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 August 14, 2017.

**POLICY INFORMATION**

Policyholder: Douglas County School District 0001  
Policy Effective Date: October 19, 1970  
Policy Anniversary: September 1  
Policy Number: GLUG-DT60  
Group Number: G000DT60  
Class(es): All Eligible Active Half Time Certified Employees

**ELIGIBILITY**

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 20 or more hours each week to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 1 month.

**WHEN INSURANCE BEGINS**

An eligible Employee will become insured on the first day of the month that coincides with or follows the day the Employee becomes eligible, subject to certain conditions (as described in the When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

**BENEFIT AMOUNT(S)**

**Insurance for You (The Employee)**

Your amount of life insurance is $25,000.

Your Guarantee Issue Amount is $25,000. If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

**Benefit Reduction(s)**

As You grow older, the amount of life insurance for You will be reduced according to the following schedule:

<table>
<thead>
<tr>
<th>At the Age of</th>
<th>The Original Amount of Insurance Will Reduce to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>45%</td>
</tr>
<tr>
<td>75</td>
<td>30%</td>
</tr>
<tr>
<td>80</td>
<td>20%</td>
</tr>
<tr>
<td>85</td>
<td>15%</td>
</tr>
<tr>
<td>90</td>
<td>10%</td>
</tr>
</tbody>
</table>

Insurance ends on the date of Your retirement.

**FEATURE(S)**

**Continuation of Insurance for Total Disability**

You may be able to continue insurance for You from the day You cease to be Actively Working due to Your Total Disability, subject to certain conditions.
**Portability**
In the event Your insurance under the Policy ends, You have the right to continue receiving group life insurance, subject to certain conditions.

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