

Stifel Financial Corp.

Standard Insurance Company





Act Now to Help Protect What You Care About

Explore your benefit options with Stifel Financial Corp.

Having a lot of benefit choices is great — but can be confusing! You may be wondering ... which ones are the best for me and my family?

Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Each benefit that Stifel Financial Corp. offers can play a role in helping you achieve financial security.

Enrolling in coverage now is an easy way to help make sure you and your loved ones have the protection you need. Use this guide to explore your group insurance options from Standard Insurance Company (The Standard).



When you buy insurance through work, you get competitive group rates. And it's convenient, with premiums deducted right from your paycheck.



Your Employer-Paid Benefits

- Basic Life insurance
- Short Term Disability insurance



Benefits You Can Add at Group Rates

- Additional Life insurance
- Voluntary AD&D insurance
- Long Term Disability insurance
- Accident insurance
- Critical Illness insurance
- Hospital Indemnity insurance



Protect Your Family From the Unexpected

An accident, serious illness or hospital stay can be a big drain on your finances. Even with medical insurance, deductibles and copays can pile up. The insurance below pays a benefit directly to you — instead of your doctors. So, you can use the money for anything you choose — from medical costs to rent, gas and groceries.

Accident insurance can help keep your finances on track when an accident happens. It pays a benefit directly to you, not to medical providers. Another plus, your group insurance rate won't increase as you get older.

Critical Illness insurance helps you manage expenses during a serious illness, such as a heart attack, stroke or cancer. It pays a lump-sum benefit directly to you upon diagnosis with a covered illness. You can use the money to pay bills while you or a family member recover.

Hospital Indemnity insurance can help you take care of the out-of-pocket costs of a stay in the hospital. It pays you a flat benefit regardless of any medical coverage you have.



Protect Your Loved Ones

Life insurance helps take care of your family if something happens to you. It can help your loved ones get through a difficult time and pay for important things, like a home or college plans.



Protect Your Paycheck

Disability insurance can replace part of your paycheck if you can't work because of an illness, injury or pregnancy. The benefit payments can help with bills that continue even when you can't work — like your rent or mortgage.

Long term disability insurance helps replace part of your paycheck if you experience a disability that lasts for months or even years.

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SI **20444** (2/25)



GROUP BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Stifel Financial Corp.

Eligibility	
Definition of a Member	You are a member if you are a regular associate of Stifel Financial Corp. and actively working at least 30 hours each week. You are not a member if you are a temporary or seasonal associate, a full-time member of the armed forces, a leased associate or an independent contractor.
Eligibility Waiting Period	If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the first day of the calendar month that follows the date you become a member.

Benefits	
Basic Life Coverage Amount	Your Basic Life coverage amount is 1 times your annual earnings to a maximum of \$100,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Age Reductions	Basic Life and AD&D insurance coverage amounts reduce to the following percentages of the original coverage amount: 65% at age 70, to 45% at age 75, to 30% at age 80, and to 20% at age 85.

Other Basic Life Features and Services

- · Accelerated Death Benefit
- · Life Services Toolkit
- · Portability of Insurance
- · Repatriation Benefit

- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- · Adaptive Home and Vehicle
- Air Bag and Seat Belt Benefit
- · Artificial Limb Benefit
- Assault Benefit
- Family Benefits Package (includes Career Adjustment, Child Care, and Higher Education Benefits)
- Helmet Benefit
- Hospital Confinement Benefit
- Human Immunodeficiency Virus (HIV) Benefit
- Public Transportation Benefit



This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Stifel Financial Corp. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Stifel Financial Corp. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company 1100 SW Sixth Avenue Portland OR 97204

standard.com

173038 (10/24)



Explore the world with confidence.



Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

Everywhere else +1.609.986.1234

Text:

+1.609.334.0807

Email:

medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator

Reference Number: 01-AA-STD-5201







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- 1 Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.
- 2 Spouses and children traveling on business for their employers are not eligible to access these services during those trips.
- 3 Participants are responsible for arranging transportation from the point of injury or illness to the initial point of medical care or assessment and the cost related to this transportation. Any emergency evacuation services provided by Assist America, Inc. must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at <u>standard.com/mytoolkit</u> and enter user name "assurance" for information and tools to help you make important life decisions.

- Estate Planning Assistance: Online tools walk you through the steps to
 prepare a will and create other documents, such as living wills, powers of
 attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- Funeral Arrangements: Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,¹ you may access the services for beneficiaries outlined on the next page.



Life Services Toolkit is provided through an arrangement with Health Advocate SM and is not affiliated with Standard Insurance Company. Health Advocate is solely responsible for providing and administering the included service. This service is only available while insured under Standard Insurance Company's life insurance policy. Standard Insurance Company may change providers or terminate service at any time.

1 An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

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Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

• **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions virtually or in person. Your beneficiaries are eligible for up to three face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- Legal Services: In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- Online Resources: Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name: support) or call the assistance line at 800.378.5742

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² The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.



GROUP SHORT TERM DISABILITY BENEFIT PROGRAM

Group Short Term Disability benefit helps provide financial protection for covered members by promising to pay a weekly benefit in the event of a covered disability.

The cost of this benefit plan is funded by Stifel Financial Corp.

