

**Group Long Term Disability
Insurance Certificate**

International Union of Elevator Constructors

IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

Arizona, Florida and Maryland residents:

The group policy is issued in the state of Maryland and will be governed by its laws. If you reside in a state other than Maryland, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.

FOREWORD

Disability insurance provides individuals and their families with financial protection. The Disability Insurance Benefit described in this booklet will help secure your family's financial security in the event of your disability.

The need for disability insurance protection depends on individual circumstances and financial situations. Your Employer is offering you the opportunity to purchase this insurance to make your benefit program more comprehensive and responsive to your needs.

The following pages describe the main provisions of the group disability insurance plan available to you.

Any insurance benefit described in the following pages will apply to you only if you have elected that benefit and have authorized payroll deduction for the required premium.

LIFE INSURANCE COMPANY OF NORTH AMERICA

1601 CHESTNUT STREET
PHILADELPHIA, PA 19192-2235

(888) 842-4462 Dial 711 to access telecommunications relay services

A STOCK INSURANCE COMPANY

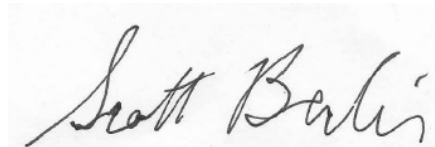
**GROUP INSURANCE
CERTIFICATE**

We the LIFE INSURANCE COMPANY OF NORTH AMERICA, have issued a Group Policy, VDT-980241, to International Union of Elevator Constructors.

This Certificate describes the benefits and basic provisions of your coverage. Please read it with care so you understand your coverage.

This is not the insurance contract. It does not waive or alter any terms of the Policy. If questions arise, the Policy governs. You may examine the Policy at the office of the Policyholder or the Administrator.

This Certificate replaces any and all Certificates which may have been issued to you in the past under the Policy.

A handwritten signature in black ink that reads "Scott Berlin". The signature is written in a cursive, flowing style.

Scott Berlin, President

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SCHEDULE OF BENEFITS

Policy Effective Date: July 1, 2024

Certificate Effective Date: May 1, 2025

Policy Anniversary Date: July 1

Policy Number: VDT-980241

Eligible Class Definition:

All active, full-dues paying members in good standing with the union working under a collectively bargained contract of the Employer, regularly working in the United States, who are citizens or permanent resident aliens of the United States, who are regularly working a minimum of 15 hours per week; or who worked a minimum of 750 hours in the previous calendar year; or who are projected to work a minimum of 750 hours in the current calendar year based on average hours worked year-to-date annualized for the entire year.

Eligibility Waiting Period

If you were hired on or
before the Policy Effective Date: No Waiting Period

If you were hired after
the Policy Effective Date: No Waiting Period

Benefit Waiting Period 180 days

Disability Benefit An amount elected in units of \$100

If, for any month, the sum of your Disability Benefit and Other Income Benefits exceed 70% of your monthly Covered Earnings, your Disability Benefit will be reduced by the excess amount.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that you receive on your own behalf or for your dependents, or which your dependents receive because of your entitlement to Other Income Benefits.

Maximum Disability Benefit

Option 1: The lesser of \$2,500 or 60% of Monthly Covered Earnings. The Maximum Benefit will be rounded to the next higher \$100 if not already a multiple thereof.

Option 2: The lesser of \$10,000 or 60% of Monthly Covered Earnings. The Maximum Benefit will be rounded to the next higher \$100 if not already a multiple thereof.

Minimum Disability Benefit \$100 per month

Maximum Benefit Period

Option 1:

Age When Disability Begins

Age 65 or under

Age 66

Age 67

Age 68

Age 69 or older

Maximum Benefit Period

The date the 24th Monthly Benefit is payable.

The date the 21st Monthly Benefit is payable.

The date the 18th Monthly Benefit is payable.

The date the 15th Monthly Benefit is payable.

The date the 12th Monthly Benefit is payable.

Option 2:

Age When Disability Begins

Age 62 or under

Age 63

Age 64

Age 65

Age 66

Age 67

Age 68

Age 69 or older

Maximum Benefit Period

The date the 60th Monthly Benefit is payable.

The date the 36th Monthly Benefit is payable.

The date the 30th Monthly Benefit is payable.

The date the 24th Monthly Benefit is payable.

The date the 21st Monthly Benefit is payable.

The date the 18th Monthly Benefit is payable.

The date the 15th Monthly Benefit is payable.

The date the 12th Monthly Benefit is payable.

TL-004774

WHO IS ELIGIBLE

If you qualify under the Class Definition shown in the Schedule of Benefits you are eligible for coverage under the Policy on the Policy Effective Date, or the day after you complete the Eligibility Waiting Period, if later. The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. Your Eligibility Waiting Period will be extended by the number of days you are not in Active Service.

Except as noted in the Reinstatement Provision, if you terminate your coverage and later wish to reapply, or if you are a former Employee who is rehired, you must satisfy a new Eligibility Waiting Period. You are not required to satisfy a new Eligibility Waiting Period if your insurance ends because you no longer qualify under your Class Definition, but you continue to be employed, and within one year you qualify again.

TL-004710

WHEN COVERAGE BEGINS

If you are required to contribute to the cost of your insurance you may elect to be insured only by authorizing payroll deduction in a form approved by the Employer and us. The effective date of your insurance depends on the date coverage is elected.

