

CERTIFICATE SCHEDULE

FOR

EMPLOYER: LEWIS & CLARK COLLEGE

GROUP POLICY NUMBER: WBT 000528

CLASS: 01 - ELIGIBILITY BELOW

REVISED EFFECTIVE DATE: 11/01/2008

BENEFIT PROVISIONS

LIFE

150% of Annual Earnings,
rounded to the next higher
\$1,000, to a minimum of
\$15,000, and a maximum of
\$250,000

AD&D

150% of Annual Earnings,
rounded to the next higher
\$1,000 to a minimum of
\$15,000, and a maximum of
\$250,000

DEPENDENT LIFE

\$5,000 Spouse
\$5,000 Children
Birth To 23 Years

LIFE AND AD&D REDUCTION:

Benefits reduce to 65% at age 70,
to 45% at age 75, to 30% at age 80,
to 20% at age 85, to 15% at age 90,
and to 10% at age 95.

ELIGIBILITY – CLASS 01: All full-time Employees working a minimum of 30 hours per week on a regular basis. Life and AD&D Insurance is provided on a noncontributory basis. Dependent Life Insurance is provided on a contributory basis. Therefore, approval of evidence of insurability is required if coverage is applied for more than 31 days after the initial eligibility date. If approved, you will receive confirmation of approval of coverage and the effective date.

WAITING PERIOD – NEW EMPLOYEES: The first of the month following the date of hire.

Certificate: This is your certificate, which:

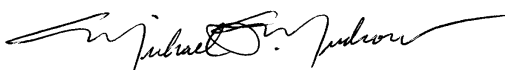
1. is a summary of your insurance under the group policy;
2. is not a contract of insurance;
3. is subject to the terms of the group policy;
and
4. voids and replaces any prior certificates issued under the group policy number shown above.

Policy: We have issued the group policy to the policyholder. This policy is a contract of insurance:

1. between your policyholder and us; and
2. through which you are insured.

Signed for Regence Life and Health Insurance Company on the insured's effective date.

SECRETARY



PRESIDENT



CERTIFICATE FOR GROUP LIFE AND DISABILITY INSURANCE

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DEFINITIONS

"Actively at work" or "active work" - you are working for your employer:

1. in the usual course of your employer's business;
2. full time at the principal place of employment; and
3. for at least the greater of:
 - a. the number of hours per week that your employer stated on his application as the normal work week; or
 - b. 20 hours per week.

"Age" - the age at your last birthday.

"Amount" - the amount of insurance.

"Beneficiary" - the person(s) to whom we will pay the proceeds.

"Certificate" - a document given to you as proof of your coverage under the policy. It is not part of the entire contract of insurance. It contains all statements required by law.

"Children" - this term includes your:

1. natural children; or
2. legally adopted children; or
3. stepchild or foster child; or
4. a child related to you by blood or marriage for whom you are the legal guardian.

Each child must depend on you for support and either:

1. live with you and be claimed as a dependent on your federal income tax return; or
2. be a full time student at an accredited institution of higher learning.

Each child must also be:

1. unmarried; and
2. under the Maximum age shown in the policy schedule.

A disabled child can remain insured past the maximum age if such child is:

1. unmarried; and
2. incapable of self-support because of physical or mental disability; and

For newborns, "child" means a live birth which is recorded by valid birth certificate in the jurisdiction where the birth occurred.

"Class" - a grouping of insureds:

1. based on their job positions; and
2. determined by the policyholder.

"Contributory insurance" - you must pay a part of the premiums. All such payments are:

1. made directly to the policyholder; and
2. forwarded to us.

"Conversion" - you may exchange your rights under this policy for an individual policy. This only applies to: 1) term life insurance; or 2) dependent's life insurance.

"Coverage" - all the terms and provisions appearing under one of the following captions of this policy, if provided: 1) Term Life Insurance; or 2) Accidental Death and Dismemberment; or 3) Dependents' Life Insurance; or 4) Short Term Disability Insurance; or 5) other benefit riders.

"Covered" - you are insured under this policy.

"Date of death" - the date of the insured's death.

"Dependent" - your spouse and children who are not:

1. insured employees themselves under this policy; or
2. in full time military service.

A dependent can only be insured:

1. under one insured employee; and
2. **for contributory insurance** -- if the eligible employee has made a written request for dependent's insurance.

"Earnings" - wages. This term does not include:

1. overtime pay; or
2. bonuses; or
3. any other form of extra compensation.

Except for commissioned salespeople, the rate of earnings is that in effect just prior to the date the disability starts.

For commissioned salespeople, commissions will be averaged for the lesser of:

1. the 12 month period of employment just prior to the date total disability starts; or
2. the period of employment.

"Effective date" - the date this policy is put in force. It is shown on the first page of the policy.

"Eligible employee" - a person who:

1. is a member of the eligible classes shown in the policy schedule;
2. is within the age requirements shown in the policy schedule;
3. has satisfied any waiting period shown on your employer's application; and
4. is actively at work on the insured's effective date. If the employee is not actively at work on the date he would otherwise be eligible, see "Deferred effective date."

"Evidence of insurability" - evidence of good health acceptable to us.

"He," "his," and "him" - refer to both genders.

"Illness" - sickness, disease, pregnancy, or complications of pregnancy.

"In force" - this policy is in effect. Premiums are paid and all insuring conditions are met.