Definition of a Member	You are a member if you are a regular associate of Stifel Financial Corp., activel working at least 30 hours each week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal associate, full-time member of the armed forces, leased associate or an independent contractor.
Class Definition	Class 1 Members with 90 days or more and less than one year of service with the employer Class 2 Members with at least one year of service with the employer
Eligibility Waiting Period	If you are already a member on the date the group plan is effective, you are eligible on the first day of the calendar month that follows 90 consecutive days as a member. If you become a member after the group plan effective date, you are eligible on the first day of the calendar month that follows 90 consecutive days as a member.

Benefits	
Weekly Benefit	Class 1 60% of your weekly predisability earnings as of the date of disability, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
	Class 2 100% of your weekly predisability earnings as of the date of disability, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Weekly Benefit	\$4,800

Benefits Continued	
Benefit Waiting Period	Your weekly benefit becomes payable after you have been continuously disabled for 7 days for disability caused by accidental injury, physical disease, pregnancy or mental disorder.
Definition of Disability	For the benefit waiting period and while the Short Term Disability benefits are payable, you are considered disabled if you:
	 Are unable, as a result of physical disease, injury, pregnancy or mental disorder, to perform with reasonable continuity the material duties of your own occupation; and Suffer a loss of at least 20% of your predisability earnings when working in your own occupation.
	You will no longer be considered disabled when your earnings from any occupation meet or exceed 80% of your predisability earnings.
	Own occupation means the job you're regularly performing for your employer when disability begins.
Maximum Benefit Period	180 days

Other Features and Services

· Return to Work Incentive

• Temporary Recovery Provision

Stifel Financial Corp. has retained Standard Insurance Company to act on its behalf as Claims Administrator for the Plan with respect to all claims for benefits submitted to The Standard for administration and management. The Standard shall receive, process, investigate and evaluate claims for benefits. The Standard has authority to make initial decisions to approve, deny or close claims for benefits. The Standard is also authorized to review and decide appeals of denied or closed claims, if requested by claimants as provided in the appeal provision of the Plan. Thereafter, Stifel Financial Corp. may elect to hear and decide any further appeals by claimants. In each case, Stifel Financial retains the right of final review and decision on all claims and appeals.

The Standard will also perform certain administrative services for the Plan, including advising and assisting Stifel Financial Corp. with preparation and revision of the Plan and providing actuarial services. The Standard has no authority or obligation with respect to management or investment of the assets of the Plan or Stifel Financial Corp. right of subrogation under the Plan.

This information is only a brief description of the Short Term Disability benefit plan provided by Stifel Financial Corp. and administered by Standard Insurance Company. The controlling provisions will be in the Plan Document adopted by Stifel Financial. The Plan Document contains a detailed description of the limitations, reductions in benefits, and exclusions. The Plan Document that describes the terms and conditions of the coverage is available for those who become covered according to its terms. For more complete details of coverage, contact your human resources representative.



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When you're sick or injured, your main focus should be on your health – not untangling medical bills, scheduling appointments and coordinating your care with specialists and other providers.



Help is Only a Phone Call Away

Fortunately, you don't have to take on the healthcare system by yourself. While you're out on a short term disability claim, you can connect with a Personal Health Advocate who'll help you navigate the complexities of the healthcare system. Simply take advantage of Health Advocacy Select, a service that's included with your group Short Term Disability insurance coverage through Standard Insurance Company (The Standard).

An Expert by Your Side

At no additional cost, you can contact Health Advocate^{SM 1} and be assigned a Personal Health Advocate, typically a registered nurse, who will remain on your case until it's fully resolved. From start to finish, you'll work with one person sparing you the headache of explaining your concerns to someone who might be unfamiliar with your situation.

Your Personal Health Advocate can assist you in quickly and efficiently working through healthcare management issues.

Some ways they can help you are:

- Understand and take maximum advantage of your medical benefits.
- Make sense of your diagnosis and research treatment options.
- Find and schedule appointments with the right doctors and specialists, particularly for complex medical conditions where a second opinion is appropriate.
- Locate specialists for high-risk pregnancies and find pediatricians.
- Manage your out-of-pocket expenses by finding alternative services and cost information.
- Locate necessary post pregnancy support in the event of a difficult delivery or when complications arise.
- Resolve medical claims and billing issues.
- Find resources for services that may not be covered through your employer's health benefits program.

All cases are managed in compliance with state and federal privacy laws. Your personal medical information is kept strictly confidential.



Personal Health Advocates available Monday – Friday, 8 a.m. – 10 p.m., Eastern at:

844.450.5543

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¹ Health Advocacy services are provided through an arrangement with Health AdvocateSM, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

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GROUP ADDITIONAL LIFE INSURANCE

We can help provide for your family when you can't.

Group Additional Life insurance can help protect your family's finances if something happens to you. This coverage can help provide financial support and stability to your family if you pass away.

Additional Life insurance can help make things easier for the people you care about.

Life insurance helps protect the people who depend on your income by paying them an amount of money specified in the policy if you die.

Life insurance is an easy, responsible way to help your loved ones during a difficult time — and into the future.

What's at stake.

A death might leave your family facing expenses they couldn't pay without your income. That could include extra costs for medical care or a funeral.

You're covered under Basic Life insurance if you take no action, provided you meet the eligibility requirements. But if Basic Life insurance doesn't meet your needs, you can apply for additional coverage. Plan now to help your family cover future expenses like:



Child Care



Housing Costs



Daily Living Expenses

Life Insurance

How Much Can I Apply For?