If you elect coverage within 31 days after you become eligible, your insurance is effective on the latest of the following dates.

1. The Policy Effective Date.
2. The date you authorized payroll deduction.
3. The date the completed enrollment form is received by the Employer or us.

If your enrollment form is received more than 31 days after you are eligible to elect coverage, disability insurance is effective on the date we agree in writing to insure you. We will require you to satisfy the Insurability Requirement before we agree to insure you.

If you are not in Active Service on the date your insurance would otherwise be effective, it will be effective on the date you return to any occupation for your Employer on a Full-time basis.

TL-004712.21

WHEN COVERAGE ENDS

Your insurance ends on the earliest of the dates below.

1. The date you are eligible for coverage under a plan intended to replace this coverage.
2. The date the Policy is terminated.
3. The end of the month in which you no longer qualify under your Class Definition.
4. The day after the period for which premiums are paid.
5. The end of the month in which you are no longer in Active Service.

Extension of Benefits After Termination

If the Policy is terminated, we will continue to pay Disability Benefits as long as your Disability began while the Policy is in force.

TL-004714

WHEN COVERAGE CONTINUES

This provision modifies the When Coverage Ends provision to allow insurance to continue under certain circumstances if you are no longer in Active Service. Insurance that is continued under this provision is subject to all other terms of the When Coverage Ends provisions.

Your Disability Insurance will continue if your Active Service ends because of a Disability for which benefits under the Policy are or may become payable. Your premiums will be waived while Disability Benefits are payable. If you do not return to Active Service, this insurance ends when your Disability ends or when benefits are no longer payable, whichever occurs first.

If your Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of your approved FMLA leave or the leave period required by law in the state in which you are employed. Premiums are required for this coverage.

If your Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date you cease work, insurance will continue for you for up to 6 months. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.

If your Active Service ends due to Furlough, insurance will continue for you for up to 6 months. Premiums are required for this coverage.

If your Active Service ends due to Temporary Layoff, insurance will continue for you for up to 6 months. Premiums are required for this coverage.

If your Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, your insurance will continue until the earlier of:

- a. the date your employment relationship with the Employer terminates;
- b. the date premiums are not paid when due;
- c. the end of the 30 day period that begins with the first day of such excused absence;
- d. the end of the period for which such short term absence is excused by the Employer.

Notwithstanding any other provision of this policy, if your Active Service ends due to termination of employment or any other termination of the employment relationship, insurance will terminate and continuation of insurance under this provision will not apply.

If your insurance is continued pursuant to this When Coverage Continues provision, and you become Disabled during such period of continuation, Disability Benefits will begin on the later of the date the Benefit Waiting Period is satisfied, or the date any salary continuation benefits provided by the Employer during such period of continuation terminates.

TAKEOVER PROVISION

This provision applies to you only if you are eligible under this Policy and were covered for long term disability coverage on the day prior to the effective date of this Policy under a group disability plan provided by the Policyholder.

- A. We will insure an Employee to which this Takeover Provision applies if he or she would be eligible under the Policy, except for requirements of Active Service, and if required premium is paid.

The Policy will provide coverage as follows:

1. If benefits for a disability are covered under the Prior Plan, no benefits are payable under this Plan.
 2. If the disability is not a covered disability under the Prior Plan because the plan terminated, benefits payable under this Policy for that disability will be the lesser of: (a) the disability benefits that would have been payable under the Prior Plan; and (b) those provided by this Policy. Credit will be given for partial completion under the Prior Plan of elimination periods and partial satisfaction of pre-existing condition limitations.
- B. The Elimination Period under this Policy will be waived for a Disability which begins while you are insured under this Policy if all of the following conditions are met:
1. The Disability results from the same or related causes as a Disability for which monthly benefits were payable under the Prior Plan;
 2. Benefits are not payable for the Disability under the Prior Plan solely because it is not in effect;
 3. An elimination period would not apply to the Disability if the Prior Plan had not ended;
 4. You were in Active Service for more than 14 consecutive days while covered under this Policy; and
 5. The Disability begins within six months of your return to Active Service.
- C. Except for any amount of benefit in excess of a Prior Plan's benefits, the Pre-existing Condition Limitation will not apply if you were covered under a Prior Plan and satisfied the pre-existing condition limitation, if any, under that plan. If you did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied under the Prior Plan's pre-existing condition limitation.

Benefits will be determined based on the lesser of: (1) the amount of the gross disability benefit under the Prior Plan and any applicable maximums; and (2) those provided by this Policy.

If benefits are payable under the Prior Plan for the Disability, no benefits are payable under this Policy.

DESCRIPTION OF BENEFITS

WHAT IS COVERED

Disability Benefits

Disability Benefits are payable for your Period of Disability that begins while you are insured for Disability Insurance under the Policy Benefits if the Conditions for Benefit are met. Benefits begin after you complete the Benefit Waiting Period.

Conditions for Benefit

All of the following conditions must be met to receive Disability Benefits.

1. The disability begins while you are insured for Disability Insurance under the Policy.
2. You are under the care of a Physician and are receiving Appropriate Care.
3. You, at your own expense and when required by us must provide satisfactory proof of Disability.
4. You are participating in any Rehabilitation Plan required by us.
5. You are complying with a Plan of Appropriate Care.

