

AMALGAMATED LIFE INSURANCE COMPANY
333 Westchester Ave., White Plains, NY 10604

GROUP TERM LIFE INSURANCE

CERTIFICATE OF INSURANCE

Effective Date of Certificate 04/01/2016

Certificate Holder's Name Eligible Member

Group Policyholder's Name National Limited Benefits Term Life Trust

Group Policy Number 26AZ06

Group Policyholder's Address 7310 N 16th Street, Suite 100, Phoenix, AZ 85020

Effective Date of Group Policy 04/01/2016

This is to certify that, subject to the terms of the Group Policy under which this Certificate is issued, you are insured for the benefits as shown in the Schedule of Insurance and described in this Certificate.

Insurance takes effect only if you are eligible for it, you elect it and you make contribution for it as required.

It is not an insurance contract. The group insurance contract is held by the Group Policyholder. You may request to inspect it at the Policyholder's office during usual business hours.

Amalgamated Life Insurance Company certifies that it has issued Group Policy Number 26AZ06 and that the person named in this Certificate, and whose premium is paid, is insured for the benefits described, subject to the terms and conditions of the Group Policy. This Certificate provides valuable information about your benefit plan under the Group Policy.



David J. Walsh
President

Read Your Certificate Carefully

SCHEDULE OF INSURANCE

Effective Date of Certificate

04/01/2016

Certificate Number

N/A

Certificate Holder's Name

Eligible Member

This plan of Group Term Life Insurance provides You and/or your spouse and dependents benefits upon your death and/or death of your spouse and dependents an/or upon the occurrence of other contingencies as described in this Certificate.

BENEFIT SCHEDULE

BASIC LIFE INSURANCE

All Active Eligible Members

<u>CLASS 1</u>	Member only: \$5,000
<u>CLASS 2</u>	Member \$5,000 & Spouse/Domestic Partner \$2,000
<u>CLASS 3</u>	Member \$5,000 & Each Child \$1,000
<u>CLASS 4</u>	Member \$5,000, Spouse/Domestic Partner \$2,000 and Each Child \$1,000
Age Reduction	None – Coverage Terminates at Retirement of Member

BENEFIT SCHEDULE (continued)

SUPPLEMENTAL BASIC LIFE/BUY-UP I

All Active Eligible Members

<u>CLASS 5</u>	Member only: \$10,000
<u>CLASS 6</u>	Member \$10,000 & Spouse/Domestic Partner \$5,000
<u>CLASS 7</u>	Member \$10,000 & Each Child \$2,000
<u>CLASS 8</u>	Member \$10,000, Spouse/Domestic Partner \$5,000 and Each Child \$2,000
Age Reduction	None – Coverage Terminates at Retirement of Member

SUPPLEMENTAL BASIC LIFE/BUY-UP II

All Active Eligible Members

<u>CLASS 9</u>	Member only: \$20,000
<u>CLASS 10</u>	Member \$20,000 & Spouse/Domestic Partner \$10,000
<u>CLASS 11</u>	Member \$20,000 & Each Child \$2,000
<u>CLASS 12</u>	Member \$20,000, Spouse/Domestic Partner \$10,000 and Each Child \$2,000
Age Reduction	None – Coverage Terminates at Retirement of Member

SUPPLEMENTAL BASIC LIFE/BUY-UP III

All Active Eligible Members

<u>CLASS 13</u>	Member only: \$25,000
<u>CLASS 14</u>	Member \$25,000 & Spouse/Domestic Partner \$10,000
<u>CLASS 15</u>	Member \$25,000 & Each Child \$5,000
<u>CLASS 16</u>	Member \$25,000, Spouse/Domestic Partner \$10,000 and Each Child \$5,000
Age Reduction	None – Coverage Terminates at Retirement of Member

Retiree Life Insurance and, Waiver of Premium are not Provided by this Policy.