"Injury" - bodily injury which:

1. results directly and independently of all other causes from an accident;
2. occurs after the effective date of coverage for such injury; and
3. results in: a) disability; b) death; or c) dismemberment.

"Insured" - a person who:

1. is an eligible employee;
2. has fulfilled all conditions under this policy to become insured; and
3. has insurance in force under the policy.

"Insured's application" - includes:

1. his enrollment card; and
2. any evidence of insurability.

"Insured's effective date" - the date you become covered under this policy.

"Noncontributory insurance" - you are not required to pay any part of the premiums.

"Notice" - written notice in a form satisfactory to us for that purpose.

"Person" - is used in the singular. There may be more than one person - natural or legal.

"Physician" - a licensed physician practicing within the scope of his license.

"Proceeds" - the amount of insurance we will pay as a benefit. This amount is:

1. shown in the certificate schedule; and
2. subject to the amount that you are eligible for as shown in the policy schedule for your class.

"Proof" - a properly completed claim form, plus:

1. **for life insurance** - a) a certified copy of the death certificate; or b) death decreed by a court order;
or
2. **for disability or accidental death and dismemberment insurance** - written proof acceptable to us.

"Spouse" - your legal husband or wife.

"We", "us", and "our" - Regence Life and Health Insurance Company.

"You" and "your" - insured employee.

BENEFIT AND BENEFICIARY PROVISIONS

Benefit: We will pay the proceeds to the beneficiary:

1. when we receive proof of your: a) disability; and/or b) death;
2. if coverage insuring the type of loss has been selected:
 - a. in the policy; and
 - b. for your class;
3. if the premiums have been paid for that coverage; and
4. subject to all policy provisions.

Beneficiary: Your enrollment card lists your choice of beneficiary.

Proceeds will be paid:

1. to you -- for proceeds paid during your lifetime; or
2. to the beneficiary (as defined); or
3. to your estate -- if no beneficiaries survive you; or
4. according to the "Facility of Payment" provision for term life insurance.

Change of beneficiary: During your lifetime, you may change the beneficiary. Notice of the change must be dated and signed by you. You should give the notice to the policyholder. The change takes effect on the date it is signed. We are not liable for any action we take before we receive the notice at our home office.

NOTE: If you are divorced and your ex-spouse is named as the beneficiary, the beneficiary designation is only valid if the beneficiary designation form is signed after the date of the divorce.

INSURING PROVISIONS

Eligibility: See definition of "Eligible employee."

Evidence of insurability:

1. may be required by us if the amount of insurance exceeds our underwriting limitation; and
2. must be sent to us if:
 - a. your enrollment is made more than 31 days after you or your dependent were first eligible; or
 - b. you or your dependent have converted insurance under the policy:
 - 1) from prior employment; and
 - 2) to an individual policy which is in force. You must submit evidence before you and your dependent are eligible after the re-employment.

Evidence of insurability, if required, delays the effective date until we approve the evidence.

Evidence of insurability will be at the employee's expense for late enrollees.

Insured's effective date: Subject to the "Deferred effective date," you become insured:

1. **for noncontributory insurance** -- when you become an eligible employee; or
2. **for contributory insurance:**
 - a. **if you enroll on or prior to being an eligible employee** -- when you become an eligible employee; or
 - b. **if you enroll within 31 days after you become an eligible employee** -- when you enroll; or
 - c. **if you enroll more than 31 days after you become an eligible employee** -- when we accept evidence of insurability.

The date you enroll is deemed to be the date:

1. you completed the enrollment card to our satisfaction and signed it; and
2. you gave the card to the policyholder.

If you do not give evidence of insurability as required:

1. your eligibility ends; and
2. you will be subject to the same requirements if you become eligible at a later date.

Deferred effective date: Your effective date or an increase in coverage will be deferred:

1. if on the date you would otherwise become insured or receive the increase in coverage:
 - a. you are absent from active work; and
 - b. your absence is caused by an injury or illness; and
2. until the date you return to active work.

Termination of employee's insurance: Your coverage ends when:

1. this policy terminates; or
2. you stop paying the required premiums -- for contributory insurance; or
3. the employer does not remit premiums -- for noncontributory insurance; or
4. you cease to be in an eligible class; or
5. you cease to be an employee; or
6. you enter military service -- except temporary duty of less than 30 days.

Changes to this policy: No agent can:

1. change this policy; or
2. waive any of its terms.

Changes can be made only:

1. if your employer and we agree; and
2. by a written endorsement executed by us.

In performing any duties in connection with this policy, your employer is:

1. your agent; and
2. not our agent.

Incontestability: No statement made by you about your or your dependents' insurability will be used to contest the validity of this insurance, unless:

1. the coverage has been in force prior to the contest for less than two years during:
 - a. **for the insured's coverage** -- your lifetime; or
 - b. **for the dependents' coverage** -- your dependent's lifetime.
2. it is in the insured's application signed by you; and
3. a copy of the insured's application is or has been given to:
 - a. you; or
 - b. the beneficiary.

Except in the case of fraud, all statements made by you are deemed to be:

1. representations; and
2. not warranties.

Misstatement of age or class: We will pay based on the amount of insurance:

1. **if your age or class is misstated** -- that you are entitled to at your true age or class; or
2. **if your dependent's age is misstated** -- that your dependent is entitled to at his true age.