If benefits are not payable because you do not meet conditions 3 or 4, benefits will be payable when you meet those conditions provided they are met within 30 days of the date they were not met.

Benefit Waiting Period

The Benefit Waiting Period is the period of time you must be continuously Disabled before Disability Benefits may be payable. Your Benefit Waiting Period is shown in the Schedule of Benefits.

We will not require you to satisfy the Benefit Waiting Period if benefits were payable to you under a Prior Plan on the Policy Effective Date and you return to Active Service within 6 months after this date. Your return to Active Service must be for more than 14 consecutive days but less than 6 months. Your later period of Disability must be caused by the same or related causes for your Benefit Waiting Period to be waived.

Trial Work Days

Under this plan, you can attempt to return to Active Service without having to start a new Benefit Waiting Period if you cannot continue working, provided you have not worked for more than the specified number of days. A period of Disability is continuous even if you can return to Active Service for up to 30 days during the Benefit Waiting Period. Your Benefit Waiting Period will not be extended by the number of days you returned to Active Service during this period.

Termination of Your Disability Benefits

Your Disability Benefits will end on the earliest of the dates listed below.

1. The date you earn more than the percentage of your Indexed Covered Earnings which is used to determine if you are Disabled
2. The date we determine you are no longer Disabled
3. The date the Maximum Benefit Period ends
4. The date you die
5. The date the Conditions for Benefit are not met

Successive Periods of Disability

Once you are eligible to receive Disability Benefits under this Policy, separate periods of Disability resulting from the same or related causes are a continuous period of Disability unless you can return to Active Service or any job for more than 6 consecutive months.

Separate periods of Disability are not continuous if:

1. separate periods of Disability result from unrelated causes; or
2. you return to Active Service or any job for more than 6 consecutive months; or
3. the later period of Disability occurs after coverage under the Policy ends; or
4. between the periods you become eligible for other long term disability coverage through the Employer or any other employer which became effective after your Disability began.

When separate periods of Disability are not continuous, any successive period of Disability is subject to a new Benefit Waiting Period and a new Maximum Benefit Period

Mental Illness Limitation

The Insurance Company will pay Disability Benefits on a limited basis for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid for any one period of Disability, no further benefits will be payable for any of the following conditions.

- 1) Anxiety disorders
- 2) Delusional (paranoid) disorders
- 3) Depressive disorders
- 4) Eating disorders
- 5) Mental illness
- 6) Somatoform disorders (psychosomatic illness)
- 7) Psychotic disorders
- 8) Bipolar affective disorder (manic depressive syndrome)
- 9) Schizophrenia

If, an Employee is confined in a hospital for more than 14 consecutive days, that period of confinement will not count against his or her one period of disability. The confinement must be for the Appropriate Care of any of the conditions listed above.

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Alcoholism and Drug Abuse Limitation

The Insurance Company will pay Disability Benefits on a limited basis for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid for any one period of Disability, no further benefits will be payable for any of the following conditions.

- 1) Alcoholism
- 2) Drug addiction or abuse

If, an Employee is confined in a hospital for more than 14 consecutive days, that period of confinement will not count against his or her one period of disability. The confinement must be for the Appropriate Care of any of the conditions listed above.

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Pre-Existing Condition Limitation

We will not pay Disability Benefits if your Disability is caused or contributed to by, or results from, a Pre-Existing Condition. A "pre-existing condition" is any Injury or Sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a physician within 3 months before your most recent effective date of insurance.

The Pre-Existing Condition Limitation will apply to any added benefits or increases in benefits. It will not apply to a period of Disability that begins after you are in Active Service for at least 12 months after your most recent effective date of insurance, or the effective date of any added or increased benefits.

We will not apply the Pre-Existing Condition Limitation to your Disability if you were covered under your Employer's Prior Plan and satisfied the pre-existing condition of that plan. This is true only for the amount of benefit covered under that prior plan. If you were covered under your Employer's Prior Plan, but did not fully satisfy the pre-existing condition limitation of that plan, we will credit you for any time you did satisfy. If you are now covered for benefits in excess of your Prior Plan coverage, the Pre-Existing Condition Limitation will apply to the excess amount.

Disability Benefit Calculation

Your Disability Benefit for any month Disability Benefits are payable to you is shown in the Schedule of Benefits. We base our calculation of Disability Benefits on a 30 day period. Benefits will be prorated if payable for any period less than a month.

Work Incentive Benefit

For the first 24 months you are eligible for a Disability Benefit, your Disability Benefit is as defined in the Schedule of Benefits. If, for any month during this period, the sum of your Disability Benefit, your current earnings and any additional Other Income Benefits exceed 100% of your Indexed Covered Earnings, your Disability Benefit will be reduced by the excess amount.

After 24 months, your Disability Benefit is as shown in the Schedule of Benefits, reduced by 50% of your current earnings received during any month you return to work. If the sum of your Disability Benefit, your current earnings and any additional Other Income Benefits exceed 80% of your monthly Indexed Covered Earnings, your Disability Benefit will be reduced by the excess amount.

