# Group Term Life Certificate Summary

This summary describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on December 29, 2025.

## POLICY INFORMATION

Policyholder: Jasper County Charter System
Policy Effective Date: January 1, 2026
Policy Anniversary: January 1
Policy Number: GLUG-CT2P
Group Number: G000CT2P
Class(es): All Eligible Retirees Enrolled In The $15,000 Plan (closed Class)

## ELIGIBILITY

You (the Retiree) must have been insured under a Prior Plan immediately prior to retirement and retire on or after the Policy Effective Date to be eligible for insurance on the day of retirement.

## WHEN INSURANCE BEGINS

You will become insured on the day you become eligible, subject to certain conditions.

Additional eligibility conditions apply as described in the Certificate.

## BENEFIT AMOUNTS

### Insurance for You (The Retiree)

You may elect to be insured for an amount of life insurance equal to $15,000.

Your Guarantee Issue Amount is $50,000. If you have questions regarding the amount of your insurance, you may contact the Policyholder.

## FEATURES

### Conversion

If group life insurance ends or the benefit reduces, you may apply for an individual policy of life insurance, subject to certain conditions.

**UNITED OF OMAHA LIFE INSURANCE COMPANY**
A MUTUAL *of* OMAHA COMPANY

# YOUR GROUP TERM LIFE BENEFITS

**FOR RETIREES OF:**

## Jasper County Charter System

**CLASS(ES):**

All Eligible Retirees Enrolled In The $15,000 Plan (closed Class)

**EFFECTIVE DATE:**

January 1, 2026

**PUBLICATION DATE:**

December 29, 2025

## NOTICE(S)

**THIS CERTIFICATE DESCRIBES THE BENEFITS THAT ARE AVAILABLE TO YOU. PLEASE READ YOUR CERTIFICATE CAREFULLY. THE POLICY IS ISSUED IN THE STATE OF GEORGIA AND PROVIDES ALL THE BENEFITS REQUIRED BY APPLICABLE GEORGIA LAW.**

**FRAUD WARNING**
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Group Number: G000CT2P

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# NOTICE(S)

If you have any questions about or concerns with this insurance, please first contact the Policyholder or your benefits administrator. If, after doing so, you still have a question or concern, you may contact us at:

**United of Omaha Life Insurance Company**
**3300 Mutual of Omaha Plaza**
**Omaha, Nebraska 68175**
**Call Toll-Free: 1-800-775-8805**
**www.mutualofomaha.com**

When contacting us, please have your Policy number available.

## FOR RESIDENTS OF GEORGIA

THE LAWS OF THE STATE OF GEORGIA PROHIBIT INSURERS FROM UNFAIRLY DISCRIMINATING AGAINST ANY PERSON BASED UPON HIS OR HER STATUS AS A VICTIM OF FAMILY VIOLENCE.

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# CERTIFICATE OF INSURANCE

## UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office:
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

United of Omaha Life Insurance Company certifies that Group Policy Number GLUG-CT2P (the Policy) has been issued to Jasper County Charter System (the Policyholder).

Insurance is provided for Retirees of the Policyholder subject to the terms and conditions of the Policy.

Please read this Certificate carefully. The benefits described in this Certificate are effective only if you are eligible for the insurance, become insured and remain insured as described in this Certificate and according to the terms and conditions of the Policy.

If the provisions of this Certificate and those of the Policy do not agree, the provisions of the Policy will apply. The Policy is part of a contract between United of Omaha Life Insurance Company and the Policyholder, and may be amended, changed or terminated without your consent or notice to you.

This Certificate replaces any certificate previously issued under the Policy.

**UNITED OF OMAHA LIFE INSURANCE COMPANY**

James T. Blackledge
Chief Executive Officer

Terrance S. DeWald
Corporate Secretary

# SCHEDULE

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

## CLASS(ES)

All Eligible Retirees Enrolled In The $15,000 Plan (closed Class)

## LIFE INSURANCE BENEFITS

If you die while insured under the Policy, we will pay the amount of life insurance in effect at the time of your death to your beneficiary.

## LIFE INSURANCE FOR YOU (THE RETIREE)

You may elect to be insured for an amount of life insurance equal to $15,000.

If you have questions regarding the amount of your life insurance, you may contact the Policyholder.

## GUARANTEE ISSUE AMOUNTS AND EVIDENCE OF INSURABILITY

### Guarantee Issue Amount For You (The Retiree)

Your Guarantee Issue Amount is $50,000, unless you were insured under a Prior Plan. If you were insured under a Prior Plan, your Guarantee Issue Amount is equal to the amount of insurance that was in-force for you under a Prior Plan the day before the Policy Effective Date, but in no event more than the maximum amount of insurance stated in the Life Insurance for You (the Retiree) section of this Schedule.