For You:

\$25,000-\$2,000,000 in increments of \$25,000

For Your Spouse/Domestic Partner:

\$25,000-\$150,000 in increments of \$25,000

For Your Children:

\$10,000

What Is The Guarantee Issue Amount?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

For You:

Up to \$500,000

For Your Spouse/Domestic Partner:

Up to \$50,000

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

Open Enrollment

During Your Open Enrollment Period From Oct. 28, 2024 Through Nov. 8, 2024:

For You. If you are currently enrolled or eligible for Additional Life insurance for an amount less than \$500,000, you may elect or increase coverage up to the guarantee issue amount of \$500,000, without having to answer health questions.

For Your Spouse/Domestic Partner. If your spouse/domestic partner is currently enrolled in Dependent Life insurance for an amount less than \$50,000, you may elect or increase coverage for your spouse/domestic partner up to the guarantee issue amount of \$50,000, without having to answer health questions.

Annual Enrollment

During Your Employer's Annual Enrollment Period:

For You. If you are currently enrolled or eligible for Additional Life insurance for an amount less than \$500,000, you may elect to increase your coverage by one increment of \$25,000, up to the guarantee issue amount of \$500,000, without having to answer health questions.

For Your Spouse/Domestic Partner. If your spouse/domestic partner is currently enrolled or eligible for Dependent Life insurance for an amount less than \$50,000, you may elect to increase coverage by one increment of \$25,000, not to exceed the guarantee issue amount of \$50,000, without having to answer health questions.

Prior Declines. If you and/or your spouse/domestic partner were previously declined coverage by The Standard, you and/or your spouse/domestic partner will need to submit a Medical History Statement in order to apply for any amount of coverage during the annual enrollment period.

Additional Feature

Accelerated Death Benefit

If you or your spouse/domestic partner become terminally ill, you may be eligible to receive up to 80% of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Your Coverage Costs

Your Basic Life insurance is paid for by Stifel Financial Corp. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck.

How much your premium costs depends on your age and the benefit amount.

Use this formula to estimate your monthly or semimonthly premium payment:

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Enter the amount of coverage you are requesting (see benefit amounts on page 2).	-		Enter your rate from the rate table.		Monthly premium: This amount is an estimate of how much you would pay each month.		Semimonthly premium: Take your monthly premium, multiply by 12 months, and divide by 24 pay periods. This is your semimonthly premium.

If you buy coverage for your spouse/domestic partner, your monthly rate is shown in the following table. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse/domestic partner's rate.

If you buy Dependent Life for your child(ren) in the amount of \$10,000, your monthly rate is \$0.90 or your semimonthly rate is \$0.45, no matter how many children you're covering.

Age (As of January 1)	Your Rate (Per \$1,000 of Total Coverage)	Your Spouse/Domestic Partner's Rate (Per \$1,000 of Total Coverage)
<25	\$0.045	\$0.050
25-29	\$0.052	\$0.050
30-34	\$0.070	\$0.062
35–39	\$0.078	\$0.069
40–44	\$0.087	\$0.118
45-49	\$0.131	\$0.201
50-54	\$0.201	\$0.312
55–59	\$0.375	\$0.520
60-64	\$0.576	\$0.575
65–69	\$1.109	\$0.881
70+	\$1.798	\$1.428

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses.

Your benefits could help your family pay for:

- Outstanding debt
- Your child(ren)'s education
- Burial expenses
- Daily expenses
- Medical bills

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at standard.com/life/needs.

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be insured for Basic Life insurance through The Standard and:

- A regular associate of Stifel Financial Corp. with annual earnings of less than \$100,000; or
- A regular associate of Stifel Financial Corp. who is age 70 or over regardless of annual earnings

Temporary and seasonal associates, full-time members of the armed forces, leased associates and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy Life coverage for your eligible child(ren) and/or spouse/domestic partner. This is called Dependent Life insurance.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You may also choose to cover your child. Child means your child from live birth through age 25. Please note:

- · Your child cannot be insured by more than one associate
- Your spouse/domestic partner and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue amount
- All late applications for associate and spouse/domestic partner (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Associates eligible but not insured under the prior life insurance plan

Medical underwriting is not required for child(ren). Additionally, it is not required during open and annual enrollment periods as outlined on Page 2.

Note: If your family status changes, you may have the ability to apply for coverage or increase your coverage for a limited time without having to submit a Medical History Statement. Please see your human resources representative or plan administrator for more information.

Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections
- Serve an eligibility waiting period*
- Receive medical underwriting approval (if applicable)
- Apply for coverage and agree to pay premium
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective

*If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the first day of the calendar month that follows the date you become a member.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependent Life insurance will not become effective until the day after you complete one full day of active work as an eligible associate. You may have a different effective date for Life coverage below and above the guarantee issue amount.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including Dependent Life insurance.

Age Reductions

Under this plan, your coverage amount does not reduce due to a change in age.

Life insurance Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan
- Are under age 60
- Complete a waiting period of 180 days

If you qualify and are under age 60, your Life insurance coverage may continue without cost until age 70, provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting a Medical History Statement.

Exclusions

Subject to state variations, you and your spouse/domestic partner are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least one year on the date of death.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependent Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If you become insured, contact your human resources representative for a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information presented in this summary does not modify the group policy, certificate or the insurance coverage in any way.

GP1219-LIFE, GP1219-LIFE-ASSOC, GP1219-LIFE-TRUST

AL-173038 SI 21909 (10/24)



GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE Plan for extra protection when it's needed most.

Accidents can happen to anyone, anywhere. Accidental Death and Dismemberment insurance can provide extra protection if an accident happens to you. It pays benefits if you die due to an accident, or experience a severe physical loss, such as a limb, mobility, sight or hearing.