Physical exams and autopsy: We will have the right and opportunity to examine you:

1. by a physician of our choice;
2. at our own expense;
3. while a claim is pending or being paid; and
4. as often as we may reasonably require.

We also have the right to make an autopsy:

1. in the case of death;
2. where it is allowed by law; and
3. at our expense.

This provision also applies to dependents -- if dependent's life insurance is included.

Time of payment of claims: We will pay the proceeds for insured losses as soon as we receive proof.

Other insurance: This insurance is not in lieu of worker's compensation; it does not affect any requirement for worker's compensation coverage.

Assignment: You may assign any of your rights. We are not liable for the assignment's: 1) validity; or 2) sufficiency. We are not bound by an assignment until we receive it.

GENERAL PROVISIONS ACCIDENT AND HEALTH ONLY

Legal proceedings: A claimant may not file suit unless:

1. proofs of loss are filed within 3 years of the time required by this policy; and
2. at least 60 days have passed since the required proofs of loss were filed.

Notice of claims: Written notice of claim must be given to us:

1. within 60 days after the date of a loss covered by this policy; or
2. as soon thereafter as reasonably possible.

Claim forms: We will furnish the claimant with forms for filing proofs of loss within 15 days after we receive notice of the claim. If we do not do so, the claimant can comply with the requirements for filing proof of loss by giving us this proof:

1. within the term fixed in the "Proof of loss" provision; and
2. covering the losses': a) occurrence; b) character, and c) extent.

Proofs of loss: Written proof of loss:

1. must be furnished to us at our home office; and
2. should be furnished within 90 days after the date of loss.

Failure to furnish proof within such time will not invalidate nor reduce any claim if proof is furnished as soon as is reasonably possible; however, in no event, except in the absence of legal capacity of the claimant, may proof be given later than one year from the time proof is otherwise required.

Proof of continuing disability must be given within 90 days of the date such proof is requested.

COVERAGE 1 - Term Life Insurance

(only available to employees)

Term life benefit: We will pay the proceeds to the beneficiary:

1. if this coverage has been selected:
 - a. in the policy;
 - b. for your class; and
 - c. as shown in the policy schedule;
2. if the premiums have been paid for this coverage;
3. subject to all policy provisions; and
4. when we receive proof of your death.

Term life proceeds: The amount we will pay is that amount for which your life is insured at the date of death.

Facility of payment

The following paragraphs describe to whom we will pay the proceeds when an insured dies. Our liability for the payment ends if we make it in good faith.

Payment to beneficiaries: We will pay proceeds to the designated beneficiary or beneficiaries as listed on your enrollment application in the highest category, with the categories ranking in the following order: primary, first contingent, second contingent, etc.

If one or more beneficiaries in the same category dies before the insured, the deceased beneficiaries and their estates have no right to the proceeds except as provided in the next paragraph. Two or more surviving beneficiaries in the same category will share equally, unless otherwise specified.

In the event a child of the insured who is designated as a beneficiary dies before the insured, that child's proceeds will be divided into equal portions and made available to the child's children (the insured's grandchildren), if any.

When there is no surviving beneficiary: If there is no designated beneficiary, or if the designated beneficiary does not survive the insured, we will pay the proceeds in equal shares to the insured's surviving relatives of the highest rank of the following:

1. spouse;
2. children;
3. grandchildren;
4. parents;
5. siblings;
6. the insured's estate.

If the beneficiary is a minor or incompetent: If a beneficiary is a minor or not competent, we have the right to pay up to \$500 to the person or institution who appears to us to have assumed the beneficiary's custody and principal support. We will take this action until or unless a formal complaint is made by a legal representative of the beneficiary.

We will pay remaining benefits upon proof acceptable to us, of guardianship or conservatorship to the legal estate of the minor child or incompetent beneficiary.

Additional payment of proceeds: We may pay up to \$500 of the proceeds, according to law, to any person who appears to us to have incurred costs from the insured's last illness, death or funeral.

Optional modes of settlement: The proceeds may be paid on a monthly basis for a fixed term of years:

1. if you send us your written request;
2. if we agree; and
3. if each payment will be at least \$25.00.

The amount of the payments is figured from this table:

TABLE OF MONTHLY PAYMENTS PER \$1,000 OF PROCEEDS

Years Payable	Monthly Payments	Years Payable	Monthly Payments
1	\$84.28	5	\$17.00
2	\$42.66	10	\$ 9.39
3	\$28.79	15	\$ 6.64
4	\$21.86	20	\$ 5.27

These payments are based on an interest rate:

1. of 2 1/2% per year, and
2. compounded yearly.

We will also pay an excess interest that we may declare from year to year.

The first payment will be paid:

1. on the date the proceeds would have been paid in one sum; or
2. on the date you request.

If all beneficiaries under this mode die, we will:

1. pay the unpaid proceeds plus the earned interest in one sum; and
2. pay this one sum to:
 - a. the beneficiary's estate; or (at our option)
 - b. to one or more of the beneficiary's surviving relatives.

Other modes of settlement: Other modes of settlement may be arranged if you and we agree. We will furnish data on these other modes upon request.

Extension of employee life insurance during total disability

(Accidental death and dismemberment, short term disability and dependent's life benefits are not included.)