Current earnings include any wage or salary you earn for work performed while Disability Benefits are payable. If you are working for another employer on a regular basis when your Disability begins, your current earnings will include any increase in the amount you earn from this work during the period for which Disability Benefits are payable.

We will, from time to time, review your status and will require satisfactory proof of earnings and continued Disability.

Other Income Benefits

While you are Disabled, you may be eligible to receive benefits from other income sources. If so, we may reduce the Disability Benefits payable to you under the Policy by the amount of these Other Income Benefits. The extent to which Other Income Benefits will reduce your Disability Benefits is shown in the Amounts of Insurance section of the Schedule of Benefits.

Other Income Benefits include:

1. any amounts you or your dependents, if applicable, receive (or are assumed to receive*) under:
 - a. the Canada and Quebec Pension Plans;
 - b. the Railroad Retirement Act;
 - c. any local, state, provincial or federal government disability, paid leave or retirement plan or law provided as a result of employment with the Employer, which are payable for an absence from work for which Disability Benefits are payable under this Policy;
 - d. any sick leave, salary continuation, or paid time off plan of your Employer.
2. any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive*) either on your behalf or for your dependents; or, if applicable, which your dependents receive (or are assumed to receive*) because of your entitlement to such benefits. This does not apply to disabilities which begin after you are already receiving Social Security Retirement Benefits.
3. any proceeds payable under any franchise or group insurance or similar plan. If there is other insurance that applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, we will pay our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.
4. any amounts you or your dependents, if applicable, receive (or are assumed to receive*) under any Workers' Compensation, occupational disease, unemployment compensation law or similar state or federal law, including but not limited to the Jones Act, Longshore and Harbor Workers' Compensation Act, maritime common law or any other law allowing for recovery by employees, as well as all permanent and temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted.

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Dependents include any person who receives (or is assumed to receive*) benefits under any applicable law on account of your entitlement to benefits.

*See the Assumed Receipt of Benefits provision.

Increases in Other Income Benefits

After we make the first deduction for any Other Income Benefit (except wage or salary), we will not reduce your Disability Benefits further during that period of Disability due to Social Security increase or any cost of living increase in the Other Income Benefit.

Lump Sum Payments

Other Income Benefits or earnings that are paid in a lump sum will be prorated over the period for which the sum is given. If no time is stated, the lump sum will be prorated monthly over a five-year period.

If no specific allocation of a lump sum payment is made, we will assume the total payment is an Other Income Benefit.

Assumed Receipt of Benefits

We will assume you or your dependents, if applicable, are receiving Other Income Benefits if you may be eligible for them. We will estimate the amount of these assumed benefits on the basis of what you may be eligible to receive and reduce your Disability Benefits as if you actually received them.

Except for any wage or salary for work performed while Disability Benefits are payable, we will not assume your receipt of Other Income Benefits if you give us proof of the following events.

1. Application was made for these benefits.
2. Reimbursement Agreement is signed by you.
3. Any and all appeals were made for these benefits, or we have determined further appeals will not be successful.
4. Payments were denied.

We will not assume you have received, nor will we reduce your Disability Benefits by:

1. any elective, actuarially reduced, or early retirement benefits under such laws until you actually receive them.
2. any amounts paid on account of loss of earnings or earning capacity through settlement, judgment arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.

Social Security Assistance

We will, at our own discretion, assist you in applying for Social Security Disability Income (SSDI) benefits. Disability Benefits will not be reduced by your assumed receipt of SSDI benefits while you participate in the Social Security Assistance Program.

We may require you to file an appeal if we believe a reversal of a prior decision is possible. If you refuse to participate in, or cooperate with, the Social Security Assistance Program, we will assume receipt of SSDI benefits until you give us proof that you have exhausted all the administrative remedies available to you.

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Minimum Benefit

We will pay the Minimum Benefit regardless of any reductions made for Other Income Benefits. However, if there is an overpayment due, this benefit may be reduced to recover the overpayment.

Recovery of Overpayment

If we overpay your benefits, we have the right to recover the amount overpaid by either requesting you to pay the overpaid amount in a lump sum or by reducing any amounts payable to you by the amount due. If there is an overpayment due when you die, we will reduce any benefits payable under the Policy to recover the overpayment.

TL-004771.21

ADDITIONAL BENEFITS

Rehabilitation During A Period of Disability

If you are Disabled and we determine that you are a suitable candidate for rehabilitation, you may participate in a Rehabilitation Plan. We must agree on the terms and conditions of the Rehabilitation Plan.

The Rehabilitation Plan may, at our discretion, allow for payment of your medical expense, education expense, moving expense, accommodation expense or family care expense while you participate in the program.

A "Rehabilitation Plan" is a written agreement between you and us in which we agree to provide, arrange or authorize vocational or physical rehabilitation services.

TL-005105

Survivor Benefit

We will pay a Survivor Benefit if you die while Disability Benefits are payable and at least 3 Monthly Benefits have been payable to you for a continuous period of Disability. The Survivor Benefit will equal 100% of the sum of the last full Disability Benefit payable to you plus any current earnings by which the Disability Benefit was reduced for that month. A single lump sum payment equal to 3 monthly Survivor Benefits will be payable.

We will pay the Survivor Benefit to your Spouse. If you do not have a Spouse, we will pay your surviving Children in equal shares. If you do not have a Spouse or any Children, we will pay your estate.