AD&D insurance can help protect your loved ones' finances.

AD&D insurance pays an amount of money specified in the policy if a covered accident results in your death or a severe physical loss, such as a limb, mobility or your eyesight.

If an accident left you with a serious injury, you might need to pay for special care and modified living arrangements.

Benefits for accidental death or serious loss.

AD&D insurance pays a benefit to your loved ones if you die due to a covered accident. This benefit is in addition to any life insurance you have.

If you survive an accident with a covered loss, the benefits from AD&D insurance can help you adjust your lifestyle and focus on your future.

Being ready for difficult times is an important piece of the financial planning puzzle. AD&D insurance can help strengthen your loved ones' economic security. Add an extra layer of financial security to help pay for unexpected expenses:









AD&D Insurance

How Much Can I Apply For?

The amount for your child may not exceed \$50,000.

For You:

\$25,000 - \$500,000 in increments of \$25,000

For Your Family:

Spouse/Domestic Partner Only:

50% of your AD&D coverage amount

Child Only:

15% of your AD&D coverage amount for each child

Spouse/Domestic Partner and Children:

40% of your AD&D coverage amount 10% of your AD&D coverage amount for each child

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Additional Features

Seat Belt and Air Bag Benefits	The Standard may pay an additional benefit if you die while wearing a seat belt, provided certain conditions are met. If the car's air bags deploy during an accident, an air bag benefit may also be payable.
Family Benefits Package	This package is designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse/domestic partner and higher education for your children.
Public Transportation	The Standard may pay an additional benefit if you die as a result of an accident that occurs while you're riding as a fare-paying passenger on public transportation.
Occupational Assault	The Standard may pay a benefit if you die or are dismembered as a result of an act of workplace violence that is punishable by law.

How Much Your Coverage Costs

Because this insurance is offered through Stifel Financial Corp., you'll have access to competitive group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

How much your premium costs depends on the benefit amount you elect.

Use this formula to estimate your monthly or semimonthly premium payment:

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Enter the amount of AD&D coverage you're requesting (see benefit amounts on page 2).			Enter your rate from the rate table.		Monthly premium: This amount is an estimate of how much you would pay each month.		Semimonthly premium: Take your monthly premium, multiply by 12 months, and divide by 24 pay periods. This is your semimonthly premium.

If you buy coverage for your family (spouse/domestic partner and children), your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use the appropriate rate for the premium you are calculating.

Coverage for	Cost per \$1,000 of Coverage
You	\$0.015
You and your family, regardless of how many children	\$0.020

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

 An active associate of Stifel Financial Corp. regularly working at least 30 hours each week

Temporary and seasonal associates, full-time members of the armed forces, leased associates and independent contractors are not eligible.

If you buy AD&D insurance for yourself, you can also buy AD&D coverage for your family—your spouse/domestic partner and child(ren).

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You can also choose to cover your child. Child means your child from live birth through age 25.

Please note:

- · Your child cannot be insured by more than one associate.
- Your spouse/domestic partner or children must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Coverage Effective Date

To become insured you must:

- Meet the eligibility requirements listed in the previous sections
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premium
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective

*If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the first day of the calendar month that follows the date you become a member.

If you are not actively at work on the day before the scheduled effective date of insurance, including AD&D insurance for your dependents, your insurance will not become effective until the day after you complete one full day of active work as an eligible associate.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including AD&D insurance for your dependents.

Age Reductions

Under this plan, your coverage amount does not reduce due to a change in age.

AD&D Benefits

The amount of your or your dependent's AD&D benefit for losses covered under this plan is a percentage of the amount of your, or your dependent's AD&D insurance in effect on the date of the covered accident as shown below. No more than 100% of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident arising out of or in the course of your employment with your employer and occur independently of all other causes, within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss	Percentage of AD&D Benefit Payable
Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

- 1 Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.
- 2 Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, paraplegia involving the same hand or foot.
- 3 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while same
- War or act of war (declared or undeclared), whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- · Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft, unless you are a fare-paying passenger on a commercial aircraft

When Your Insurance Ends

Your AD&D Insurance ends automatically on the earliest of the following:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

GP494-ADD/S399, GP310-ADD, GP609-ADD

173038 SI 20365 (10/24)



GROUP BUY-UP LONG TERM DISABILITY INSURANCE

Protect your income while coping with a long-lasting disability.

Your employer provides you with a basic level of disability insurance. Will that be enough for you? Think about your ongoing expenses and how much income you'll need to replace. You have the option to enroll in an enhanced level of disability insurance.

Long Term
Disability
insurance may
help protect
your income if
you can't work
and don't get
your regular
paycheck.

Long Term Disability

insurance can help pay the bills if you become disabled and can't work for an extended period. That could be a few months or several years. This coverage may help replace part of your paycheck, which can help protect your lifestyle and savings.

You can get help returning to work when

you're ready. This Long
Term Disability coverage includes
incentives and assistance to help
you get back to work. The Standard
may also help pay the costs of
modifying your workplace to
accommodate your needs.

Long-term disabilities can be caused by accidents but also by illnesses such as cancer and heart diseases. How many paychecks could you miss? Long Term Disability insurance can help you maintain your lifestyle and pay for things like:



Housing Costs



Groceries



Car Insurance



College Tuition

Long Term Disability Insurance

What Your Benefit Provides

This is the amount per month you would receive if you experience a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.