Definition (for this provision only)

"Totally disabled" or "total disability" - you are unable to work at any employment or occupation for which you are or become qualified by reason of education, training or experience and are not in fact engaged in any employment or occupation for wage or profit because of disability:

1. caused by injury or illness;
2. that started while your life is insured under this coverage; and
3. that has existed for a continuous term of at least 6 months.

Your life insurance will extend beyond the date it would otherwise end:

1. if you become totally disabled prior to age 60 while you are insured under this policy;
2. if the required life premiums have been paid for the first 6 months of total disability;
3. while your total disability is continuous;

4. if you give us written notice of your total disability within one year from the date the total disability began; and
5. if you give us proof of your continuous total disability:
 - a. **first proof** -- between the 6th and 12th month after the date the total disability began; and
 - b. **subsequent proof** -- during the last 3 months of each subsequent 12 month term after the first.

If notice of proof of your continuous total disability can't be given within these times:

1. it must be given as soon as is reasonably possible; and
2. it must be given within 3 months after the time it is otherwise required.

When we are satisfied with the proof, life insurance will be extended:

1. without further premiums after the first 6 months is paid; and
2. while your total disability continues.

We will still pay the life proceeds even though you did not give us the first proof:

1. if you die within one year of the start of your total disability; and
2. if we are given proof of:
 - a. your continuous total disability from the day it began; and
 - b. your death.

The amount of life insurance extended will be the lesser of:

1. the amount shown in the policy schedule; or
2. the amount in force on the last day of active work.

These provisions apply if they are in effect on the last day of active work:

1. reduction provisions;
2. termination provisions; and
3. retirement provisions.

Extended life insurance will end at the earliest date you:

1. are no longer totally disabled; or
2. fail to give us the required proof of your continuous total disability; or
3. refuse to be examined as required; or
4. retire at the normal age according to each company's requirements -- unless retiree coverage is provided.

If extended life insurance ends, you become entitled to the rights under "Conversion," unless:

1. you return to work; and
2. you are insured again under the policy.

We are not liable for a death claim under this coverage unless we receive proof of your death.

CONVERSION

You may convert all or part of the insurance under this coverage without evidence of insurability to an individual life policy :

1. if insurance ends because:
 - a. of termination of your: 1) employment; or 2) membership in an eligible class; or
 - b. of your retirement; or

- c. you reach a specified age; or
 - d. of a policy change affecting your class; or
 - e. this policy or the employer's participation ends or is amended; and
2. if within 31 days after termination you:
 - a. give us a written request to convert; and
 - b. pay the first premium on the new policy.

The new policy may be on any individual plan of life insurance, except term, issued by us:

1. at the age and for the amount applied for; and
2. without disability or other supplemental benefits.

The new policy:

1. face amount may not exceed:
 - a. the amount of insurance in force on the conversion date; or
 - b. **for "1.e." above** -- the lesser of:
 - 1) the amount which terminated -- less the amount of any life insurance for which you are or become eligible under any group policy issued or reinstated:
 - a) by us or any company; and
 - b) within 31 days after the termination of your coverage; or
 - 2) \$10,000.00;
2. premium rate will be based on:
 - a. your age on its effective date;
 - b. the rates then in use by us; and
3. effective date will begin at the end of the 31 day conversion period after termination.

If you die during the 31 day conversion period, the amount we will pay:

1. will be paid under the group policy; and
2. will be the maximum amount which could have been converted, whether or not:
 - a. the application to convert was made; or
 - b. the first premium was paid.

Any life conversion policy must be surrendered without claim. We will refund any premium paid for it.

Conversion to an individual policy will not stop any right under extended insurance if:

1. all conditions of that provision are met within the time required; and
2. the individual policy is given to us:
 - a. for cancellation; and
 - b. without a claim under it -- except for a refund of premiums paid.

COVERAGE 2 - Accidental Death, Dismemberment, Paralysis and Loss of Sight
(only available to employees)

Definition (for this coverage only)

"Loss" - means with regard to:

1. **life** -- death;
2. **hands and feet** -- complete severance through or above the wrist or ankle joint;
3. **sight** -- loss of sight which is: a) entire and b) irrecoverable;
4. **quadriplegia** -- complete and irreversible paralysis of both upper and both lower limbs;
5. **paraplegia** -- complete and irreversible paralysis of both lower limbs; or
6. **hemiplegia** -- complete and irreversible paralysis of the upper and lower limbs on one side of the body.

Benefit: We will pay the proceeds to the beneficiary:

1. if this coverage has been selected:
 - a. in the policy;
 - b. for your class; and
 - c. as shown in the policy schedule;
2. if the premiums have been paid for this coverage;
3. subject to all policy provisions;
4. when we receive proof of your loss shown below:
 - a. that was caused by injury while you were insured under this coverage; and
 - b. that occurs within 365 days from the date of the injury; and
5. if the loss is not excluded below.

The principal sum that applies to the insured is shown in the policy schedule for loss of:

Life.....	Principal Sum
Both hands or both feet or sight of both eyes	Principal Sum
One hand and one foot.....	Principal Sum
One hand and sight of one eye	Principal Sum
One foot and sight of one eye	Principal Sum
Quadriplegia	Principal Sum
Sight of one eye	One-half of the Principal Sum
One hand or one foot.....	One-half of the Principal Sum
Paraplegia.....	One-half of the Principal Sum
Hemiplegia.....	One-half of the Principal Sum

Note: Cerebrovascular accident (CVA), commonly called "stroke", is not an injury as defined in the policy.