"Spouse" means your lawful spouse. "Children" means your unmarried children under age 21 who are chiefly dependent upon you for support and maintenance. The term includes a stepchild living with you at the time of your death.

TL-005107

WHAT IS NOT COVERED

We will not pay any Disability Benefits for a Disability that result, directly or indirectly, from:

1. suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane;
2. war or any act of war, whether or not declared;
3. Injury or Sickness while you are serving on full-time active duty in any armed forces. If you send proof of service, the We will refund pro rata the premium paid to cover you during a period of such service;
4. your commission or attempted commission of a felony;
5. the revocation, restriction or non-renewal of your license, permit or certification necessary to perform the duties of your occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

We will not pay Disability Benefits for any period of Disability during which you:

6. fail to cooperate with us in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit due.

In addition, We will not pay Disability Benefits for any period of Disability during which you are incarcerated in a penal or corrections institution for any reason.

TL-004772

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic, or telephonic notice of claim must be given to Us within 20 days after a covered loss occurs or begins or as soon as is reasonably possible. If written or authorized electronic, or telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic, or telephonic notice was given as soon as was reasonably possible. Notice can be given to Us at Our Home Office in Philadelphia, Pennsylvania, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include Policyholder's name and Policy number and the Insured's name, address, Policy and Certificate number.

Claim Forms

We will send claim forms with written instructions for filing proof of loss when We receive notice of a claim. If such forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision

Failure of a claimant to cooperate with the Insurance Company in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Insurance Data

The Employer is required to cooperate with the Insurance Company in the review of claims and applications for coverage. Any information the Insurance Company provides in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

Proof of Loss

For claims due to disability, written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. Written proof that the loss continues must be furnished to the Insurance Company at intervals required by Us. Proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as was reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

Time of Payment

We will pay benefits due under this Policy for any loss other than a loss for which this Policy provides any periodic payment not more than 30 days after receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid not less frequently than monthly during the continuance of the period for which We are liable, and any balance remaining unpaid at the termination of the period will be paid as soon as reasonably possible upon receipt of proof.

To Whom Payable

Disability Benefits will be paid to the Employee. All benefits will be paid in United States currency. If the Employee dies while any of these benefits remain unpaid, We may choose to make direct payment to any of the Employee's following living relatives: Spouse, mother, father, child or children, brothers or sisters; or to the executors or administrators of the Covered Person's estate.

Any payment made by Us in good faith pursuant to this provision will fully discharge Us, and release Us from all liability to the extent of such payment.

Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine the Insured when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Time Limitations

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which the Employee lives when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship

The Insured will have the right to choose any Physician who is practicing legally. The Insurance Company will in no way disturb the Physician/patient relationship.

TL-004724.21.-2

ADMINISTRATIVE PROVISIONS**Premiums**

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Schedule of Benefits*, the plan and amounts of coverage in effect.

Your Grace Period

If your required premium is not paid on the Premium Due Date, there is a 60 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

TL-20240914

Reinstatement of Insurance

Your insurance may be reinstated if it ends because you are on an unpaid leave of absence. If your Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, your insurance may be reinstated at the conclusion of the FMLA leave.

If your Active Service ends due to an Employer approved unpaid leave of absence, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within 6 months from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

For insurance to be reinstated the following conditions must be met:

1. You must be in a Class of Eligible Employees.
2. The required premium must be paid.
3. We must receive a written request for reinstatement within 31 days from the date you return to Active Service.

Reinstated insurance will be effective on the date you return to Active Service. If you did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to an unpaid leave of absence or Temporary Layoff, credit will be given for any time that was satisfied.

TL-009960.21.3

GENERAL PROVISIONS

Contestability of Coverage

1. Of This Policy

All statements made by the Employer to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Employer.

The contract may not be contested, except for non-payment of premiums, after it has been in force for 2 years from its date of issue.

2. Of an Insured's Insurance

All statements made by an Insured are considered representations and not warranties. A statement made to effectuate insurance may not be used to avoid the insurance or reduce benefits under the Policy unless:

- a. the statement is contained in a written instrument signed by the Employer, or Insured; and
- b. a copy of the statement is given to the Employer, Insured or beneficiary of the Insured.

After two years, during the Insured's lifetime, from the Insured's effective date of insurance, no such statement relating to insurability will cause insurance to be contested.

Nothing in the above statements will preclude the assertion at any time of defenses based on the Insured's lack of eligibility for insurance.

Misstatement of Age

If you have misstated your Age, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Workers' Compensation Insurance

The Policy is not in lieu of and does not affect any requirements for coverage under any Workers' Compensation Insurance.

Assignment

We will not be affected by any assignment of your certificate until the original assignment or a certified copy of the assignment is filed with the Insurance Company.

We do not assume responsibility for the validity or sufficiency of an assignment. An assignment of the certificate will operate so long as the assignment remains in force. To the extent provided under the terms of the assignment, an assignment will transfer all rights and obligations of the Insured, or of the owner if other than the Insured.

This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts. This does not apply where it is contrary to law.

Male Pronoun

The male pronoun as used herein will be deemed to include the female.

Clerical Error

Your coverage will not be affected by error or delay in keeping records of insurance under the Policy. If such an error or delay is found, the premium will be adjusted fairly.