You may be insured under the base plan or the buy-up plan, but not both. You will become insured under the base plan unless you are insured under the buy-up plan. If you cease paying premiums for the buy-up plan, you will automatically be insured under the base plan.

Base coverage provided by Stifel Financial Corp. at no cost to you

During the first 36 months of the maximum benefit period: 50% of your eligible earnings, reduced by deductible income.

Thereafter during the maximum benefit period:

20% of your eligible earnings, reduced by deductible income.

Maximum benefit amount: \$3,000

Plan minimum per month: \$50 or 15% of the Long Term Disability benefit.

Buy-up coverage you can purchase, paid for by you

60% of your eligible earnings, reduced by deductible income.

Maximum benefit amount: \$10,000

Plan minimum per month: \$50 or 15% of the Long Term Disability benefit.

When Your Benefits Begin

If you experience a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you become eligible to receive your monthly benefit.

180 days

180 days

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until your Social Security Normal Retirement Age (SSNRA)

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the Maximum Benefit Period table in the Important Details section for specifics.

See the Important Details section for more information, including requirements, exclusions, limitations and definitions.

Additional Features

Help With Returning To Work

This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan.

If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.

You may also be eligible to receive an additional benefit of 10% of your predisability earnings for participating in an approved rehabilitation plan, subject to the plan maximum.

Survivors Benefit

If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.

Family Care Expense Benefit

Applies if you are disabled, returned to work and continue to receive Long Term Disability benefits. For 24 months, your calculated work earnings will be reduced by a portion of qualified expenses (up to \$250 per dependent or \$500 per family, per month).

How Much Your Coverage Costs

Your base policy is paid for by Stifel Financial Corp. and costs you nothing. If you choose to purchase buy-up coverage, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck.

How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to estimate your monthly <u>or</u> semimonthly premium payment for your buy-up coverage:

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Enter your monthly earnings (cannot be more than \$16,667 during the first 36 months and \$50,000 thereafter).	•	Enter your rate from the rate table.	_	Monthly premium: This amount is an estimate of how much you'd pay each month.		Semimonthly premium: Take your monthly premium, multiply by 12 months, and divide by 24 pay periods. This is your semimonthly premium.

Your Age (As of January 1)	Rate %
<25	0.022
25-29	0.054
30–34	0.095
35–39	0.150
40–44	0.215
45–49	0.268
50-54	0.326
55–59	0.564
60–64	0.411
65+	0.215

As you consider whether to apply for Buy-Up Long Term Disability insurance, evaluate what makes sense for you.

Getting by without a paycheck isn't easy, especially for an extended period of time. Make sure you have enough financial protection to help you with housing costs, utilities and other bills.

Your employer provides you with a basic level of disability insurance. Will that be enough for you? If not, you have the option to enroll in an enhanced level of disability insurance.

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at **standard.com/disability/needs**.

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- A regular associate of Stifel Financial Corp. actively working at least 30 hours each week
- A citizen or resident of the United States or Canada

Temporary and seasonal associates, full-time members of the armed forces, leased associates and independent contractors are not eligible.

Associate Coverage Effective Date

To become insured you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for buy-up coverage and agree to pay premiums
- Receive medical underwriting approval (if applicable)
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

*If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the first day of the calendar month that follows the date you become a member.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible associate.

All late applications (applying 31 days after becoming eligible), requests for coverage increases (including requests to insure predisability earnings that are greater than the last amount for which evidence of insurability was required), amounts over the guarantee issue amount and reinstatements are subject to medical underwriting approval. Associates eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval. Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20% of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until your Social Security Normal Retirement Age (SSNRA) or 3 years, 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA, or 5 years, whichever is longer
63	To SSNRA, or 4 years, whichever is longer
64	To SSNRA, or 3 years, 6 months, whichever is longer
65	3 years
66	2 years, 6 months
67	2 years
68	1 year, 6 months
69+	1 year

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and you have been actively at work for at least one full day after the end of the exclusion period

Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

Limitations

Long Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work during the 24 month own occupation period and earn at least 20% of your indexed predisability earnings, but you elect not to work. During the 24 month own occupation period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation.

In addition, the length of time you can receive Long Term Disability payments will be limited if:

- · You reside outside of the United States or Canada
- Your disability is caused or contributed to by mental disorders, the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome, temporomandibular joint disorder or craniomandibular joint disorder.

When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Long Term Disability insurance benefits. Deductible income includes:

- Sick pay, annual or personal leave pay, severance pay
 or other forms of salary continuation (including donated
 amounts) paid to you by your employer that exceeds
 100% of your indexed predisability earnings when
 added to your Long Term Disability benefit
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Amounts because of your disability from any other group insurance
- Any retirement or disability benefits you received from your employer's retirement plan which are not attributable to your contributions
- Benefits under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Long Term Disability benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Stifel Financial Corp. ends participation in the group policy

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

GP190-LTD/S399, GP399-LTD/TRUST, GP899-LTD, Contract 2000

173038 (10/24)

SI **20354**



Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works



You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We s

We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.



You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- Pays you directly, so you can choose how to spend the money.
- Pays you for what happens, regardless of your other coverage.
- Goes with you if you leave your employer.
- Provides coverage without answering any medical questions.
- Gives you the option to cover your spouse/domestic partner and children.
- Pays an additional 25 percent benefit if your child, 18 or under, is injured playing organized sports.
 - You pay the same premium for as long as you have your coverage.
 - Provides the convenience of having your premium payments deducted directly from your paycheck.