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DEFINITIONS

"We", "Us", "Our", "Company", "Life Insurance Company" means Amalgamated Life Insurance Company. Our Home Office Address is 333 Westchester Avenue, White Plains, NY 10604.

"You", "Your" means the Certificate Holder shown on Page 1.

"Individual", "Insured", "Insured Person" means the insured employee, retiree, spouse or dependent child.

"Certificate holder" means the insured employee or retiree.

"Policy", "Group Policy" means Group Policy issued to the Group Policyholder shown on page 1.

"Policyholder", "Group Policyholder" means the Group Policyholder shown on page 1.

"Salary" means regular pay, not counting commissions, bonuses, overtime pay, or any other pay or fringe benefits.

"Eligible Employee" means a

A. "Non-Union" Employee is an employee performing work for the Policyholder provided that:

1. the Policyholder's regular employment records indicate that the employee worked for at least #of hours/weeks/days in at least two out of the three months preceding the date of death; and
2. an employee for whom the Policyholder is withholding income taxes and paying unemployment insurance benefit premiums

B. "Union" Employee is an employee performing work covered by the collective bargaining agreement, provided that:

1. the Employer is obligated to make contributions to the Fund for the purposes of obtaining Fund benefits for the employee;
2. the employee meets the Fund's criteria for eligibility for Fund benefits;
3. the Employer's regular employment records indicate that the employee worked in Covered Employment for at least #of hours/days/weeks per month in at least two out of the three months preceding the date of death; and
4. the Employer is withholding income taxes and paying for unemployment insurance benefits for the Employee

"Actively at Work" means the Individual is performing the regular duties of employment on that day either at the Employer's place of business or at some location to which the Employee is required to travel for the Employer's business. Actively at Work includes each day of a regular paid vacation and each regular non-work day if the Employee was Actively at Work on the last preceding regular work day.

"Total Disability", "Totally Disabled" means the incapacity of the Insured resulting from injury or disease, to engage in any occupation for remuneration or profit.

"Retiree" means an Individual who is eligible to receive a pension, worked for a contributing employer and meets the employer's criteria for eligibility.

DEFINITIONS CONTINUED

“Spouse” includes Domestic Partners

“Child” means a child of blood, marriage or named in a court order duly entered who is over 14 days old and financially dependent on the employee for support.

“Financially Dependent” means that the employee is furnishing over one-half of the dependent’s total support as determined under the federal income tax laws and regulations.

“Full-time Student” means a student who is normally in daytime attendance without compensation at an educational institution not less than 12 hours per week or is otherwise a certified full-time degree candidate at an accredited college or university.

“Educational Institution” means an institution that maintains a regular faculty and curriculum and normally has a regular organized body of students in attendance where the educational activities are conducted.

ELIGIBILITY

I. APPLICABLE TO INDIVIDUALS

A. Subject to B., below

Each Individual, who is eligible for insurance under this plan on the date this policy becomes effective with respect to the class(es) of which he or she is a member, will be eligible on that date for the coverages in the policy's plan of insurance for such class(es).

Each other Individual will be so eligible on the day after the date he or she completes one month of continuous service in an eligible class.

B. If an individual is not actively at work on the day he or she would normally become eligible, he or she will be eligible on the day that person resumes active work.

ELIGIBLE CLASSES

CLASS

DESCRIPTIONS

1, 2, 3, 4

All eligible full-time, part-time hourly, independent contractors & association members ages 16-65, working 20 or more hours per week.

Grandfathered Active Members
age 65 or older prior to 4/1/2016 shall get a percentage of the amount of Insurance provided by the plan as follows:

Age 65-69 65%

Age 70-74 50%

Age 75 and over 25%

Coverage Terminates at Retirement

5, 6, 7, 8,
9, 10, 11,
12, 13, 14, 15 & 16

Voluntary Supplemental Life Insurance
for all eligible full-time, part-time hourly, independent contractors & association members ages 16-65, working 20 or more hours per week.

