



BOSTON MUTUAL LIFE INSURANCE COMPANY

120 Royall Street • Canton, MA 02021 • T: 800.669.2668 • F: 781.770.0575 • www.bostonmutual.com

FAMILY MATTERS. NO MATTER WHAT.

Group Policy Number: A14951

Dogwood State Bank
5401 Six Forks Rd
Raleigh NC 27609

To Whom It May Concern,

Enclosed please find the Master Policy for Boston Mutual Life Insurance Company's Group Accident insurance coverage, which will now be available to eligible individuals if they wish to add it to their insurance benefits. Thank you for choosing Boston Mutual Life Insurance Company, we're honored to support your group accident insurance needs.

Eligible individuals who apply for this coverage will be issued certificates of insurance which reflect the coverage amounts and features included in their coverage.

Since 1891, Boston Mutual Life Insurance Company has maintained a commitment to providing the timely and efficient service our customers expect and deserve. If you have any questions regarding this Master Policy, please feel free to call our Client Services team at 1-877-624-2249.

We value the trust and confidence you have placed in Boston Mutual Life Insurance Company.

Yours truly,

Paul A. Quaranto Jr.
President

**PLEASE NOTE! ALL CLAIMS AND INQUIRIES CONCERNING CLAIMS SHOULD BE
SUBMITTED TO:**

**BOSTON MUTUAL LIFE INSURANCE COMPANY
ADMINISTERED BY: PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
PO Box 34952 • Omaha, NE 68134-9832 – TEL 1-888-453-5120 • FAX 1-888-453-5127**



BOSTON MUTUAL LIFE INSURANCE COMPANY
120 ROYALL STREET ♦ CANTON, MASSACHUSETTS 02021 ♦ TEL. (800) 669-2668 ♦ FAX (781) 770-0521

**GROUP ACCIDENT MASTER POLICY
THIS IS A LIMITED POLICY. PLEASE READ IT CAREFULLY.**

Based on the Application for this Group Insurance Policy (herein called the Policy) made by

Dogwood State Bank
(herein called the Policyholder)

and based on the payment of the premium when due, We agree to pay the benefits provided on the following pages.

This Policy becomes effective at 11:59 P.M. Standard Time at the Policyholder's address on the Effective Date shown below. It may be continued in effect by the payment of premiums as provided in Section 2. The Policy will terminate as provided in the provision titled "Termination of the Policy" in Section 1.

The first anniversary of this Policy will be the Anniversary Date shown below. "We", "Us", and "Our" refer to the Company. Subsequent anniversaries of the Policy will be the same date each year thereafter.

All information printed or written by Us on the following pages forms a part of this Policy as if recited over the signatures below. This Policy is a legal contract between the Company and the Policyholder. This Policy is delivered in and is governed by the laws of the jurisdiction shown below.

In witness whereof, We have caused this Policy to be executed at Our Home Office in Canton, Massachusetts on the Effective Date.

Benefits are reduced based upon age. See the Schedule of Benefits - Catastrophic Accident.

Important Cancellation Information – Please read the provisions entitled Termination of the Policy and Termination of a Certificateholder's Insurance found on pages 3 and 4.

Signed for the Company at its Home Office

Paul A. Quaranto Jr.
President

Grant David Ward
Secretary

Countersigned by _____
Licensed Resident Agent (if required by the Policyholder's state)

Group Policy Number - A14951
Effective Date - 03-01-2023
Jurisdiction - NC
Anniversary Date - 03-01-2024
Non-Participating

GROUP POLICY PROVISIONS

SECTION 1	Eligibility, Effective Date and Termination
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SECTION 1 - ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBILITY

An Employee or Member is eligible to enroll in this Policy provided that the individual is:

1. an Employee or Member of the Policyholder;
2. Actively at Work on a Full-time Work basis; and
3. included in the class of Employees or Members eligible for coverage as shown on the Application and defined in Section 9 Occupational Classification.

EFFECTIVE DATE

The Effective Date of this Policy is shown on the front page of this Policy.