No more than 100% of the Principal Sum will be paid for all covered losses resulting from any one accident, except as specifically provided in the provision titled Seat Belt Benefit below.

Exclusions: We will not pay the proceeds for any loss resulting from:

1. intentionally self-inflicted injury -- or any attempt to injure oneself while sane or insane; or
2. taking part in a riot; or
3. any war or act of war -- declared or undeclared; or
4. military service; or
5. taking part in an assault or a felony; or
6. the voluntary use or consumption of any poison, chemical compound or drug except as prescribed by a physician; or
7. bodily infirmity or disease from bacterial infections (except accidental ingestion of contaminated foods) -- other than infection caused from an injury covered under this coverage.

Seat Belt Benefit

Benefit: We will pay an extra benefit, called the Seat Belt Benefit, if all of the following conditions are met:

1. an Accidental Death benefit is payable as part of the death proceeds of this policy; and
2. we receive proof that:
 - a. you died as the result of an automobile accident; and
 - b. at the time of the accident you were wearing a seat belt.

Definitions (For this provision only)

"Seat Belt" means a seat belt or lap and shoulder restraint properly installed in the automobile.

"Automobile" means a motor powered land vehicle licensed for use on public highways, with four or more wheels and with seats designed for two or more persons.

Amount payable: The amount of Seat Belt Benefit payable equals the lesser of:

1. \$10,000; or
2. the amount of the Accidental Death Benefit.

Police report: A true copy of any police accident report must be submitted with the claim.

COVERAGE 3 - Dependent Life Insurance

Definition (for this coverage only)

"Dependent's effective date" -- the date the dependent becomes insured under this policy.

Dependent life benefit: We will pay the proceeds to the beneficiary:

1. if this coverage has been selected:
 - a. in the policy;
 - b. for your class; and
 - c. as shown in the policy schedule;
2. if the premiums have been paid for this coverage;
3. subject to all policy provisions; and
4. when we receive proof of the dependent's death.

Dependent life benefits are not payable in the event of miscarriage or stillbirth.

Dependent life proceeds: We will pay the amount:

1. that your dependent's life is insured for at the date of death; and
2. shown in the policy schedule for dependents in your class on the date of death.

Beneficiary: We will pay the proceeds to:

1. you -- if you are living; otherwise
2. your estate; or (at our option)
3. your spouse -- if living.

Deferred effective date: The dependent's effective date of coverage or an increase in coverage will be deferred:

1. if on such date he is confined to home or a hospital because of: a) an injury; or b) an illness; and
2. until he is discharged from confinement.

Termination of employee's dependent insurance: A dependent's coverage ends on the earliest date:

1. the person ceases to be a dependent; or
2. you stop paying premiums -- if premiums are required; or
3. your coverage ceases under this policy; or
4. all dependent coverage ceases under this policy; or
5. the dependent becomes an insured employee; or
6. the day you are eligible for extended insurance; or
7. the day a final decree of divorce is rendered, for Spouse coverage only.

Conversion

Your dependent may convert his insurance if:

1. it ends because:
 - a. the policy terminated; or
 - b. the policy was amended; or
 - c. you die -- the surviving dependent may convert only the insurance under the policy that would end because of your death; or
 - d. he ceases to be a qualified dependent; and

2. if within 31 days after termination he:
 - a. gives us a written request to convert; and
 - b. pays the first premium on the new policy.

The new converted individual life policy:

1. may be on any form issued by us except for term insurance:
 - a. that has a level: 1) premium; and 2) amount of insurance; and
 - b. that he selects from among those forms we then issue for: 1) his age; and 2) the amount applied for;
2. premium rate will be based on:
 - a. his age on its effective date; and
 - b. the rates then in use by us;
3. effective date will begin at the end of the 31 day conversion period; and
4. amount may not exceed the lesser of:
 - a. the amount of his insurance being terminated -- less any amount that he is or becomes eligible for under any group policy issued or reinstated:
 - 1) by us or any company; and
 - 2) within 31 days after his insurance terminates; or
 - b. \$10,000.

If the dependent dies during the 31 day conversion period, the proceeds we will pay:

1. will be paid under the group policy; and
2. will be the maximum amount which could have been converted, whether or not:
 - a. the application to convert was made; or
 - b. the first premium was paid.

Any life conversion policy must be surrendered without claim. We will refund any premium paid for it.

Receipt of Accelerated Benefits may adversely affect eligibility for Medicaid or other government benefits or entitlements.

**Receipt of Accelerated Benefits may be taxable.
Assistance should be sought from a personal tax advisor.**

ACCELERATED BENEFIT FOR TERMINAL ILLNESS RIDER

The following Accelerated Benefit for Terminal Illness will apply to the Life Insurance Benefits of this Policy only.

DEFINITIONS

For the purposes of this Rider, the following definitions will apply:

"Accelerated Benefit" means the amount of life insurance that will be paid in advance of a Covered Employee's death if the Covered Employee is Terminally Ill. The amount of the Accelerated Benefit will be determined as shown in the Benefit Amount and Benefit Cost section below.

"Covered Employee" means the employee insured under this Accelerated Benefit Rider.

"Physician" means a medical or osteopathic physician, other than the Covered Employee's spouse, parent, child, brother or sister, and other than a hospital resident or intern, who is licensed to practice medicine in the United States or Canada.