Grandfathered Active Members
age 65 or older prior to 4/1/2016 shall get a percentage of the amount of Insurance provided by the plan as follows:

Age 65-69 65%

Age 70-74 50%

Age 75 and over 25%

Coverage Terminates at Retirement

If the amount of any insurance under this policy is contingent upon the classification of an individual, and if at any time the individual's classification warrants an amount of insurance greater or less than that for which he is then insured, the amount of his insurance shall be increased or reduced to that warranted by his new classification on the date of change in the individual's classification, provided, however, that in any instance in which the individual is not actively at work on the date his insurance would otherwise be increased, the effective date of the increase in the individual's insurance shall be deferred until his return to active work.

For the purposes of this policy, a retroactive change in an Individual's rate of earnings shall be deemed to be effective on the day the change was actually determined.

EFFECTIVE DATES OF INSURANCE

APPLICABLE TO INDIVIDUALS FOR WHOM CONTRIBUTIONS ARE REQUIRED.

If an Individual enrolls for his or her insurance on or before the day he or she becomes eligible, such person will be insured on the day he or she becomes eligible.

If an Individual enrolls for his or her insurance within 31 days after the day he or she becomes eligible, such person will be insured on the day he or she enrolls.

If an Individual enrolls more than 31 days after the day he or she becomes eligible, such person will not be insured until he or she satisfies Us of his or her good health. Such person may be asked to have a health examination at his or her own expense.

If an Individual is not actively at work on the day his or her insurance would normally begin, that person will become insured on the day he or she resumes active work.

APPLICABLE TO DEPENDENTS

If a dependent is eligible for coverage under this policy as an Individual, he or she will not be so eligible as a dependent. If an Individual and his or her spouse are both insured under this policy as employees, their children may be enrolled as dependents of one of the insured parents. Eligible children include the natural children and legally adopted children of the insured applicant.

If an Individual and his or her spouse or domestic partner are each insured under this policy as an Employee, he or she will be so eligible for coverage as a dependent.

If an Individual has dependents who are enrolled more than 31 days after they become eligible, such persons will not be insured until they satisfy Us of their good health. Each dependent may be asked to have a health examination at the Individual's expense.

In any other case, dependents will be insured:

- (a) on the day they become eligible, if the Individual enrolls for their insurance on or before the day they become eligible.
- (b) on the day the Individual enrolls them, if he or she enrolls for dependents' insurance within 31 days after the day they become eligible.

Except for a child at birth, if a dependent is confined to a hospital or other institution covered under the policyholder's plan on the day such person's insurance would normally begin, he or she will be insured on discharge.

An Individual's dependents will not be insured before the day his or her insurance begins.

APPLICABLE TO INDIVIDUALS FOR WHOM CONTRIBUTIONS ARE NOT REQUIRED.

Such Individual will be insured on the day he or she becomes eligible.

INDIVIDUAL TERMINATIONS

Subject to any extension of coverage benefit, the insurance under this policy for an Individual ends when the first of the following events occurs:

- (1) this policy ceases.
- (2) the termination of the classes under which the Individual is a member.
- (3) premium payments for the insurance of the Individual cease.
- (4) the last day of the month in which the Individual's employment in the eligible class under this policy ends. His or her employment will be deemed to end when he or she stops active work, except that, in the event of a temporary lay-off or leave of absence, the insurance will continue but not beyond 31 days in which the lay-off or leave of absence begins.
- (5) if the Employee is in active service in the armed forces of a country at war, declared or not, his or her insurance will stop.

GENERAL PROVISIONS

CONTRACT

The entire contract is made up of the policy, the application for the policy, the certificate of insurance, any enrollment form & eligibility of insurance form completed by you or an insured individual, copies of all of which are attached. Your or an insured's statements will be deemed representations and not warranties. No statement made by you or an insured shall be used in any contest of this insurance unless it is in writing signed by such person and a copy given to such person or his or her beneficiary.