Insurance for you is only available on a guarantee issue basis:

a) during your First Enrollment Period;
b) during a Subsequent Enrollment Period; or
c) as otherwise stated or allowed in the Policy.

### Evidence of Insurability

Evidence of Insurability is required for:

a) insurance elected more than days after the date you become eligible;
b) any amount of insurance elected in excess of a Guarantee Issue Amount for you;
c) any increase in the amount of insurance after the initial election of insurance for you, unless during a Subsequent Enrollment Period or as otherwise stated or allowed in the Policy;
d) you if you were eligible for insurance under a Prior Plan but did not elect such insurance; or
e) you if your amount of insurance elected under the Policy is in excess of the amount of insurance that was in-force under a Prior Plan the day before the Policy Effective Date, unless during a Subsequent Enrollment Period or as otherwise stated or allowed in the Policy.

If Evidence of Insurability is required for items a), d) or e) above, we may require that such evidence be provided at your expense.

# ELIGIBILITY

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

## WHEN A RETIREE BECOMES ELIGIBLE FOR INSURANCE

If you are a Retiree who was insured under a Prior Plan on the day before the Policy Effective Date you become eligible for insurance on the Policy Effective Date.

If you are a Retiree who was insured under a Prior Plan immediately prior to retirement and retire on or after the Policy Effective Date you become eligible for insurance on the day of retirement.

The day you become eligible for insurance may not be the same as the day insurance begins. The WHEN YOUR INSURANCE BEGINS provision describes the day insurance begins.

## WHEN YOUR INSURANCE BEGINS

You must enroll for any insurance requiring an election by submitting a Written Request for insurance. The Written Request must be submitted to the Policyholder no later than days after the day you become eligible. If the Written Request for insurance is not submitted within the required time frame, you must provide Evidence of Insurability.

You become insured on the latest of the day:

a) you become Actively Eligible; or
b) your Written Request is properly completed and signed, if required.

## FIRST ENROLLMENT PERIOD

You may elect insurance for you during the First Enrollment Period.

If you do not elect insurance during your First Enrollment Period, future elections may only be made in accordance with the SUBSEQUENT ENROLLMENT PERIODS provision, or as otherwise provided under the WHEN ELECTION CHANGES ARE PERMITTED provision.

## SUBSEQUENT ENROLLMENT PERIODS

You may elect, drop, increase, decrease or change insurance for you during a Subsequent Enrollment Period.

## WHEN ELECTION CHANGES ARE PERMITTED

You may elect, drop, increase, decrease or change insurance as allowed by the Policyholder. Any election of or increase in insurance for you will require Evidence of Insurability unless otherwise stated or allowed in the Policy.

### Life Events

Within days after the date of a Life Event, you may submit a Written Request to change insurance.

If you experience a Life Event and you are currently insured, insurance for you may be issued up to the Guarantee Issue Amount without Evidence of Insurability. We will require Evidence of Insurability for any amount of insurance over the Guarantee Issue Amount, or if the Written Request is submitted more than days after the date of a Life Event.

If you experience a Life Event and previously declined insurance, you must submit Evidence of Insurability for any election of insurance to be considered by us.

## CHANGES TO INSURANCE BENEFITS

Any allowable change in the benefits, class or amount of insurance, whether requested by you or the Policyholder, or as a result of the terms of the Policy, will take effect on the date of the request or the change, or the first day of the month that follows the day we approve Evidence of Insurability (if required by us), whichever is later, unless otherwise stated or allowed in the Policy.

For any increase in insurance, we will use the Policyholder's records and/or the premium we receive to verify that the amount of insurance requested is the appropriate insurance amount the Insured Person is eligible for under the terms of the Policy.

If you are not Actively Eligible on the day any increase in insurance would otherwise take effect, the increase becomes effective the day you return to Active Eligibility.

## WHEN INSURANCE ENDS

Insurance ends:

a) for all Insured Persons on the day you are no longer Actively Eligible;
b) the day an Insured Person begins active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less), unless otherwise allowed in the Policy;
c) the day you return to employment with the Policyholder;
d) the day the Policy terminates; or
e) in accordance with the Grace Period provisions.

## EXCEPTIONS TO WHEN INSURANCE ENDS

If insurance for you would otherwise end, you may be able to obtain insurance under the CONVERSION provision.

## CONVERSION

This provision allows for conversion of life insurance.