"Terminally Ill" or **"Terminal Illness"** means that while insured under this Rider the Covered Employee is diagnosed as having a medical condition that causes the Covered Employee's life expectancy to be six months or less. The Covered Employee must at his or her expense provide proof satisfactory to Regence Life and Health Insurance Company of such limited life expectancy. Such proof includes, but is not limited to, clinical, radiological and laboratory evidence.

We may require at our expense an examination by a physician of our choice.

BENEFIT AMOUNT AND BENEFIT COST

If the Covered Employee is Terminally Ill and voluntarily requests payment of an Accelerated Benefit, we will pay such benefit to the Covered Employee. The Accelerated Benefit amount will be as chosen by the Covered Employee, except that the benefit may not exceed the lesser of:

1. 75% of the life insurance in force on the Covered Employee's life under this Policy; or
2. \$500,000.

There is no cost for this Rider unless the Accelerated Benefit is exercised. If the Accelerated Benefit is exercised, the cost of the Rider will be the interest, in advance, of the Accelerated Benefit for six months. In no event will the interest rate be higher than the greater of:

1. The current yield on 90-day Treasury bills; or
2. The current maximum statutory adjustable policy loan interest rate.

The following formula will be used to calculate the interest charged:

Let A = amount of Accelerated Benefit the Covered Employee requested
 i = annual interest rate charged
 I = amount of interest charged

$$I = A - \frac{A}{1 + (i)}$$

An administrative fee of \$200 will also be charged.

The cost of the Rider as defined above and the administrative fee will be deducted from the Accelerated Benefit proceeds.

The Accelerated Benefit will be paid in one lump sum. Only one Accelerated Benefit may be paid per Covered Employee.

CONDITIONS

Payment of an Accelerated Benefit is subject to the following conditions:

1. The Terminal Illness diagnosis must be made:
 - a. after the Covered Employee's effective date for coverage under this Rider; and
 - b. while this Rider is in effect as to the Covered Employee.
2. The written consent of any assignee or irrevocable beneficiary must be given to us.
3. The Covered Employee must send the Group Life Certificate to us.
4. The Accelerated Benefit is available on a voluntary basis only, therefore:
 - a. if a Covered Employee is required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
 - b. if a Covered Employee is required by a government agency to use this option in order to apply for, obtain or keep a government benefit or entitlement,the Covered Employee is not eligible for this benefit.
5. In the event the Covered Employee dies after a request is made, but before the Accelerated Benefit is paid:
 - a. the Accelerated Benefit is not payable; and
 - b. the life insurance proceeds of the Group Policy will be paid to the beneficiary as if no request had been made.

MEDICAL REFEREE

If the Covered Employee and we do not agree on the diagnosis of Terminal Illness, either may request, in writing, the opinion of a medical referee. The procedure will be as follows:

1. Each party will select an independent physician.
2. Both physicians will:
 - a. examine the Covered Employee and all medical records; and
 - b. submit an opinion.
3. If the two physicians do not agree, they will choose a third disinterested physician acceptable to both.
4. The third physician will:
 - a. examine the Covered Employee and the medical records; and
 - b. serve as a medical referee.
5. If the opinion of the medical referee is in favor of the Covered Employee, we will:
 - a. accept the decision as binding; and
 - b. pay the expenses of the physicians involved.
6. If the opinion is in our favor:
 - a. we will pay the expenses of our physician and the third referee; and
 - b. the Covered Employee will pay the expenses of his or her physician.
7. A decision by the referee in our favor is not binding on the Covered Employee, who may appeal further as provided by law.

EFFECT ON LIFE AMOUNT

We will send the Covered Employee a statement showing what effect payment of the Accelerated Benefit will have on the Covered Employee's life insurance amount.

Upon the death of the Covered Employee, the beneficiary will receive the amount of life insurance provided under this Policy, less:

1. the cost of the Rider (as defined in the Benefit Amount and Benefit Cost section of this Rider);
2. the administrative fee; and
3. the Accelerated Benefit paid to the Covered Employee.

WAIVER OF PREMIUM

At the time the Accelerated Benefit is paid, we will waive the life insurance premium for the amount of life insurance which remains in force.

INCONTESTABILITY

This Rider will be incontestable after it has been in force during the Covered Employee's lifetime for two years from its effective date.

POLICY PROVISIONS

This Rider is subject to the terms and conditions of the Group Policy which are not in conflict with the terms of this Rider.

TERMINATION

This Rider will terminate as to all Covered Employees on the earlier of:

1. termination of the Group Policy; or
2. cancellation of this Rider by the employer.

This Rider will terminate as to any Covered Employee on the earlier of:

1. lapse or termination of the Covered Employee's coverage under the Group Policy; or
2. the Covered Employee's death.

This Rider does not change, waive or extend any part of the Group Policy other than as specifically set forth in this Rider.

REGENCE LIFE AND HEALTH INSURANCE COMPANY

President

A handwritten signature in black ink, appearing to read "John A. [unclear]", is written over the printed name of the President.

