

## DEARBORN LIFE INSURANCE COMPANY

(A stock life insurance company, herein called "We" "Us" or "Our")

Administrative Office Address: 701 E. 22nd Street, Lombard IL 60148

**Policyholder:** Universal Beauty Products, Inc.

**Policy Number:** VF025946

**Policy Effective Date:** October 1, 2020

**Anniversary Date:** October 1

We agree with the *Policyholder* to insure certain eligible *Employees* of the *Policyholder*. We promise to pay benefits for loss covered by the *Policy* in accordance with its provisions. The *Policyholder* should read this *Policy* carefully and contact Dearborn Life Insurance Company promptly with any questions.

*Policyholder* means the *Employer* to whom the *Policy* is issued and who sponsored the coverage for its *Employees*.

*Employer* means the *Policyholder* and includes any division, subsidiary, or affiliated company if named in the *Policy*.

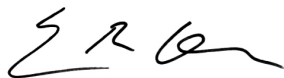
*Employee* means a person who is a citizen or legal resident of the United States and *Actively at Work* with the *Employer*.

### ***POLICY EFFECTIVE DATE AND TERM***

The *Policy* takes effect on the *Policy Effective Date* stated above subject to any participation requirement stated in the *Policy*. All insurance periods will be computed from that date. The *Policy* remains in force for the period for which premium has been paid. It may be renewed for further successive periods by payment of premium as stated in the *Policy*.

All periods of insurance begin and end at 12:01 A.M., Standard Time, at the *Policyholder's* address as stated in the *Policy*, and on the Application.

Signed for Dearborn Life Insurance Company



Secretary



President

Voluntary Group Vision Insurance Policy  
with Dependent Vision Benefits  
**Non-Participating**

**THIS IS A LIMITED BENEFIT POLICY**

**THIS IS NOT A WORKERS' COMPENSATION POLICY**

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### **ATTACHMENTS:**

- Master Application
- Certificate of Insurance

## ***PREMIUM***

### ***How is the initial premium calculated?***

The monthly premium is calculated in accordance with the rates set forth on the attached Rate Addendum.

### ***When is premium paid?***

The *Policy* is issued in consideration of the payment in advance of premium on the premium due date indicated on the *Application*. Payment must be made by the premium due date as shown on the *Application*.

If an addition, termination or change in insurance takes place other than on a regular due date, any premium adjustment will take effect on the next due date.

### ***Is there a grace period for premium payment?***

We will allow a grace period of 31 days for the payment of any premiums due except the first. Insurance coverage shall continue in force during the grace period unless the *Policyholder* has given *Us* advance written notice of cancellation in accordance with the terms of this *Policy*. We will not be liable for claims incurred during a grace period unless all premiums have been received by *Us* before the end of the grace period. If premium is not received by the end of the grace period, the effective date of the *Policy* termination will be the last date for which premium was paid.

If *We* receive written notice during the grace period that the *Policy* is to be canceled, *We* will cancel it as of the later of:

1. the date requested in the cancellation notice; or
2. the date *We* receive such notice. The *Policyholder* must pay a pro rata premium for any coverage provided during the grace period.

## ***PREMIUM RATE GUARANTEE***

### ***What is the initial premium rate guarantee?***

A change in premium rates will not take effect before October 1, 2024. However, *We* may change premium rates if the risk assumed changes. Premium rates may change if the following occurs:

1. a change in the *Policy* design; or
2. a change in the terms of the *Policy*; or
3. addition or deletion of a division, subsidiary or affiliated company; or
4. a change in the number of *Insureds* by 10% or more from the number of *Insureds* on the initial *Effective Date*; or
5. a change in the laws or regulations or other government action which applies to the *Policy*; or
6. for reasons other than 1-5 above such as but not limited to a change in factors bearing on the risk assumed.

The *Policyholder* must furnish notice and documentation satisfactory to *Us* within 31 days of the occurrence of any event which would cause a change in rates as described above. If the *Policyholder* fails to provide such timely notice, we will apply new rates retroactively to the date of the event.