If group life insurance ends because your membership in a class (as shown under Class(es) on the Schedule section of this Certificate) ends or your benefit amount reduces you may apply for an individual policy of life insurance other than term insurance ("Conversion Policy").

The Conversion Policy issued under this provision will be:

a) any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance;
b) issued without any supplemental benefits; and
c) for an amount of life insurance that is up to the amount of life insurance that ended or was reduced, less the amount of any other group life insurance the applicant becomes eligible for within 60 days after insurance ended or was reduced.

Premium is based on the standard premium rate for the Conversion Policy according to the amount of insurance, class of risk, gender and age of the applicant on the date the Conversion Policy takes effect.

The Conversion Policy will become effective on the later of the date of issue or 60 days after the date insurance ended or was reduced.

### Notice of the Right to Obtain Insurance Under this Provision

The conversion period is the period of time that is 60 days from the date insurance would otherwise end or reduce (Conversion Period). When insurance would otherwise end, notice of the right to convert may be given. If notice is not given at least 15 days after the start of the Conversion Period, an extension of the period of time to apply for continued insurance under this provision will be allowed. Any extension will expire on the earlier of:

a) 15 days after notice has been received; or
b) 60 days after the end of the Conversion Period, even if notice is not received.

If you are entitled to obtain a Conversion Policy and die within 60 days after insurance ends or reduces, we pay the amount of life insurance which could have been converted, even if you did not apply for a Conversion Policy.

### How to Request Insurance Under this Provision

Insurance is available without providing Evidence of Insurability. You must submit a Written Request for insurance under this provision. The Written Request and the initial premium due must be submitted to us within the Conversion Period.

### Conversion Insurance and Your Return to Active Eligibility

If you are issued a Conversion Policy and again become eligible for insurance, insurance will become effective (subject to all eligibility requirements) only if any Conversion Policy(ies) is/are surrendered to us. If Conversion Policy(ies) are not surrendered, Evidence of Insurability will be required.

# PREMIUM PAYMENTS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

## PAYMENT OF PREMIUM

You are responsible for the payment of your share of the premium for insurance under the Policy.

Premium is automatically deducted from your pay by the Policyholder, then remitted to us, as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your deductions.

Payment of premium does not guarantee eligibility for coverage.

## GRACE PERIOD

There is a grace period of 31 days for payment of premium. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in the 31-day grace period that follows. We consider premium to be paid on the date we receive it.

Insurance will stay in force during the grace period as long as premium is paid before the end of the grace period. If we receive written notice requesting cancellation of insurance on a current or future date, the grace period will not apply. Coverage will end on the cancellation date specified in such notice, as long as the full premium has been paid up to that date.

If premium is not paid by the end of the grace period, insurance will end the day after the last day of the grace period.

## PREMIUM AND PREMIUM CHANGES

The premium for insurance under the Policy is a monthly rate. for each coverage option shown in the Schedule section of this Certificate that applies to you.

If you request a change in the amount of insurance, the Policyholder will provide you with notice of your new premium amount upon request if you are responsible for the payment of premiums for insurance.

If there is a change in the amount of the premium for insurance in accordance with the terms of the Policy, or a change in the amount of insurance as the result of a request of the Policyholder, the Policyholder will provide you with notice of the change at least 15 days prior to the date of the change if you are responsible for the payment of premium for insurance.

Premium amounts will change if premium rates under the Policy are changed.

# CLAIMS PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in the Definitions section of this Certificate.

## CLAIM FORMS

Before benefits are considered, we must be given written proof of loss. A claim form can be requested from the Plan Administrator, from us or obtained on our website.

## PROOF OF LOSS

Written proof of loss must be given to us within 90 days from the date of loss. If it is not reasonably possible to give us proof within the required time, we will not reduce or deny a claim for this reason if the proof is supplied as soon as reasonably possible.

## INDEPENDENT EXAMINATION AND AUTOPSY

We may require an Insured Person to be examined by a Physician as we direct to assist in determining whether benefits are payable. You may not impose any conditions on an examination such as pre-approval of the examiner, attendance of a third party or audio/video recording of the examination.

We will pay for these examinations; however, you may be responsible for fees associated with failure to notify the examination office of your appointment cancellation within the required amount of time specified by the examiner. We may recover this fee by reducing benefits that are payable. We will not require more than a reasonable number of examinations. Where not prohibited by law, we may also require an autopsy. We will pay for this autopsy.

## HOW TO OBTAIN PLAN BENEFITS

Forward the completed claim form to:
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175

## CLAIM ASSISTANCE

For assistance with filing a claim or an explanation of how a claim was paid, contact:
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-800-775-8805

## PAYMENT OF CLAIMS

Benefits will be paid immediately after we receive acceptable written proof of loss and any other required supporting information.