Regence

Life and Health Insurance Company

Regence Life and Health Insurance Company
100 SW Market Street
Portland, Oregon 97201

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

POLICYHOLDER: LEWIS & CLARK COLLEGE

POLICY NUMBER: WBT 000528

This Voluntary Accidental Death and Dismemberment Rider is not valid unless accompanied by a Confirmation Statement from Regence Life and Health. The Confirmation Statement is a letter that verifies the benefit level and plan you have been approved for and your effective date of coverage. Your coverage will begin on the effective date shown provided you are Actively at Work on that date and the required premium has been paid. This Voluntary Accidental Death and Dismemberment Rider must also be attached to your GROUP LIFE AND DISABILITY INSURANCE CERTIFICATE OF COVERAGE. The insurance provided under this Rider is subject to the terms and conditions of the CERTIFICATE OF COVERAGE except as specifically set forth in this Rider.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

The Group Policy or Certificate to which this Rider is attached is amended to provide Voluntary Accidental Death and Dismemberment Insurance, subject to the terms and conditions which follow.

A. BENEFIT

An eligible Employee may enroll for Voluntary Accidental Death and Dismemberment Insurance in increments of \$25,000 up to a maximum of \$500,000. The amount of insurance the Employee purchases on his or her life is called the "Principal Sum". The Employee may select Employee Only Coverage or may choose to also enroll his or her family by selecting Employee and Family Coverage.

The Voluntary Accidental Death and Dismemberment Benefit is payable for Covered Loss resulting from Accidental Bodily Injury:

- 1. if the Accidental Bodily Injury occurs while this coverage is in force;
- 2. if the Covered Loss occurs within 365 days of the date of the Accidental Bodily Injury; and
- 3. subject to all of the exceptions, limitations and provisions of this Rider and the Policy or Certificate to which it is attached.

The Voluntary Accidental Death and Dismemberment benefit we will pay in one sum is:

- 1. **For an Insured Employee**, the portion of the Principal Sum indicated in the Table of Covered Losses below; or
- 2. **For an Insured Dependent (if Family Coverage has been elected)**, the portion of the Principal Sum indicated in the Table of Covered Losses below times the applicable percentage of the Employee's Principal Sum shown in Item B. FAMILY COVERAGE.

TABLE OF COVERED LOSSES

LOSS OF:

Life.....	The Principal Sum
Both Hands or Both Feet.....	The Principal Sum
Sight of Both Eyes.....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
One Hand or One Foot and Sight of One Eye.....	The Principal Sum
Speech and Hearing.....	The Principal Sum
Quadriplegia.....	The Principal Sum
One Leg or One Arm.....	One-Half the Principal Sum
One Hand or One Foot.....	One-Half the Principal Sum
Sight of One Eye.....	One-Half the Principal Sum
Speech or Hearing.....	One-Half the Principal Sum
Paraplegia or Hemiplegia.....	One-Half the Principal Sum
Thumb and Index Finger of the Same Hand.....	One-Quarter of the Principal Sum

Under no circumstances will Proceeds be paid under this Rider for more than one of the Covered Losses, the greatest, sustained by any one Insured Person in any one accident.

Benefit Reduction: The Principal Sum reduces to 65% at age 70, to 45% at age 75, to 30% at age 80, to 20% at age 85, to 15% at age 90 and to 10% at age 95.

Accidental Bodily Injury means immediate traumatic physical damage to the body which:

1. results directly from an unexpected and unintentional event; and
2. is independent of disease, bodily infirmity or any other cause.

Loss means with regard to:

1. **Life** - death;
2. **Hands or feet** - complete severance through or above the wrist or ankle joint;
3. **Sight** - entire and unrecoverable loss of sight;
4. **Leg or arm** - complete severance through or above the knee or elbow joint;
5. **Quadriplegia** - complete and irreversible loss of the use (paralysis) of both upper and both lower limbs;
6. **Paraplegia** - complete and irreversible loss of the use (paralysis) of both lower limbs;
7. **Hemiplegia** - complete and irreversible loss of the use (paralysis) of the upper and lower limbs on one side of the body;
8. **Thumb and Index Finger** - complete severance through or above the metacarpophalangeal joints;
9. **Speech or Hearing** - entire and unrecoverable loss of speech or hearing.

Insured Employee means an Employee who is enrolled for coverage under this Rider.

Insured Dependent means a Spouse or Dependent Child who is enrolled for coverage under this Rider.

B. FAMILY COVERAGE

If the Employee elects Family coverage and one of his or her dependents suffers a Covered Loss as defined in this Rider, the Dependent Principal Sum will be a percentage of the Employee Principal Sum as follows:

1. If spouse and eligible children are covered:

Spouse Benefit..... 40% of Employee Principal Sum
Child Benefit..... 10% of Employee Principal Sum

2. If there is no spouse:

Child Benefit..... 15% of Employee Principal Sum

3. If there are no eligible dependent children:

Spouse Benefit..... 50% of Employee Principal Sum

C. EDUCATION BENEFIT

If Proceeds become payable under this Rider for the accidental loss of life of an Insured Employee, who, at the date of the accident had also insured his or her Spouse and Dependent Child(ren) under this Rider, we will pay an additional amount equal to the **lesser** of the following amounts:

1. The actual annual tuition, exclusive of room and board, charged by an Institution of Higher Learning per school year or;
2. 5% of the Insured Employee's Principal Sum; or
3. \$3,750.00 per school year;

to or on behalf of any Insured Dependent Child who, on the date of the accident:

1. was enrolled as a full-time student in any Institution of Higher Learning beyond the 12th grade level; or
2. was at the 12th grade level and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days following the date of the accident.