We will notify the *Policyholder* in writing at least 31 days in advance of any premium rate changes. A change may take effect on an earlier date if both the *Policyholder* and *We* agree.

## ***POLICY TERMINATION***

### ***Who may cancel the Policy or a plan under the Policy?***

The *Policy* or a plan under the *Policy* can be canceled by the *Policyholder* with 31 days written notice delivered to *Us*.

### ***When does this Policy terminate?***

This *Policy* will terminate for any of the following reasons:

1. If the *Policyholder* fails to pay any premium within the 31-day Grace Period, this *Policy* will terminate in accordance with the terms set forth in the Grace Period provision.
2. We may terminate this *Policy* on any premium due date if:
  - a. the *Policyholder* fails to perform any of its obligations that relate to the *Policy*; or
  - b. the *Policyholder* does not promptly provide *Us* with information that is reasonably required; or
  - c. fewer than 10 *Employees* are insured under the *Policy*.

If *We* terminate the *Policy*, for reasons other than the *Policyholder's* failure to pay premium, a written notice will be delivered to the *Policyholder* at least 30 days prior to the effective date of termination.

## ***ADDITIONAL PROVISIONS***

### ***What happens if an inadvertent error occurs?***

Clerical error or omission by *Us* to the *Policyholder* will not:

1. Prevent the *Employee* from receiving coverage, if he is entitled to coverage under the terms of the *Policy*; or
2. Cause coverage to begin or coverage to continue for the *Employee* when the coverage would not otherwise be effective.

If the *Policyholder* gives *Us* information about the *Employee* that is incorrect, *We* will:

1. Use the facts to decide whether the *Employee* has coverage under the *Policy* and in what amounts; and
2. Make a fair adjustment of the premium.

### ***Will certificates be issued?***

*We* will deliver certificates of insurance to the *Policyholder* for issuance to each insured *Employee*. The certificates will describe the benefits, to whom they are payable, the *Policy* limitations and where the *Policy* may be inspected.

### ***What is considered to be the entire contract?***

#### ***Entire Contract (Contract)***

The *Entire Contract* consists of:

1. The Group Insurance *Policy*; and
2. The *Application*; and
3. The Certificate; and
4. The Enrollment Forms of the persons insured, including any individual statements; and
5. Any riders, endorsements, inserts, attachments or amendments to the *Policy*, *Application* or the Certificate.

Coverage under the *Policy* can be amended by mutual consent between the *Policyholder* and *Us*. No change to the *Policy* is valid unless approved in writing by one of *Our* officers. No agent or third party has the right to change the *Policy* or to waive any of its provisions.

#### ***Statement on the Application***

All statements made on the *Application* are considered representations and not warranties (absolute guarantees). No representation by:

1. The *Policyholder* in applying for the *Policy* will make it void unless the representation is contained in the signed *Application*, or other written and signed statement; or

2. Any *Employee*, in applying for insurance under the *Policy* will be used to reduce or deny a claim unless a copy of the application for insurance, signed by the *Employee*, or other written and signed statement, is or has been given to the *Employee*.

***New Employees***

All new *Employees* in the classes eligible for insurance will be added to such class for which they are eligible.

## **RATE ADDENDUM**

*(per unit)*

Class: 01

Employee	\$7.60
Employee and Spouse	\$14.44
Employee and Child	\$15.20
Employee and Family	\$22.35

## ***STATE SUPPLEMENT***

The following policies apply only to those individuals in Your group insurance program who reside in the referenced states.

### ***Arizona and Maine***

Except as otherwise permitted by law, We will not disclose collected personal information about an individual to a nonaffiliated third party with whom We jointly offer products without giving the individual an opportunity to tell us that he or she does not want Us to share his or her personal information.

### ***Minnesota and Montana***

Except as otherwise permitted by law, We will not disclose collected personal information about an individual to a nonaffiliated third party with whom We jointly offer products without obtaining the individual's written authorization.

### ***Montana***

Upon written request, an individual who has authorized the collection of health information is entitled to receive a record of *Our* disclosure of any of his medical record information made within the preceding 3 years.