Unless you have assigned this insurance, benefits for any Insured Person will be paid to you, except benefits payable due to your death will be paid to:

a) your designated beneficiary(ies); if none, then to
b) your surviving Spouse; if none, then to
c) your surviving natural and/or adopted children, in equal shares; if none, then to

d) your surviving parents, in equal shares; if none, then to
e) your estate.

## CLAIM REVIEW AND APPEAL PROCESS

### Claim Review

We will notify the Claimant in writing of our decision to either approve or deny a claim within 90 days of the date a life claim is received by us.

If we deny a claim in whole or in part, we will explain the reasons for our denial in our notice. If the Claimant disagrees with the reasons given, the Claimant, or authorized representative of such person, may ask that we reconsider the claim through the appeal process.

### Appeal Process

To appeal a denied claim, the Claimant must notify us and ask that we reconsider our original benefit decision within 60 days after receiving notice of our denial of a life claim.

The Claimant's appeal request must be submitted to us in writing or electronically and should state the reasons the Claimant believes the claim denial was incorrect. Any additional information, documents or other materials that might allow us to change our original decision should also be included. Appeal requests must be sent to us at our Omaha, Nebraska address shown in the CLAIMS ASSISTANCE provision.

We will notify the Claimant in writing of our final claim decision within 60 days after receiving a life appeal request.

If we need more time due to circumstances beyond our control, we will inform the Claimant of our need for an extension prior to the end of this time frame.

### Notice

If the administration of the Policy is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the Claimant may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of a claim or to ask questions about the Claimant's rights under ERISA.

## BENEFICIARY DESIGNATION

In the event of your death, a beneficiary should be designated. Beneficiary records will be kept by the Policyholder, Plan Administrator or the office where beneficiary records for the Policy are kept. The most current beneficiary designation in effect under a Prior Plan will be accepted as a beneficiary designation under the Policy.

Certain states are community property states. If you live in a community property state and you designate someone other than your Spouse as a beneficiary, state law may require that your Spouse consent to such designation. If you do not obtain your Spouse's consent to the designation, then such designation may not be effective. Community property states as of the Policy Effective Date include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

Your beneficiary may be changed at any time by you or your assignee (if you have assigned this insurance). To make a change, a Written Request should be provided to the Policyholder, Plan Administrator or to the office where beneficiary records for the Policy are kept. When received by the Policyholder, the change will take effect as of the date the Written Request is signed. The change will not apply to any payments or other action taken by us before the Written Request was communicated to us by the Policyholder.

## FACILITY OF PAYMENT

We may pay an amount of up to $500 to any person or entity that has incurred expenses related to your death and subsequent burial. An amount, if paid, will be deducted from the amount of life insurance benefits payable.

## MODE OF PAYMENT

Life insurance benefits will be paid by us in one lump sum.

## REFUND TO US

If it is found that we paid more benefits than we should have paid under the Policy, we will have the right to a refund from you or the recipient of benefits.

We also have a right to a refund for any payments due to:

a) fraud or misrepresentation;
b) any error we make in processing a claim;
c) you or your agent's failure to provide complete information; or
d) an Insured Person not being eligible for coverage.

You or the recipient of benefits must reimburse us in full. We will determine the method the repayment is to be made, including without limitation, reducing or withholding any benefits payable to you, your survivors or your estate under this or any other group insurance policy issued by us. We will credit any such payments to the refund until the refund is fully recovered.

If it is found that we paid less benefits than we should have paid under the Policy, we will make additional payments, as necessary.

## AUTHORITY TO INTERPRET POLICY

When making a benefit determination under the Policy, we have the full discretion and authority to administer claims, to determine eligibility for benefits, and to interpret and construe the terms and provisions of the Policy. You have the right to request a review, to bring action at law or in equity, or to file a complaint with the Georgia Department of Insurance.

# STANDARD PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

## INSURANCE CONTRACT

The insurance contract consists of:

a) the Policy (which includes this Certificate);
b) the Policyholder's signed application attached to the Policy; and
c) any signed application for you.

## CHANGES IN THE INSURANCE CONTRACT

The insurance contract may be changed (including reducing or terminating benefits or increasing premium costs) any time we and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. A change in the insurance contract:

a) does not require the consent of any Insured Person or beneficiary; and
b) must be:
    1. in writing;
    2. made a part of the Policy; and
    3. signed by our authorized representative in our home office.

A change may affect any class of Insured Persons included in the Policy.