This benefit is payable annually for a maximum of four consecutive annual payments, but only if the Dependent Child continues his or her education as a full-time student in an Institution of Higher Learning.

If the surviving Spouse enrolls in a professional or trades training program for the purpose of obtaining an independent source of income, we will pay, in addition to all other benefits payable, the actual cost of such training incurred within 30 months from the date of death, up to a maximum of \$3,000.

<p>Dependent Child means any unmarried child under 23 years of age who was dependent upon the Insured Employee for at least 50% of his or her maintenance and support at the time of the Employee's death.</p>

<p>Institution of Higher Learning includes, but is not limited to, any state university, private college or trade school.</p>
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D. TERMINATION OF RIDER

This Rider may be terminated by the Policyholder by giving 31 days written notice to us. We may refuse renewal of this Rider if:

1. The Policyholder fails to furnish promptly any information reasonably requested by us; or
2. The Policyholder fails without good and sufficient cause to perform in good faith obligations pertaining to this Rider; or
3. The Policyholder carries a plan or plans of insurance similar to the coverage provided by this Rider.

This Rider will automatically terminate on the termination date of the Policy to which it is attached.

E. LIMITED AIR TRAVEL COVERAGE.

Insurance provided under this Rider includes riding as a passenger in, boarding or alighting from any aircraft being used for the transportation of passengers, except as follows:

1. if the Insured Person is a pilot or crew member, or if the Insured Person is giving or receiving training or instruction; or
2. while an Insured Person is riding as a passenger or otherwise in an aircraft owned, operated or leased by or on behalf of the Policyholder, or by the employer of the Insured Person if other than the Policyholder, unless a specific written agreement has been obtained from us to provide such coverage.

F. EXCLUSIONS

Even though a loss results from Accidental Bodily Injury, no payment will be made under this Rider if either the Accidental Bodily Injury or the loss are caused by, or incurred as a result of, any of the following:

1. suicide, intentionally self-inflicted injury, or any attempt to injure oneself, while sane or insane;

2. active participation in a riot. "Active participation" does not include being at the scene of a riot during the performance of official duties;
3. war or any act of war, whether declared or undeclared;
4. injury suffered while serving in the military forces of any country;
5. committing or attempting to commit an assault or felony;
6. any sickness or pregnancy existing at the time of the Accidental Bodily Injury;
7. voluntary use or consumption of any poison, chemical compound or drug, except a prescription drug used or consumed in accordance with the directions of the prescribing Physician;
8. heart attack (including but not limited to myocardial infarction) or stroke (including but not limited to cerebrovascular accident);
9. bodily infirmity or disease from bacterial or viral infections, other than infection caused from an Accidental Bodily Injury sustained while the Insured Person was covered under this Rider; or
10. diagnostic test, medical or surgical treatment.

G. INDIVIDUAL TERMINATIONS

The insurance of any Insured Person shall immediately terminate on the earliest of the following dates:

1. on the date this Rider terminates;
2. on the last day of the period for which the Employee has made the required contribution;
3. on the date the Employee's insurance ends under the Group Policy to which this Rider is attached;
4. with respect to a dependent, on the premium due date next following the date he or she ceases to be an eligible dependent.

H. PAYMENT OF CLAIMS

In the event of the Insured Employee's death, we will pay the Proceeds in accordance with the Beneficiary Designation. If no such designation is effective, the Proceeds will be paid in accordance with the Facility of Payment provision of the Group Life Insurance Policy. Any accrued Proceeds unpaid at the Insured Employee's death may, at our option, be paid to the Beneficiary. If there is no surviving Beneficiary, the Proceeds will be paid in accordance with the Facility of Payment provision. All other Proceeds will be payable to the Insured Employee.

I. RATES

<u>Principal Sum</u>	<u>Employee Only Coverage Monthly Cost</u>	<u>Employee and Family Coverage Monthly Cost</u>
\$250,000	\$7.50	\$12.50
\$225,000	\$6.75	\$11.25
\$200,000	\$6.00	\$10.00
\$175,000	\$5.25	\$8.75
\$150,000	\$4.50	\$7.50
\$125,000	\$3.75	\$6.25
\$100,000	\$3.00	\$5.00
\$75,000	\$2.25	\$3.75
\$50,000	\$1.50	\$2.50
\$25,000	\$0.75	\$1.25

REGENCE LIFE AND HEALTH INSURANCE COMPANY

President



Regence

Life and Health Insurance Company

100 SW Market Street
P.O. Box 1271 E-3A
Portland, OR 97207-1271
(503) 721-7161 (800) 794-5390

This Endorsement is effective April 1, 2008.

STATE CERTIFIED DOMESTIC PARTNER ENDORSEMENT

The Policy or Certificate to which this endorsement is attached is amended as follows:

Definition Change. The Definition of "Spouse" shall include state certified domestic partners.

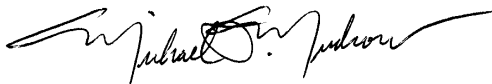
Eligibility for Children of State Certified Domestic Partners. If your Policy provides coverage for Dependents, the children of state certified domestic partners shall be eligible for coverage under the same terms and conditions as children of a Spouse.

Termination of Domestic Partnership. In the event the domestic partnership terminates, the same termination rules that apply for divorce shall apply for termination of the domestic partnership.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

REGENGE LIFE AND HEALTH INSURANCE COMPANY

Secretary



President