The Certificate Effective Date for a Certificateholder is as follows:

1. A Certificateholder's insurance will be effective on the date shown on the Certificate Schedule provided the Certificateholder is then Actively at Work. Coverage starts at 11:59 P.M. Standard Time where the Certificateholder lives.
2. If a Certificateholder is not Actively at Work on the date coverage would otherwise become effective, the Effective Date of this coverage will be the date on which such Certificateholder is first thereafter Actively at Work.

The Certificate Effective Date for a Spouse and/or Children coverage is the date shown on the Certificate Schedule subject to the following:

1. The date the Certificateholder's insurance is effective for a Spouse and/or Children who are eligible on that date, for whom coverage is applied for and premium paid and who is not hospital confined. Coverage starts at 11:59 P.M. Standard Time where the Certificateholder lives.
2. On the day a Spouse and/or Child is no longer hospital confined if the Spouse and/or Children were otherwise eligible for coverage on the date the Certificateholder's insurance became effective, for whom coverage was applied for and premium paid for the Spouse and/or Children. Coverage starts at 11:59 P.M. Standard Time where the Certificateholder lives.
3. For a Spouse and/or Children eligible on or first acquired after the Certificateholder's Effective Date, the Effective Date will be the date We assign after approving the enrollment form for such coverage. If approved, coverage starts at 11:59 P.M. Standard Time where the Certificateholder lives.
4. Coverage for Spouse and/or Children when applied for and issued will be reflected in Riders attached to the Certificate.
5. Children who are born, placed as a foster child, or placed for adoption with the Certificateholder after this coverage has been issued are covered for 30 days from the moment of live birth or date of placement. If the Certificateholder does not have Children coverage at the time of birth or placement, the Certificateholder must notify Us within these 30 days. Additional premium will apply. If the Certificateholder already has Children coverage, there is no additional notification required and there is no additional premium charge.

TERMINATION OF THE POLICY

The Policy will cease if the premium is not paid before the end of the grace period.

After the end of the first Policy Year, We have the right to cancel the Policy on the day prior to the date any premium is due by giving 45 days written notice. The Policy will terminate when the number of participating Certificateholders is less than the number mutually agreed upon by the Policyholder and the Company in writing.

In these events, this Policy and all Certificates issued hereunder will terminate on such date at 12:01 A.M. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any Insured as respects any claim arising during the period the Policy is in force. The Policyholder has the sole responsibility to notify Certificateholders of such termination.

TERMINATION OF A CERTIFICATEHOLDER'S INSURANCE

A Certificateholder's insurance will terminate on the earliest of:

1. the date the Policy is terminated by Us;
2. the 31st day after the premium due date if the required premium has not been paid; or
3. the premium due date following the date We receive the Certificateholder's written request to terminate coverage.

Insurance for an Insured Spouse under the Spouse Rider will terminate on the earliest of:

1. the premium due date following the date the Certificate is terminated;
2. the 31st day after the premium due date if the required premium has not been paid;
3. the premium due date following the date the Spouse ceases to meet the definition of Spouse as defined in this Policy. It is the Certificateholder's responsibility to notify Us in the event of divorce or death of the Spouse;

4. the premium due date following the date We receive the Certificateholder's written request to terminate coverage for his or her Spouse.

Insurance for Insured Children under the Children's Rider will terminate on the earliest of:

1. the premium due date following the date the Certificate is terminated;
2. the 31st day after the premium due date if the required premium has not been paid;
3. the premium due date following the date the Child/Children ceases to meet the definition of Children as defined in this Policy; if more than one Child is insured, the Rider will continue until there are no remaining Children who meet the definition of Children as defined in this Policy. It is the Certificateholder's responsibility to notify Us when there are no remaining Children who meet the definition of Children as defined in this Policy. Our liability is limited to a refund of any unearned premium for this Rider;
4. the premium due date following the date We receive the Certificateholder's written request to terminate coverage for his or her Children.

This termination will be without prejudice to the rights of any Insured with respect to any claim with a Date of Loss arising during the period the Certificate is in force.

SECTION 2 - PREMIUM PROVISIONS

PREMIUM CALCULATIONS

Premiums payable on any premium due date will be calculated based on the premium rates for each Certificateholder's coverage. The rates can be changed annually. The Company will give the Policyholder written notice 45 days prior to the date any change in rates is to be effective.

PREMIUM PAYMENTS

The first premiums are due on the Effective Date of this Policy. After that, premiums are due on the first day of each month that the Policy remains in effect.