GRACE PERIOD

A grace period of 31 days will be granted for the payment of each premium after the first. If premium is not paid in the grace period the certificate will cease at the end of that period. The certificate will end before that date if You give Us written notice in advance. When the certificate ceases You will be liable to Us for all unpaid premiums, including a pro-rata premium.

INCONTESTABILITY

This certificate will not be contested after it has been in force for two years from its Certificate effective date, except for the failure to pay premiums.

A statement made by an insured as to his or her insurability may be used to contest the validity of the insurance with respect to which the statement was made, if: 1) the statement is in writing and is signed by the insured; and 2) a copy of such statement is or has been furnished to the insured or the insured's beneficiary. Such statement may not be used to contest the validity of such insurance after it has been in force prior to the contest for two years during the lifetime of the insured.

BENEFICIARY

The beneficiary of the individual's insurance for loss of life, including those with respect to accidental death, if any, will be the person(s) named by the insured as shown on the records kept by the Company on this policy. The insured may change such beneficiary at any time by giving written notice to us. Such change will take effect on the date the notice is signed, without prejudice to us, because of prior payment made in good faith based on our records. If there is no named beneficiary, as to any part of the benefits, living at the date of death of the insured, that part will be paid in a lump sum to the Executors or Administrators of the insured's estate, or at our option, to the survivors in the first surviving class of those that follow:

- a. spouse b. children, equally c. parents, equally d. brothers and sisters, equally

If no beneficiary survives, benefits will be paid in a lump sum to the insured's estate.

If any benefit under the policy becomes payable to an Insured's estate, a minor, or any person who, in Our opinion, is not competent to give a valid release, then We, at Our option, may make payment to any one or more of the following:

- a. a person who has assumed the care and support of the Insured or beneficiary;
- b. a person who has incurred expenses not to exceed \$500 as a result of the Insured's last illness or death;
- c. the personal representative of the Insured's estate;
- d. any person related by blood or marriage to the Insured.

Any payment we make shall discharge us from liability to the extent of that payment. We are not obligated to see that the payment(s) are properly used.

Death benefit proceeds shall be paid to the beneficiary in one lump sum in the amount specified in the Schedule of Benefits.

The Insured may elect to have all or any part of the insurance for loss of life paid out to the beneficiary in installments or in any other way that may be agreed to by Us. To elect, the Insured must give notice to Us in writing. The Insured will have the right to change such election. The terms of payment will be in accord with those offered by Us for the insurance at the time election is made.

After the Insured's death, the beneficiary:

- (a) may make such an election, if the insured had not done so; and
- (b) may name person(s) to receive any amount which, if no person(s) were so named, would go to the beneficiary's estate; and
- (c) will have the right to change the person(s) name in accord with (b).

Two or more beneficiaries in the same class shall share equally unless otherwise provided.

Benefits payable under this Policy on the death of a Dependent will be paid to the Employee in one lump sum. If the Employee dies prior to the Dependent, the Company will pay the benefit to the Employee's estate.

AGE

If the age of an insured has been misstated there will be a fair adjustment of premium. If the benefit for the insured is based on age, there will be an adjustment of benefit to that amount which the premium being paid would purchase at the correct age.

We have the right to require satisfactory proof of age.

ASSIGNMENT

We will not be bound by any assignment of this policy by you unless:

- 1. it is in writing and
- 2. it is filed at our Home Office

We will not be responsible for the validity of any assignment.

CLAIMS OF CREDITORS

To the extent allowed by law, benefits will be exempt from creditors.

LIFE INSURANCE

PART 1. DEATH BENEFIT

When we receive due proof of the death of an Insured Individual or Dependent who is insured under this policy for this coverage, we will pay at Our Home Office, the amount for which his or her life is insured as shown in the Schedule of Benefits. Payment will be made to the beneficiary in accord with the terms of the policy.

