

RELIANCE STANDARD

LIFE INSURANCE COMPANY

Home Office: Schaumburg, Illinois • Administrative Office: Philadelphia, Pennsylvania

PARTICIPATION AGREEMENT

Application is hereby made by the undersigned Participating Employer for insurance under Policy VLTDG100013 issued to the Austin Trust Company, Trustee for the National Educators Assurance Trust, based on the following statements and representations.

- Name of Participating Employer: Carrizo Springs Consolidated Independent School District
District Identifier Number: VLTDG200029

Address: 300 N 7th St
Carrizo Springs TX 78834

Agent or Broker: _____

Affiliates/Subsidiaries: Yes (See List Attached) No

Participating Employer Effective Date: September 1st, 2020

Participating Employer Anniversary Date: September 1st, 2021, and each year thereafter

Premium Payable: Monthly

Premiums: Premiums are subject to change in accordance with Section titled "PREMIUMS" of the Policy.
- Is any person to be insured not Actively at Work? Yes No

If yes, attach a listing of the names and reasons for not being Actively at Work.
- Participating Employer wishes the eligible persons described on the Participating Employer Schedule to be eligible for coverage under the policy identified above, and any policies issued in replacement or substitution thereof, by Reliance Standard Life Insurance Company.
- The insurance to be provided under the policy applies only to the groups or classes of Insureds described on the Participating Employer Schedule and only with respect to those benefits specified. The specified benefits shall apply to each eligible class as indicated, subject to all the terms of the Policy relating thereto.
- Participating Employer agrees to promptly furnish the Trustee or its Administrator and Reliance Standard Life Insurance Company with any information required by them as needed to ensure proper administration of the insurance plans of the Trust. Participating Employer further agrees to allow the Trustee, its Administrator and Reliance Standard Life Insurance Company to inspect all records that pertain to the insurance plans of the Trust.

6. Participating Employer hereby adopts the Agreement and Declaration of Trust identified above, as originally established and amended from time to time, and confirms the appointment of Trustee, and agrees to be bound by the terms of the Trust Agreement.
7. Participating Employer hereby appoints the Trust Administrator to represent it in all dealings with the Trustee which have to do with the insurance fund.
8. Participating Employer agrees that in the event of its withdrawal as a Participating Employer, no further claim (except as may be provided under any extended benefits provision of the policy) will be made against any funds accruing to any portion of the insurance fund.]
9. PARTICIPATING EMPLOYER SCHEDULE OF BENEFITS

Premium Due Date: September 1, 2020 and each month thereafter

Eligible Class: All full time employees in the Eligible Classes working at least 17.5 hours during an employee's regular work week of the Participating Employer who are: Actively at Work on a full-time basis; except any employees working on a temporary or seasonal basis.

Service Waiting Period: Present Employees: None
Future Employees: None

INDIVIDUAL REINSTATEMENT: 30 days

CONTINUATION OF INDIVIDUAL INSURANCE:
 approved leave of absence: 12 months
 temporary lay-off: 1 month
 approved sabbatical: 12 months

Premiums:
Monthly Premium per \$100 of covered monthly benefits

Elimination Period	Cost per \$100 Monthly Benefit
0 / 3	\$4.58
14 Day	\$2.97
30 Day	\$2.21
60 Day	\$1.52
90 Day	\$1.22
180 Day	\$0.98

Optional Extended Benefit
Additional Monthly Premium per \$100 of covered monthly benefits: \$1.45

DISABILITY INCOME BENEFITS

Elimination Period:
0 days Injury / 3 days Sickness*, 14 days Injury/Sickness*, 30 days Injury/Sickness, 60 days Injury/Sickness, 90 days Injury/Sickness, , 180 days Injury/Sickness - as elected by the employee.

* For elimination periods of 14 days or less, if you are Hospital Confined during the benefit waiting period the following applies: 1) the remainder of your benefit waiting period will be waived; 2) disability benefits will become payable on the first day you are hospital confined; 3) the maximum benefit period will begin on the date disability benefits become payable; and 4) you must be under the ongoing care of a physician while you are Hospital Confined.

Each Eligible Person may apply for an Elimination Period that is available under the Policy as shown in the PREMIUM section.

Monthly Benefit: Each Eligible Person may apply for a Monthly Benefit, in increments of \$100 from a minimum of \$200 to a maximum of \$8,000 per month not to exceed 66 2/3% of his/her Covered Monthly Earnings, payable in accordance with the benefit section titled Disability Income Benefits.