Aggregate premiums for this Policy are to be paid to the Company at Our Home Office in Canton, Massachusetts. Payment of any premium will not keep the Policy in force beyond the due date of the next premium, except as set forth in the grace period.

GRACE PERIOD

This Policy has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. The grace period will be provided for any premium due after the first premium. During the grace period, the Policy will stay in force, unless the Policyholder has given the Company written notice of discontinuance of the Policy.

SECTION 3 - CONTINUATION OF COVERAGE

The Certificateholder will be allowed to continue this coverage in the event that he/she is no longer an Employee or Member of the Policyholder or if the Policy is terminated by the Policyholder. The Policyholder is responsible for notifying each Certificateholder of this right. The Certificateholder must continue to pay premiums to keep this coverage in force. The coverage that may be continued is that which the Certificateholder had on the date his/her employment or membership terminated, including any Spouse and/or Children coverage then in effect. The Certificateholder will be given a 31 day grace period for payment of premium.

The Certificateholder is not eligible for continuation of coverage if this Policy is cancelled by Us.

The Certificateholder must have been continuously insured for at least 1 month under this Policy just before the date his/her employment or membership terminated to be eligible for continuation of coverage.

If a Certificateholder dies while covered under a Certificate, then his/her surviving Spouse shall become the Certificateholder if such Spouse is an Insured. If there is no surviving Spouse covered under the Certificate, then the Certificate shall terminate on the next premium due date.

SECTION 4 - DEFINITIONS

Actively at Work: to be considered "Actively at Work", the Employee or Member must perform Full-time Work for a normal workday doing the regular duties of his/her employment at the regular place of business or at a location to which he/she may be required to travel to perform the regular duties of his/her employment.

Calendar Year: means the period of time that begins on January 1 and ends on December 31, of the same year.

Catastrophic Loss: means an Injury that within 365 days of the Covered Accident results in total and irrecoverable: (a) loss of both hands or both feet; (b) loss or loss of use of both arms or both legs; (c) loss of one hand or one foot; (d) loss or loss of use of one arm or one leg; (e) loss of the sight of both eyes; (f) loss of the hearing in both ears; or (g) loss of the ability to speak.

The "loss of use of an arm" means the loss of function of the entire arm from the shoulder to the hand. The "loss of use of a leg" means the loss of function of the entire leg from the hip to the foot. The "loss of sight" means both eyes are totally blind and that no sight can be restored. The "loss of hearing" means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. The "loss of the ability to speak" means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Certificateholder: means an eligible Employee or Member who (a) applies for this coverage; (b) is issued a Certificate; and (c) for which premiums are paid.

Certificate Application Date: means the date the Certificateholder signed the enrollment form for this coverage. Coverage is contingent upon issuance of the Certificate and the payment of the premium.

Certificate Schedule: means the page included with each Certificate We issue which lists coverage information applicable to each Insured. Each Certificateholder will receive a Certificate which lists the coverage he/she has been issued.

Certificate Effective Date: means the date on which this coverage shall begin for each Certificateholder. Coverage begins at 11:59 P.M. on the Enrollment Date provided We have approved the coverage applied for and have received the necessary premiums.

Child/Children: means all of the Certificateholder's children who are less than 26 years of age who are the Certificateholder's biological children, stepchildren, adopted children, foster children or any child or grandchild for whom he or she is required by a court or administrative order to provide health coverage. However, if any Child is incapable of self-sustaining employment due to mental incapacity or physical handicap and is dependent on a parent(s) for support, such age of 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company within 31 days following such 26th birthday.

Common Carrier: means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered planes, boats and vehicles are not Common Carriers.

Confined or Confinement: means the assignment to a bed as a resident inpatient in a Hospital or Confinement in an Observation Unit within a Hospital for a period of no less than 20 continuous hours. Confinement must be on the advice of a Physician.

Controlled Substance: means a drug classified as such by the Drug Enforcement Administration of the U.S. Department of Justice.

Covered Accident: means an unforeseen and reasonably unforeseeable occurrence resulting in Injury which: (a) occurs on or after the Certificate Effective Date for each Insured; (b) occurs while the Certificate is in force; and (c) is not excluded by name or specific description. For benefits to be payable, the Certificate must be in force on the Date of Loss.