## INCONTESTABILITY

We will not contest this Policy after it has been in force two years, during an Insured Person's lifetime, except for nonpayment of premium.

Statements in an application are considered representations and not warranties. We will not use any statements in an Insured Person's application to deny a claim or to contest the validity of this insurance unless we provide you, your beneficiary or legal representative with a copy of that application.

## LEGAL ACTIONS

No legal action can be brought until at least 60 days after we have been given written proof of loss. No legal action can be brought more than three years after the date written proof of loss is required, unless otherwise required by state law in your state of residence.

## CONFORMITY WITH STATE AND FEDERAL LAW

Any provisions of the Policy which, on its effective date, is in conflict with the law of the federal government or the state in which an Insured Person resides on such date is hereby amended to conform to the minimum requirements of such law.

## DEFINITIONS

The defined terms used in this Certificate and Policy are shown in this section. With the exception of *our*, *we, us, you* and *your*, we have capitalized these terms wherever they appear to make them easier for you to find.

The definitions set forth below apply to both the singular and plural versions of the defined term.

*Actively Eligible*, *Active Eligibility* means you are:

a) eligible for insurance according to the Policyholder's rules of eligibility as approved by our authorized representative in our home office;
b) not Totally Disabled; and
c) eligible for insurance in accordance with the terms and conditions of the Eligibility section of this Certificate.

If the Policyholder's rules of eligibility for insurance conflict with any of the terms and conditions of the Eligibility section of this Certificate, the terms and conditions of the Eligibility section control. Any changes to the Policyholder's rules of eligibility after the Policy Effective Date will not be effective for purposes of becoming or remaining eligible for insurance unless such changes have been approved by our authorized representative in our home office.

*Certificate* means this document that describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under the Policy.

*Claimant* means the person who submits a claim for benefits for any Insured Person, including the authorized representative of such person.

*Evidence of Insurability* means proof of good health acceptable to us. This proof may be obtained through questionnaires, physical exams or written documentation, as required by us.

*Family* means Spouse, former Spouse, children, parents, grandparents, grandchildren, brothers, sisters and the spouses (or domestic partners, civil union partners or equivalent) of such individuals.

*First Enrollment Period* means the -day period following the day you become eligible for insurance under the Policy or any Prior Plan.

*Guarantee Issue Amount* means the amount of life insurance we may issue without requiring Evidence of Insurability.

*Insured Persons* means you who is insured under the Policy.

*Life Event* means:

a) a change in your legal marital status;
b) a change in the number of your Dependents; or
c) a significant cost or coverage change under any employer or group sponsored life plan under which you are covered.

*Our, We, Us* means United of Omaha Life Insurance Company.

*Physician* means a legally qualified medical doctor who is licensed to practice medicine, prescribe drugs or perform surgery, or any other licensed healthcare provider who is deemed to be the same as a legally qualified medical doctor. The physician must be acting within the scope of his/her license. A physician does not include the Insured Person or any Family member.

*Plan Administrator* means the person or entity designated as the plan administrator for the Policyholder's group life insurance plan.

*Policy* means the group policy issued to the Policyholder by us, including this Certificate.

*Policyholder* means Jasper County Charter System.

*Policy Anniversary* means January 1 of each Policy Year.

*Policy Effective Date* means January 1, 2026.

*Policy Year* means the period commencing on the Policy Effective Date and ending on the next succeeding Policy Anniversary and, thereafter, each 12-month period commencing on the Policy Anniversary.

*Prior Plan* means any similar insurance policy:

a) replaced by insurance under part or all of the Policy; and
b) in effect and maintained, sponsored by or available through the Policyholder on the day before the Policy Effective Date.

*Retiree* means a former employee of the Policyholder who is a citizen or permanent resident of the United States and is shown on the census provided to Us on the Policy Effective Date.

*Sickness* means a physical or mental disease, illness, infection, disorder or condition, including pregnancy and any drug or alcohol disorder, that requires treatment by a Physician, occurs after the Policy Effective Date and while insurance is in effect for an Insured Person.

*Spouse* means the person to whom you are legally married.

*Subsequent Enrollment Period* means any period designated for enrollment by the Policyholder and agreed to in writing by our authorized representative in our home office.

*Written Request* means a request that is signed, dated and submitted to the Policyholder or us. The request must be on a form we supply or be in a form and content acceptable to us.

*You, Your* means the Retiree who may be eligible or insured under the Policy.

**Group Term Life Benefits**

**Jasper County Charter System**

**Group Number: G000CT2P**

**United of Omaha Life Insurance Company**

**Home Office:**
**3300 Mutual of Omaha Plaza**
**Omaha, Nebraska 68175**