyholder* must furnish notice and documentation satisfactory to *Us* within 31 days of the occurrence of any event which would cause a change in rates as described above. If the *Policyholder* fails to provide such timely notice, we will apply new rates retroactively to the date of the event.

We will notify the *Policyholder* in writing at least 31 days in advance of any premium rate changes. A change may take effect on an earlier date if both the *Policyholder* and *We* agree.

POLICY TERMINATION

Who may cancel the Policy or a plan under the Policy?

The Policy or a plan under the Policy can be canceled by the *Policyholder* with 31 days written notice delivered to *Us*. This Policy will terminate for any of the following reasons:

1. If the *Policyholder* fails to pay any premium within the 31-day Grace Period, this Policy will terminate in accordance with the terms set forth in the Grace Period provision.
2. We may terminate this Policy on any premium due date if:
 - a. coverage is *Noncontributory* and less than 100% of the eligible *Employees* participate; or
 - b. the *Policyholder* fails to perform any of its obligations that relate to the Policy; or
 - c. the *Policyholder* does not promptly provide *Us* with information that is reasonably required; or
 - d. fewer than 10 *Employees* are insured under the Policy.

If *We* cancel the Policy, for reasons other than the *Policyholder's* failure to pay premium, a written notice will be delivered to the *Policyholder* at least 31 days prior to the cancellation date.

ADDITIONAL PROVISIONS

What happens if an inadvertent error occurs?

Clerical error or omission by *Us* to the *Policyholder* will not:

1. Prevent *You* from receiving coverage, if *You* are entitled to coverage under the terms of the Policy; or
2. Cause coverage to begin or coverage to continue for *You* when the coverage would not otherwise be effective.

If the *Policyholder* gives *Us* information about *You* that is incorrect, *We* will:

1. Use the facts to decide whether *You* have coverage under the Policy and in what amounts; and
2. Make a fair adjustment of the premium.

Will certificates be issued?

We will deliver certificates of insurance to the *Policyholder* for issuance to each *Insured Employee*. The certificates will describe the benefits, to whom they are payable, the Policy limitations and where the Policy may be inspected.

What is considered to be the entire contract?

This entire Policy consists of:

1. all Policy provisions and any amendments and/or attachments issued;
2. the Certificate of Coverage; and
3. the *Policyholder's* signed Application.

STATE SUPPLEMENT

The following policies apply only to those individuals in your group insurance program who reside in the referenced states.

Arizona and Maine

Except as otherwise permitted by law, we will not disclose collected personal information about an individual to a nonaffiliated third party with whom we jointly offer products without giving the individual an opportunity to tell us that he or she does not want us to share his or her personal information.

Minnesota and Montana

Except as otherwise permitted by law, we will not disclose collected personal information about an individual to a nonaffiliated third party with whom we jointly offer products without obtaining the individual's written authorization.

Montana

Upon written request, an individual who has authorized the collection of health information is entitled to receive a record of Dearborn National's disclosures of any of his medical record information made within the preceding 3 years.

Oregon

An individual has the right to authorize disclosure of his or her personal information to an insurance company. An Oregon resident can exercise this right by requesting an authorization form in writing. Our address is:

Dearborn National Life Insurance Company

Administrative Office:

1020 31st Street • Downers Grove, IL 60515

PRIVACY NOTICE

THIS NOTICE REQUIRES NO ACTION ON YOUR PART. IT IS DESIGNED TO HELP YOU UNDERSTAND HOW WE PROTECT YOUR PERSONAL INFORMATION.

Insured's private records and those of their covered family members are safe with us. We have a longstanding policy that maintains the confidentiality of your personal data necessary to administer insurance and to provide service.

It is widely known that many companies sell the names of customers to others. We do not sell or rent the name or records of our insureds to any other organization or business concern.

Confidentiality and Security

We implemented policies and procedures to protect the confidentiality of personal information. We maintain physical, electronic, and procedural safeguards to protect personal data from unauthorized access and unanticipated threats or hazards.

Information That May Be Collected

We receive personal information on insurance applications, claim forms, and other forms. In addition, we may receive information from health care providers through the course of managing insurance transactions. We also have personal information from transactions with us, our affiliates, and certain third parties with whom we have service or joint marketing agreements. These third parties may include our reinsurers, insurance administrators, consultants, medical information bureaus, and other insurers with whom we do business.

Generally, we receive personal information by telephone, in writing or through a computer. This includes information about policies, premiums, and claims. If we need more information from medical professionals or consumer reporting agencies, it must be authorized by the insured.

Independent Insurance Agents

The independent insurance agents authorized to sell our products are not our employees. Since these agents are subject to the same privacy laws that govern us, these agents may have privacy obligations that are independent of ours.

Information We May Disclose

We regard all personal information as confidential. We will not disclose personal information unless we are allowed or required by law or if we are told we can by the insured. We only make those disclosures that are necessary to administer insurance products, to effect transactions made in the ordinary course of our business and to pay claims. We may provide personal information *only* to our affiliates, agents, joint marketing partners, and certain third parties such as insurance administrators, reinsurers, consultants, and regulatory or governmental authorities.

We work with our affiliates and outside firms to help with administrative and other insurance services and marketing. As permitted by law, these affiliates and firms may use certain identifying and non-medical information. Our affiliates are subject to the same policies regarding privacy of your information as we are. Our policy is to require our vendors and third party administrators to pledge to maintain the confidentiality of personal information and abide by all applicable privacy laws. These firms are prohibited from using or disclosing personal information given to us for any purpose other than the work they are performing or as required by law.

Further Information

Insureds have the right to obtain access to recorded personal information in our possession or control, to request correction if it is believed the information may be inaccurate and to add a rebuttal statement to the file if there is a dispute. Each insured has the right to know the reasons for an adverse underwriting decision. Previous adverse underwriting decisions may not be used as the basis for subsequent underwriting decisions unless we make an independent evaluation of the underlying facts. Further, each insured has the right, with very narrow exceptions, not to be subjected to pretext interviews.

Even if our relationship ends, we pledge to maintain our privacy policy and practices.

If you have any questions about our privacy policy, please write us at...

Dearborn National

Administrative Office:

1020 31st Street

Downers Grove, IL 60515-5591

The following is a list of entities that this notice applies to, as of March 1, 2005:

Dearborn National Life Insurance Company

Colorado Bankers Life Insurance Company

And their affiliates:

Dental Network of America

Medical Life Insurance Agency

Industry Savings Plans, Inc.

Combined Services, LLC

Health Care Service Corporation, a Mutual Legal Reserve Company