Agency

The Policyholder, Employer and plan administrator are agents of the Insured for transactions relating to insurance under the Policy. The Insurance Company is not liable for any of their acts or omissions.

TL-004728.21-2

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Active Service

If you are an Employee, you are in Active Service on a day which is one of your Employer's scheduled work days if either of the following conditions are met.

1. You are actively at work. This means you are performing your regular occupation for the Employer on a Full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence.
3. You are absent from work on that day for an unscheduled, Employer approved personal absence for reasons other than your own Disability.

You are in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

Appropriate Care

Appropriate Care means you:

1. Have received treatment, care and advice from a Physician who is qualified and experienced in the diagnosis and treatment of the conditions causing Disability.
2. Continues to receive such treatment, care or advice as often as is required for treatment of the conditions causing Disability.
3. Adheres to the treatment plan prescribed by the Physician, including the taking of medications.

Consumer Price Index (CPI-W)

The Consumer Price Index for Urban Wage Earners and Clerical Workers published by the U.S. Department of Labor. If the index is discontinued or changed, another nationally published index that is comparable to the CPI-W and approved by the Insurance Commissioner of Maryland will be used.

Covered Earnings

Covered Earnings means your wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date your Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date following the change, if the Employer gives us written notice of the change and the required premium is paid.

Any increase in your Covered Earnings will not be effective during a period of continuous Disability.

Disability/Disabled**Option 1:**

For purposes of coverage under the Policy, you are Disabled if, because of Injury or Sickness, you are unable to perform the material duties of your regular occupation, and solely due to Injury or Sickness, you are unable to earn more than 80% of your Indexed Covered Earnings.

Option 2:

For purposes of coverage under the Policy, you are Disabled if, because of Injury or Sickness, you are unable to perform the material duties of your regular occupation, and solely due to Injury or Sickness, you are unable to earn more than 80% of your Indexed Covered Earnings.

After Disability Benefits have been payable for 24 months, you are Disabled if your Injury or Sickness makes you unable to perform the material duties of any occupation for which you may reasonably become qualified based on education, training or experience, and solely due to Injury or Sickness, you are unable to earn more than 60% of your Indexed Covered Earnings.

Employee

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

Employer

The Policyholder and any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

Full-time

Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

Furlough

Furlough means a temporary suspension or alteration of Active Service initiated by the Employer, for a period of time specified in advance not to exceed up to 6 months at a time.

Indexed Covered Earnings

For the first 12 months Monthly Benefits are payable, your Indexed Covered Earnings are equal to your Covered Earnings. After 12 Monthly Benefits are payable, your Indexed Covered Earnings are your Covered Earnings plus an increase applied on each anniversary of the date Monthly Benefits became payable. The amount of each increase will be the lesser of:

1. 10% of your Indexed Covered Earnings during your preceding year of Disability; or
2. the rate of increase in the Consumer Price Index (CPI-W) during the preceding calendar year.

Injury

Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

Insurability Requirement

You have satisfied the Insurability Requirement on the day we agree in writing to accept you as covered under the Policy. To determine your acceptability for coverage, we will require evidence of insurability and may require it be provided at your expense.

Insurance Company

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to 'we', 'our', 'ours' and 'us' throughout this certificate.

Insured

You are an Insured who is eligible for insurance under the Policy, insurance is elected for you, any applicable Insurability Requirement is met, the required premium is paid and your insurance is in force under the Policy.

Physician

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

Prior Plan

The Prior Plan refers to the plan of insurance providing similar benefits to you sponsored by the Employer and in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of an employer in effect on the day prior to:

1. That employer's addition to this policy; or
2. With the approval of the Insurance Company, the addition of all employees, or all of a defined group of employees, of an employer, as a result of an agreement to which that employer (or a parent or shareholder of that employer) is a party.

To be covered under the Policy, required premium must be paid for all covered Employees.

TL-010650

Sickness

The term Sickness means a physical or mental illness. It also includes pregnancy.

Temporary Layoff

Temporary Layoff means a temporary suspension of Active Service for a period of time determined in advance by the Employer, other than a Furlough as defined. Temporary Layoff does not include the permanent termination of Active Service (including but not limited to a job elimination), which shall be treated as termination of employment.

TL-004708 as modified by TL-009980

AMENDATORY RIDER

Policyholder: International Union of Elevator Constructors

Policy No.: LK-980421 Effective Date: July 1, 2024

Applicable to Class(es): Class 1 and Class 2

This Amendatory Rider is attached to and made part of the Policy and Certificate specified above.

The Company and the Policyholder hereby agree that the Policy and Certificate are amended as follows:

MODIFICATION OF CONTINUATION OF INSURANCE PROVISION

Continuation for Labor Dispute

If an Employee's Active Service ends because of a Labor Dispute, insurance for the Employee may continue until the earliest of the following dates, if the required premium is paid:

1. the date the Labor Dispute has ended;
2. the date coverage has been continued for six months or the Maximum Benefit Period shown on the Schedule of Benefits;
3. the date the number of Employees electing to continue coverage under this provision is less than 75% of the number of eligible Employees;
4. the date the Employee takes a full-time job with another employer.