DEATH BENEFIT NOT COVERED

1. Aviation other than as a fare paying passenger on a scheduled or charter flight operated by a scheduled airline.

PART 2. CONVERSION

An Insured Individual or Dependent may elect to buy an individual life insurance policy if his or her Life Insurance is reduced or ends because of:

- 1) termination of employment;
- 2) termination of membership in the class or classes eligible for coverage under the policy;
- 3) termination of the policy;
- 4) attainment of a particular age;
- 5) change in class; or
- 6) amendment of the policy.

No evidence of insurability will be required for the converted policy. The converted policy may be on any of the forms we then issue, except:

- 1) it may not provide term insurance except as stated below;
- 2) it may not provide benefits for disability;
- 3) it may not provide extra benefits for accidental death;
- 4) it must meet Our issue rules as to amount and age.

The person may choose to have the converted policy preceded by term insurance for not more than one year with premiums payable at the same frequency as for the conversion policy.

The person must apply to Us and pay the first premium for the converted policy. If the person is notified of the right to convert within 15 days before or after the change in Life Insurance, this must be done within 31 days of the change. Then the converted policy will take effect 31 days after the change. If the person is not notified in that period, the time to apply to Us is extended to the earlier of 45 days after notice is given or 90 days after the change. Then the converted policy will take effect on the later of 31 days after the change or when the first premium is paid.

The premium for the converted policy will be based on:

- 1) attained age,
- 2) class of risk, and
- 3) amount of the policy.

The amount of the converted policy may not exceed:

- 1) the amount for which the person was covered under this policy, less
- 2) any amount for which the person is eligible under this policy or becomes eligible under any other group policy in the 31 days after the change.

If the person dies within 31 days after the change, We will pay to the beneficiary, in accord with the terms of this policy, the amount of the life insurance that could have been converted.

No payment will be made if: (i) at the death of the Dependent he or she is eligible for life insurance under this policy as an Individual, or (ii) at the date of a child's death, he or she is married or has reached the age limit.

The incontestability period does not start anew, but is effective as of the date the original group policy coverage was issued.

ENDORSEMENT AND RIDER FORMS ATTACHED TO THE CERTIFICATE

The following table sets forth the list of any Endorsements & Riders attached to the Certificate.

Form	Form Number	Effective Date
Reduction of Death Benefit Endorsement	ALTLRDBEC-AZ-05	04/01/2016

AMALGAMATED LIFE INSURANCE COMPANY
333 Westchester Ave., White Plains, NY 10604

REDUCTION OF DEATH BENEFIT ENDORSEMENT

Amalgamated Life Insurance Company (“we”, “us”, “our”) has issued this Endorsement as part of the Certificate to which it is attached. The effective date of this Endorsement is April 1, 2016. Except as shown in this Rider, the provisions of your Certificate will prevail.

PLEASE READ THIS RIDER CAREFULLY

The Benefit Amount in effect on each Insured Member and /or Insured spouse will automatically reduce after the Group Policy Anniversary immediately following such Insured’s 65th birthday. The amount will be the applicable percentage of Benefit Amount as shown below:

Member’s Birth Day	Percent of Benefit Amount			
	Life		AD&D	
	Member	Member’s Spouse	Member	Member’s Spouse
65 th	65% of pre-age death benefit	N/A	N/A	N/A
66 th	65%	N/A	N/A	N/A
67 th	65%	N/A	N/A	N/A
68 th	65%	N/A	N/A	N/A
69 th	65%	N/A	N/A	N/A
70 th	50%	N/A	N/A	N/A
71 st	50%	N/A	N/A	N/A
72 nd	50%	N/A	N/A	N/A
73 rd	50%	N/A	N/A	N/A
74 th	50%	N/A	N/A	N/A
75 and older	25%	N/A	N/A	N/A

The member’s coverage automatically terminates when his/her membership with the Group Policyholder ends. The spouse’s and/or dependent child’s coverage terminates on the earlier of: (1) the date the Member’s coverage terminates; (2) upon attainment of the maximum age limit; or (3) when he/she no longer meets the definition of an eligible spouse or child.



OFFICER SIGNATURE