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts					
Emergency Room Visit	\$150					
X-ray	\$50					
Concussion	\$750					
Leg Fracture (Surgical)	\$2,400					
Knee Cartilage Repair	\$750					
Hospital Admission	\$1,500					
2 Days Hospital Confinement	\$1,000					
Medical Appliance	\$100					
Physician Follow-Up Appointment	\$50					
2 Physical Therapy Appointments	\$100					
TOTAL	\$6,850					

Here's what it would cost you:

Coverage for	Monthly Premium
You	\$6.58
You and your spouse/domestic partner	\$10.45
You and your children	\$13.14
You, your spouse/domestic partner and your children	\$20.48

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your human resources representative or plan administrator for more details.

Injury

- Burns
- Dislocations
- · Eye Injuries
- Concussion
- Lacerations
- Fractures
- Coma
- Skin Grafts

Emergency

- Emergency Dental
- Urgent Care
- Ambulance
- Emergency Room
- X-ray
- Major Diagnostic Exam

Surgery

- Abdominal/Thoracic Surgery
- Outpatient Surgical Facility
- Knee Cartilage/ Ligament/ Tendon Repair
- Ruptured Disk
- · Rotator Cuff

Hospitalization

- Hospital Admission
- Hospital Con inement
- CCÚ Con inement
- CCU Admission
- Rehab Facility

Follow-Up Care

- Chiropractor
- Medical Appliance
- Hearing Device
- Physical Therapy
- · Physician Care
- Prosthesis

Value Added Benefits

- Transportation
- Lodging
- Youth Organized Sports Benefit

Additional Benefits

Non-Occupational coverage – Includes coverage for accidents that occur only off the job.

Important Details

Here's where you'll find the details about Accident insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular associate of Stifel Financial Corp., actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal associates, full-time members of the armed forces, leased associates and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your children from birth through age 25. Your children cannot be insured by more than one associate. Your spouse/domestic partner or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible associates must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible associate.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

· War or any act of war

- Suicide or other intentionally self-inflicted injury, while sane
- Committing or attempting to commit an assault, felony or act of terrorism
- · Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a farepaying passenger on a commercial aircraft
- Engaging in high-risk sports or activities such as (but not limited to) bungee jumping, parachuting, base jumping, mixed martial arts or mountain climbing
- An accident that arises out or in the course of any employment for wage or profit
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse/domestic partner insurance ends when your insurance ends, they cease to meet the definition of child or spouse/domestic partner, you stop making premium payments for child or spouse/domestic partner insurance, spouse/domestic or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-ACC, GP0614-ACC FLORIDA, GP0614-ACC 0323, GP0614-ACC PA

Standard Insurance Company 1100 SW Sixth Avenue Portland OR 97204

www.standard.com

SI 17615-D-MO-173038 (10/24)

7697680-1226822



Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- Pays you directly, so you can choose how to spend the money
- Goes with you if you leave your employer
- Provides coverage without answering any medical questions
- Covers children at a 100% of your benefit amount at no additional cost
- Gives you the option to cover your spouse/domestic partner

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

Here's an example of what this benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Remaining Benefit For Other Expenses	\$9,100
Remaining Out-Of-Pocket Expenses	\$0
Total Out-Of-Pocket Expenses	\$10,900
Critical Illness Benefit Option	\$20,000

These are the benefit options you may elect:

Coverage for	Coverage Amount
You	Flat amount of \$10,000, \$20,000 or \$40,000
Your spouse/domestic partner	Flat amount of \$10,000, \$20,000, or \$40,000, as long as it's not more than your coverage amount
Your children	Automatically covered at 100% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

Affordable Group Rates

Because you'll be buying this insurance through Stifel Financial Corp., you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The monthly premiums you would pay for Critical Illness insurance benefits are below.

Associate Non-Tobacco Monthly Attained Age Premiums											
Coverage	Associate's Age as of January 1										
Amount	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$3.05	\$3.55	\$4.45	\$5.55	\$7.35	\$10.25	\$14.55	\$20.15	\$28.85	\$42.85	\$65.35
\$20,000	\$4.15	\$5.15	\$6.95	\$9.15	\$12.75	\$18.55	\$27.15	\$38.35	\$55.75	\$83.75	\$128.75
\$40,000	\$6.35	\$8.35	\$11.95	\$16.35	\$23.55	\$35.15	\$52.35	\$74.75	\$109.55	\$165.55	255.55

Associate Tobacco Monthly Attained Age Premiums											
Coverage	Associate's Age as of January 1										
Amount	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$3.05	\$3.85	\$5.05	\$7.15	\$10.05	\$15.05	\$22.05	\$31.15	\$44.65	\$61.35	\$87.25
\$20,000	\$4.15	\$5.75	\$8.15	\$12.35	\$18.15	\$28.15	\$42.15	\$60.35	\$87.35	120.75	\$172.55
\$40,000	\$6.35	\$9.55	\$14.35	\$22.75	\$34.35	\$54.35	\$82.35	\$118.75	172.75	239.55	\$343.15

	Spouse/Don	nestic Partn	er Monthly	Attained Ag	e Premium	s - Based or	n Associate	's Age and	Non-Tobacc	o status	
Coverage	Associate's Age as of January 1										
Amount	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$3.05	\$3.55	\$4.45	\$5.55	\$7.35	\$10.25	\$14.55	\$20.15	\$28.85	\$42.85	\$65.35
\$20,000	\$4.15	\$5.15	\$6.95	\$9.15	\$12.75	\$18.55	\$27.15	\$38.35	\$55.75	\$83.75	\$128.75
\$40,000	\$6.35	\$8.35	\$11.95	\$16.35	\$23.55	\$35.15	\$52.35	\$74.75	\$109.55	\$165.55	255.55