All of the following will apply when coverage is continued under this provision:

1. any change in benefits that occurs during the period of continuation will apply on the effective date of the change;
2. any Active Service requirement will be waived;
3. the Employee will be given credit for the time he was covered under this Policy prior to the leave.

To continue coverage, the Employee must pay premiums directly to the Employer, who will remit the premiums to Us. Premiums must be paid by the date they are due, subject to the 60 day grace period. We may increase the premium rates by 20% for persons eligible to continue insurance under this provision.

If an Employee does not continue coverage for himself during such leave and returns to work:

1. the Employee will be covered on the date the Employee returns to work. The Employee must return to work as negotiated and agreed to by the Employer and the collective bargaining unit;
2. any portion of an eligibility waiting period that has not been completed will not be credited during the Employee's leave.

Definition For purposes of this provision:

Labor Dispute means a strike, lockout, or other labor dispute between the Employer and its Employees, during which time the Employee is not paid by the Employer.

Continuation for When an Employee is No Longer Working the Minimum Number of Hours:

If an Employee is no longer eligible under the Policy because he or she is no longer working the minimum number of hours required for his or her class, the Employee's Disability insurance benefits shown under the Schedule of Benefits may be continued provided the Employee is still being paid by the Employer the same Covered Earnings he or she was paid immediately prior to that date and if the required premium is paid.

Coverage continued in this manner will end on the earliest of the following dates.

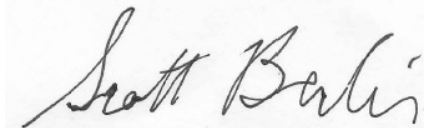
1. The date the Policy is terminated.
2. The date after the end of the last period for which premiums are paid.
3. The date the Employee is no longer being paid by the Employer the same Covered Earnings he or she was paid immediately prior to the date he or she was no longer working the minimum number of hours required for his or her class.
4. the date coverage has been continued for up to 120 days or for up to the Maximum Benefit Period shown in the Schedule of Benefits.

Continuation for Disability

If an Employee's Active Service ends due to no longer being eligible under the Policy or when a claim for disability benefits is denied by the Insurance Company, insurance will continue for an Employee for up to 6 months. Premiums are required for this coverage.

Except for the above, this rider does not change the Policy to which it is attached.

Life Insurance Company of North America

A handwritten signature in black ink that reads "Scott Berlin". The signature is written in a cursive, flowing style.

Scott Berlin, President

AMENDATORY RIDER
DOMESTIC PARTNER/CIVIL UNION PARTNER COVERAGE

Policy No. VDT-980241

Effective Date: July 1, 2024

This rider amends the Policy and Certificate to which it is attached. It is effective on the Effective Date shown above, and expires when the Policy expires.

A. Domestic Partner/Civil Union Partner means any of the following:

1. A person with whom the Employee has a registered civil union or domestic partnership under state law which imposes legal obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Domestic Partner or Civil Union Partner unless and until: (1) the civil union or domestic partnership is dissolved under applicable law; or (2) either the Employee or the Domestic Partner/Civil Union Partner marries another person.
2. A person who was legally married to the Employee under the laws of a state permitting marriage of partners of the same sex, where the Employee and Domestic Partner/Civil Union Partner currently reside in a state that does not recognize a valid marriage. This shall not apply if:
 - a. the marriage has been terminated by legal process, or;
 - b. either the Employee or the Domestic Partner/Civil Union Partner has entered into a valid marriage, civil union or domestic partnership under state law.
3. A person meeting all of the following requirements, with respect to an Employee:
 - a. Shares a permanent residence with the Employee;
 - b. Has not been legally married to any other person within the previous six months, and has no Domestic Partner other than the Employee during the previous six months, and is the Employee's sole Domestic Partner;
 - c. Has not signed a Domestic Partner declaration with any other person within the last 6 months;
 - d. Each partner has been financially interdependent for at least 6 consecutive months and contributes to the other individual's maintenance and support with the intention of remaining in the relationship indefinitely;
 - e. Is interdependent with the Employee in any of the following ways:
 1. Both partners are jointly parties to a lease, mortgage or deed.
 2. Both partners jointly own one or more motor vehicles.
 3. Both partners jointly own one or more bank or credit accounts.
 4. The Employee has named the Domestic Partner as attorney-in-fact under a durable power of attorney with authority over health care decisions.
 5. The Employee has designated the Domestic Partner as beneficiary under a retirement plan or a life insurance policy.
 6. The Employee has designated the Domestic Partner as beneficiary of the Employee's will.
 - f. Is not so closely related by blood to the Employee as to prohibit legal marriage in their state of residence;
 - g. Is no less than 18 years of age.

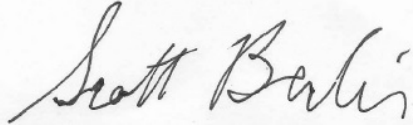
The Employee and Domestic Partner must furnish the Employer and Insurance Company with a signed declaration that the above requirements are met, and an agreement to notify the Employer and Insurance Company if the requirements cease to be met, on a form acceptable to the Employer and Insurance Company.