### ***Oregon***

An individual has the right to authorize disclosure of his or her personal information to an insurance company. An Oregon resident can exercise this right by requesting an authorization form in writing. Our address is:

Dearborn Life Insurance Company  
Administrative Office:  
701 E. 22nd Street  
Lombard, IL 60148



FACTS	WHAT DOES BLUE CROSS AND BLUE SHIELD OF ILLINOIS (BCBSIL) DO WITH YOUR PERSONAL INFORMATION?		
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.		
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"><li>▪ Social Security number and payment history</li><li>▪ Transaction history and employment information</li><li>▪ Medical information and insurance claim history</li></ul> <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>		
How?	All financial companies need to share customers’ personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons BCBSIL chooses to share; and whether you can limit this sharing.		
Reasons we can share your personal information		Does BCBSIL share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		Yes	No
For our marketing purposes— to offer our products and services to you		Yes	No
For joint marketing with other financial companies		No	We don’t share
For our affiliates’ everyday business purposes— information about your transactions and experiences		Yes	No
For our affiliates’ everyday business purposes— information about your creditworthiness		No	We don’t share
For our affiliates to market to you		No	We don’t share
For nonaffiliates to market to you		No	We don’t share
Who we are			
Who is providing this notice?			
<ul style="list-style-type: none"><li>▪ Dental Network of America®, LLC</li><li>▪ Dearborn Life Insurance Company</li></ul>			
Questions	Go to <a href="http://www.bcbsil.com">www.bcbsil.com</a>		

**What we do**

<b>How does BCBSIL protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
<b>How does BCBSIL collect my personal information?</b>	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> <li>■ apply for insurance or pay insurance premiums</li> <li>■ file an insurance claim or provide employment information</li> <li>■ give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>■ sharing for affiliates' everyday business purposes—information about your creditworthiness</li> <li>■ affiliates from using your information to market to you</li> <li>■ sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>

**Definitions**

<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ Our affiliates include Health Care Service Corporation, a Mutual Legal Reserve Company; DenteMax<sup>®</sup>, LLC</li> </ul>
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ BCBSIL does not share with nonaffiliates so they can market to you</li> </ul>
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

**NOTICE OF  
PROTECTION PROVIDED BY  
ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** description of the Illinois Life and Health Insurance Guaranty Association ('the Association') and the protection it provides for policyholders. This safety net was created under Illinois law which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity, health maintenance organization or health insurance company becomes financially unable to meet its obligations and is placed into Receivership by the Insurance Department of the state in which the company is domiciled. If this should happen, the Association will typically arrange to continue coverage, pay claims, or otherwise provide protection in accordance with Illinois law, with funding from assessments paid by other insurance companies and health maintenance organizations.

The basic protections provided by the Association per insured in each insolvency are:

- Life Insurance
  - \$300,000 for death benefits
  - \$100,000 for cash surrender or withdrawal values
- Health Insurance
  - \$500,000 for health benefits plan\*
  - \$300,000 for disability insurance benefits
  - \$300,000 for long-term care insurance benefits
  - \$100,000 for other types of health insurance benefits
- Annuities
  - \$250,000 for withdrawal and cash values

\*The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except special rules apply with regard to health benefit plan benefits for which the maximum amount of protection is \$500,000.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also residency requirements and other limitations under Illinois law.

To learn more about these protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at [www.ilhiga.org](http://www.ilhiga.org) or contact:

*Illinois Life and Health  
Insurance Guaranty Association  
901 Warrenville Road, Suite 400  
Lisle, Illinois 60532-4324*

*Illinois Department of Insurance  
4th Floor  
320 West Washington Street  
Springfield, Illinois 62767*

**Insurance companies, health maintenance organizations and agents are not allowed by Illinois law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company or health maintenance organization, you should not rely on Association coverage. If there is any inconsistency between this notice and Illinois law, then Illinois law will control.**

**The Association is not an insurance company or health maintenance organization. If you wish to contact your insurance company or health maintenance organization, please use the phone number found in your policy or contact the Illinois Department of Insurance at [DOI.InfoDesk@illinois.gov](mailto:DOI.InfoDesk@illinois.gov).**