	Spouse/Domestic Partner Monthly Attained Age Premiums - Based on Associate's Age and Tobacco status												
Coverage	Associate's Age as of January 1												
Amount	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+		
\$10,000	\$3.05	\$3.85	\$5.05	\$7.15	\$10.05	\$15.05	\$22.05	\$31.15	\$44.65	\$61.35	\$87.25		
\$20,000	\$4.15	\$5.75	\$8.15	\$12.35	\$18.15	\$28.15	\$42.15	\$60.35	\$87.35	120.75	\$172.55		
\$40,000	\$6.35	\$9.55	\$14.35	\$22.75	\$34.35	\$54.35	\$82.35	\$118.75	172.75	239.55	\$343.15		

With Critical Illness insurance, you can:

- Protect your loved ones. Cover your spouse/domestic partner up to \$40,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 100 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- Receive a benefit for taking care of your health.
 You and your covered loved ones receive a Health
 Maintenance Screening benefit of \$50 once per
 calendar year when visiting the doctor for a covered
 wellness screening, which may include a novel
 infectious disease test (including COVID-19) or a
 mammogram that typically cost you nothing under
 your medical insurance.
- Receive additional benefits. If you are diagnosed
 with a covered illness again after a treatment-free
 period of 6 months, you will receive 100 percent of the
 original benefit amount. If you are diagnosed with a
 different and subsequent covered illness after the
 diagnosis of the first critical illness, you will receive an
 additional Critical Illness insurance benefit.
- Access a Health Advocate*. Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- Update your coverage as needed. As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure

Receive 50 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.

^{*} Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Important Details

Here's where you'll find the details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular associate of Stifel Financial Corp., actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal associates, full-time members of the armed forces, leased associates and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one associate. Your spouse/domestic partner or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible associates must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible associate.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your spouse/domestic up to the maximum amount if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's annual open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse or domestic partner may enroll for coverage if you or your spouse or domestic partner enroll within 31 days of the change. Family status change include:

- Your marriage or divorce or dissolution of your domestic partner relationship
- The birth of your child
- · The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse/domestic partner's employment
- A change in employment from full-time to part-time by your spouse/domestic partner
- A loss of critical illness insurance through your spouse/domestic partner's employment

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

· War or any act of war

- Attempted suicide or other intentionally self-inflicted injury while sane
- Committing or attempting to commit an assault, felony or act of terrorism
- · Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician
- Elective surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse/domestic partner insurance ends when your insurance ends, they cease to meet the definition of child or spouse/domestic partner, you stop making premium payments for spouse/domestic partner insurance, spouse/domestic partner or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- · Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

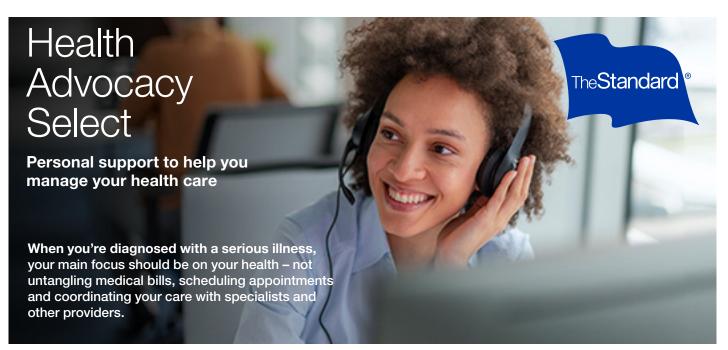
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Standard Insurance Company 1100 SW Sixth Avenue Portland OR 97204

www.standard.com

SI 17616-D-MO-173038 (10/24)

0-1226823



Fortunately, you have help.

Health AdvocateSM, a leading health advocacy and assistance company, can help you navigate the health care system, so you can focus on getting better.

Health Advocacy Select¹ is already included in your Critical Illness insurance² from Standard Insurance Company (The Standard). Health Advocacy gives you:

- Second Opinion Services. Get help finding the right physician (both in- or out-of-network) for in-person and remote second opinions.
- A Dedicated Personal Health Advocate. Your Personal Health Advocate stays with you for the life of your case, and helps you handle the complexities of the health care system.

An Expert at Your Side

- From start to finish, you'll work with one person, so you don't have to coordinate with multiple people at different times.
- Your Personal Health Advocate is usually a registered nurse with real experience in the health care system.

Your advocate can help you:

- Find and schedule appointments with the right doctors and specialists, particularly for complex medical conditions where a second opinion is appropriate
- Manage your out-of-pocket expenses by finding alternative recources and cost information
- Understand your medical benefits and maximize the value they provide you

- Resolve medical claims and billing questions
- Make sense of your diagnosis and research treatment options
- Find the right type of help for other conditions related to your diagnosis, including mental or behavioral health.

HealthAdvocate**

Call Health Advocate if you have questions or to connect with your Personal Health Advocate.