B. The Survivor Benefit is modified in the Policy and Certificate as follows:

1. All references to the term "Spouse" are replaced by "Spouse or Domestic Partner/Civil Union Partner" except for the following references:
 - a. The first reference to "Spouse" in the Survivor Benefit text is changed to "Spouse, or Domestic Partner/Civil Union Partner" if there is no Spouse".
 - b. The text pertaining to the definition of "Spouse" remains unchanged.
- C. Survivor benefits will be payable as follows: (1) to the Employee's spouse or Domestic Partner/Civil Union Partner; (2) if there is none, in equal shares to the Employee's surviving Children; or (3) if there is none, to the Employee's estate.
- D. A child of a Domestic Partner/Civil Union Partner may only be eligible for benefits if the child resides with the Employee and is primarily dependent on the Domestic Partner/Civil Union Partner for financial support.

Except for the above this rider does not change the Policy or Certificate to which it is attached.

LIFE INSURANCE COMPANY OF NORTH AMERICA

A handwritten signature in black ink that reads "Scott Berlin". The signature is written in a cursive, flowing style.

Scott Berlin, President

TL-007153.MD

STATE MODIFYING PROVISIONS AMENDMENT RIDER
Group Disability

Policyholder Name: International Union of Elevator Constructors

Policy No.: VDT-980241

Amendment Effective Date: July 1, 2024

This amendment is attached to and made part of the Policy/Certificate specified above. Its provisions are intended to conform this Policy/Certificate to the laws of the state in which the insured resides.

The Policy delivered under the Group Policy is amended as follows:

IMPORTANT CHANGES FOR STATE REQUIREMENTS

If an Employee resides in one of the following states, the provisions of the certificate are modified for residents of the following states. The modifications listed apply only to residents of that state.

Louisiana residents:

The percentage of Indexed Covered Earnings, if any, that qualifies an insured to meet the definition of Disability/Disabled may not be less than 80%.

Massachusetts residents:

Continuation of Insurance after leaving the group

If you leave the group covered under the Policy, insurance for you will be continued until the earliest of the following dates:

1. 31 days from the date you leave the group;
2. The date you become eligible for similar benefits.

Continuation of Insurance due to a Plant Closing or Partial Closing

If you leave the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for you will be continued until the earliest of the following dates:

1. 90 days from the date of the Plant Closing or Partial Closing;
2. The date you become eligible for similar benefits.

Definitions: For purposes of this provision:

Plant Closing means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

Partial Closing means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

Minnesota residents:

The Pre-existing Condition Limitation, if any, may not be longer than 24 months from the insured's most recent effective date of insurance.

Oregon residents:**NOTICE: MUST PROVIDE DOMESTIC PARTNER COVERAGE FOR OREGON RESIDENTS**

If the Policy provides coverage/benefits to a Spouse, a *Domestic Partner* will be afforded the same coverage/benefits provided to a Spouse.

1. Domestic Partner means any of the following:

A person with whom the Employee has a registered domestic partnership under Oregon law which imposes legal obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Domestic Partner unless and until: (1) the domestic partnership is dissolved under applicable law; or (2) either the Employee or the Domestic Partner marries another person.

2. The Spouse Rehabilitation Benefit and Survivor Benefit (if any) are modified in the Policy and Certificate as follows:

All references to the term "Spouse" are replaced by "Spouse or Domestic Partner" except for the following references:

- a. The first reference to "Spouse" in the Survivor Benefit text is changed to "Spouse or Domestic Partner" if there is no Spouse".
- b. The text pertaining to the definition of "Spouse" remains unchanged.

3. Survivor benefits (if any) will be payable as follows: (1) to the Employee's spouse or Domestic Partner; (2) if there is none, in equal shares to the Employee's surviving Children; or (3) if there is none, to the Employee's estate.

4. A child of a Domestic Partner may only be eligible for benefits if:
- a. the child is primarily dependent on the Employee for financial support; or
 - b. the Employee has a legal obligation of support of the child; or
 - c. the Employee is the child's legal guardian.

Texas residents:

Any provision offsetting or otherwise reducing any benefit by an amount payable under an individual or franchise policy will not apply.

Vermont Residents:

To the extent the Policy provides insurance coverage to a spouse, the identical consideration must be applied to same sex marriages and civil unions. The language is as follows:

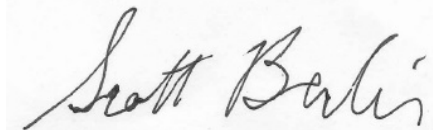
1. Civil Union Partner means:
 - a. A person with whom the Employee has a registered civil union under Vermont law which imposes obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Civil Union Partner unless and until:
 - (1) the civil union is dissolved under applicable law; or
 - (2) either the Employee or the Civil Union Partner marries another person.
2. Spouse means:
 - a. "Lawful spouse" and includes a lawful spouse of the same sex.
 - b. This also includes a partner to a civil union recognized under Vermont Law.

Washington residents:

NOTICE: Any domestic partner of an employee who is registered as a domestic partner under Washington state law, will be deemed to be eligible on the same basis as a Spouse.

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE WHICH DESCRIBES THE BENEFIT PROVISIONS AND LIMITATIONS APPLICABLE TO YOU AS A RESIDENT OF THIS STATE.

Life Insurance Company of North America

A handwritten signature in black ink that reads "Scott Berlin". The signature is written in a cursive, flowing style.

Scott Berlin, President

UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
a New York Life Insurance company

Class 1
05/2025