Minimum Monthly Benefit: \$100 or 15% of your Gross Monthly Benefit, whichever is greater

Guaranteed Issue Amount:

Base Plan: Lesser of 66 2/3% of Covered Monthly Earnings or \$8,000

Optional Extended Benefit: \$400

The employee may apply for up to \$8,000 (not to exceed 66 2/3% of Basic Monthly Earnings) under the Base Plan and \$400 (not to exceed 66 2/3% of Basic Monthly Earnings) under the Optional Extended Benefit without answering questions about their current or past health history. *This amount of coverage is subject to the Pre-Existing Condition exclusion.* The above guarantee issue amounts only apply during the initial Enrollment period.

Employees who were participating in and insured by the Participating Employer's prior plan on the date immediately prior to the Participating Employer's Effective Date shown on the Policy Schedule and are Actively at Work on such date: All amounts that were in force under the Participating Employer's prior plan on the date immediately preceding the Participating Employer's Effective Date with Reliance Standard Life Insurance Company are guaranteed issue up to the maximum benefit amount available under this Policy.

Employees currently insured can increase coverage up to the guarantee issue amount noted above during the initial Enrollment period without providing Evidence of Insurability. *The increased amount of coverage is subject to the Pre-Existing Condition exclusion.*

Newly hired employees have 31 days from their date of hire to apply for the guarantee issue amount noted above. *Coverage is subject to the Pre-Existing Condition exclusion.* Employees who do not elect coverage during the initial Enrollment period or within 31 days from their date of hire (if newly hired), will be considered late entrants and are subject to Evidence of Insurability. Evidence of Insurability will need to be completed when an employee requests an increase of coverage at future annual re-enrollments or for all amounts of coverage for a late entrant.

Maximum Monthly Benefit: \$8,000

Maximum Benefit Period: Benefits will not accrue beyond the Benefit Period specified below:

For Total Disability Due to Sickness: 3 Years**

For Total Disability Due to Injury: Social Security Normal Retirement Age

For Total Disability commencing after the Insured attains age 64, benefits will be payable for the lesser of the duration shown below or the Maximum Benefit Period:

3 Years /Reducing Benefit Duration

<u>Age When Disability Begins</u>	<u>Maximum Payment Duration</u>
Less than Age 64	3 years
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and older	12 months

Social Security Normal Retirement Age

<u>Age When Disability Begins</u>	<u>Maximum Payment Duration</u>
Less than age 60	To Social Security Normal Retirement Age (SSNRA)
60	60 months or to SSNRA, whichever is greater
61	48 months or to SSNRA, whichever is greater
62	42 months or to SSNRA, whichever is greater
63	36 months or to SSNRA, whichever is greater
64	30 months or to SSNRA, whichever is greater
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Social Security Normal Retirement Age (SSNRA) means the age at which you are eligible for Social Security full retirement benefits.

** An Insured may elect to be insured under the Optional Extended Benefit if he is insured and remains insured under this plan, and pays the required additional premium. If elected, it extends the Maximum Benefit Period for Sickness to Social Security Normal Retirement Age.

HOSPITAL/MEDICAL INCOME BENEFITS

Hospital Confinement Benefit: \$100 payable on the 1st day of Hospital Confinement.

Maximum Benefit Period: 90 days

Medical Treatment Benefit:

Sickness: \$50 payable, limited to one Doctor's visit per day.***

Injury that requires treatment by a Doctor other than at the Emergency Room: \$75 payable, limited to one Doctor's visit per day.***

Injury that requires treatment by a Doctor at the Emergency Room: \$150 payable, limited to one Emergency Room visit per day.***

*** Not more than 4 occurrences per calendar year for any combination of the above categories listed under the Medical Treatment Benefit.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Accidental Death and Dismemberment Principal Sum: \$30,000


Covered Loss	Percentage of Principal Sum Payable
loss of life	100%
loss of two limbs	100%
loss of sight of both eyes	100%
loss of one limb and the sight of one eye	100%
loss of both speech and hearing	100%
loss of one limb	50%
loss of sight of one eye	50%
loss of either speech or hearing	50%
loss of thumb and index finger one hand	25%

IN WITNESS WHEREOF, and intending to be legally bound, Participating Employer has signed this Participation Agreement on 4th day of August, 2020

Carrizo Springs C. I. S. D.
(Participating Employer)

By: 
Jesse Muniz
Title: Executive Director for
Financial Services

Accepted on August 24, 2020


(Administrator)

By: Robert Cozby
Title: VP of Marketing