844.450.5543

MONDAY - FRIDAY, 8 AM - 10 PM EST

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- 1 When we approve a Critical Illness claim, we'll send the employee information about Health Advocacy Select. This service is provided through an arrangement with Health AdvocateSM, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment. Eligibility varies by state. This service is not available in all states.
- 2 Critical Illness is called Specified Disease in the state of Vermont

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Hospital Indemnity Insurance



IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov online or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State
 Department of Insurance. Find their number on the National Association
 of Insurance Commissioners' website (naic.org) under "Insurance
 Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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Group Hospital Indemnity Insurance Keep your finances on track when you're in the hospital.

You're admitted to the

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, providers - upon approval of your including deductibles, copays, and

We send you a check.

The Standard will send a check directly to you - not to your medical handle the costs of your hospital claim. You decide how you spend the money.

You focus on recovering.

With The Standard helping you stay, you get to concentrate on what matters most - your health.

Here's what it does:

other costs you couldn't predict.

- Pays you directly, so you can choose how to spend the money
- Goes with you if you leave your employer
- Provides coverage without answering any medical questions
- Gives you the option to cover your spouse/domestic partner and children
- **Protects your HSA Account**
- Provides the convenience of having your premium payments deducted directly from your paycheck

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse/domestic partner leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amount
Hospital admission	\$1,000
Hospital confinement (10 days)	\$2,000
Critical care unit admission	\$1,000
Critical care unit confinement (3 days)	\$600
Total paid to you	\$4,600

Here's what it would cost you:

Coverage for	Monthly Premium
You	\$16.56
You and your spouse/domestic partner	\$27.94
You and your children	\$23.59
You, your spouse/domestic partner and your children	\$41.91

Group Hospital Indemnity Insurance

Here's what it covers:

Benefits Paid to You	Benefit Amount
Hospital Admission ¹	\$1,000 Maximum 1 per calendar year
Daily Hospital Confinement 1	\$200 per day Maximum 365 days per stay
Critical Care Unit Admission 1,2	\$1,000 Maximum 1 per calendar year
Daily Critical Care Unit Confinement ^{1,2}	\$200 per day Maximum 30 days per stay

¹ Defined as a stay for at least 20 consecutive hours in a hospital setting.

Additional Benefits

Waiver of Premium - Premium waived if you are confined to a hospital for more than 30 days.

Protect your HSA Account — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.

² Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

Important Details

Here's where you'll find the details about Hospital Indemnity insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular associate of Stifel Financial Corp., actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal associates, full-time members of the armed forces, leased associates and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your children from birth through age 25. Your child cannot be insured by more than one associate. Your spouse/domestic partner or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible associates must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible associate.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse or domestic partner may enroll for coverage if you or your spouse or domestic partner enroll within 31 days of the change. Family status change include:

- Your marriage or divorce or dissolution of your domestic partner relationship
- · The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse/domestic partner's employment
- A change in employment from full-time to part-time by your spouse/domestic partner
- A loss of hospital indemnity insurance through your spouse/domestic partner's employment

Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

Exclusions

Benefits are not payable if an injury or sickness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a healthcare provider

- Travel or flight in or on any aircraft, except as a farepaying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

When Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse/domestic partner insurance ends when your insurance ends, they cease to meet the definition of child or spouse/domestic partner, you stop making premium payments for child or spouse/domestic partner insurance, spouse/domestic partner or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

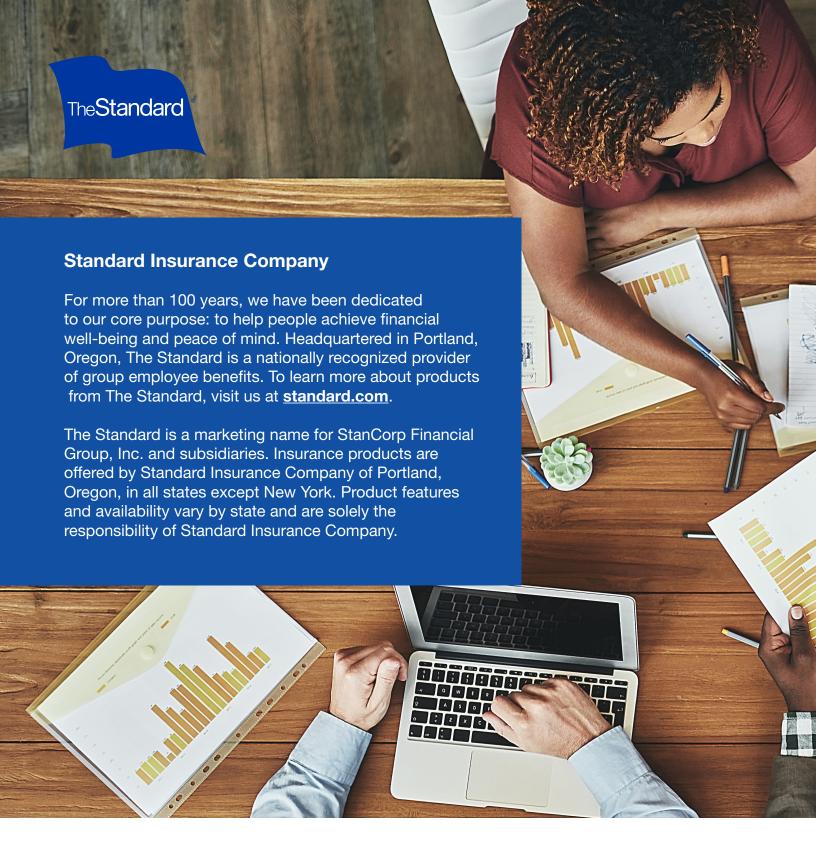
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