Date of Loss: means the date on which the treatment or service is provided. For Accidental Death, it is the date of death. For Catastrophic Accident, it is the 365th day following the date of the Covered Accident.

Emergency Room: means a specified area within a Hospital that is designated for the emergency care of accidental injuries. This area must: (a) be staffed and equipped to handle trauma; (b) be supervised and provide treatment by Physicians; and (c) provide care 7 days per week, 24 hours per day. An Urgent Care Facility is not considered an Emergency Room.

Employee or Member: means an individual who meets the eligibility requirements to apply for this coverage.

Enrollment Date: means the date the Certificateholder signed the enrollment form and indicated the specific coverage and Rider(s) for which he/she is applying. Coverage is contingent upon issuance of the Certificate and the payment of the premium.

Full-time Work: means the Employee or Member is spending at least 30 hours per week performing his/her occupational duties.

Hospital: means a primary care Hospital operated pursuant to law. The Hospital has organized facilities to provide first level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admissions services, clinical laboratory, diagnostic X-ray and an operating room.

Treatment facilities for emergency, medical and surgical services must be provided within the Hospital. The Hospital must provide 24 hour nursing services by or under the supervision of an R.N. (graduate registered nurse), and be supervised by a staff of one or more Physicians. The Hospital also maintains on its premises the patient's written history and medical records.

Hospital also means a state tax-supported institution, even if the facility does not have an operating room and related equipment for the performance of surgery.

Not included is a Hospital or institution or part of such Hospital or institution which is licensed or used principally as: (a) a hospice unit (including any beds designated as a hospice bed); (b) a swing bed; (c) a convalescent home; (d) a rest or nursing facility; (e) a skilled nursing facility; (f) a psychiatric unit; (g) a rehabilitation unit or facility; or (h) a facility primarily affording custodial care, educational care or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, drug addicts or alcoholics.

Hospital Intensive Care Unit: means a place which: (a) is a specifically designated area of the Hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement; (c) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; (d) is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and (e) has a Physician assigned to the intensive care unit on a full-time basis.

A Hospital Intensive Care Unit is not any of the following step down units: (a) a progressive care unit; (b) an intermediate care unit; (c) a private monitored room; (d) sub-acute intensive care unit; (e) an Observation Unit; or (f) any facility not meeting the definition of a Hospital Intensive Care Unit as defined in this Policy.

Hospital Sub-Acute Intensive Care Unit: means a place which: (a) is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement; (c) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and (d) is under constant and continuous observation by a specially trained nursing staff.

A Hospital Sub-Acute Intensive Care Unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or ward with or without monitoring equipment.

Immediate Family: means the spouse, father, mother, sons, daughters, brothers or sisters of an Insured.

Injury: means bodily harm caused by external force and unexpected means and not contributed to by any other cause. All injuries sustained in any one accident and all complications and re-occurrences of complications are considered to be a single Injury.

Insured(s): means eligible Employees or Members who apply for and are issued a Certificate of coverage and for which premiums are paid. Coverage for a Spouse, if applied for and issued, will be included in an attached Rider. Coverage for Children, if applied for and issued, will be included in an attached Rider. Rider coverage is shown on the Certificate Page.

Mental or Nervous Disorder: means all conditions classified as mental disorders by the International Classification of Diseases including, but not limited to, psychoses, neurotic disorders, personality disorders, non-psychotic mental

disorders or mental retardation whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin and irrespective of cause, basis or inducement.

Observation Unit: means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored following outpatient surgery or treatment in the Emergency Room by a Physician and which: (a) is under the direct supervision of a Physician or registered nurse; (b) is staffed by nurses assigned specifically to that unit; and (c) provides care seven days per week, 24 hours per day.

Organized Sport: means a competition or organized practice for competition at the amateur level. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity and overseen by a legal entity such as a public school system or amateur sports league. The legal entity must have a set of by-laws and competition must be on a regulation playing surface. Organized Sport does not include professional sports and excludes sports for which the Insured is eligible to receive financial compensation for participation or performance.

Physician: means a doctor of medicine or an osteopath who is duly licensed by the state medical board. Such person must not be the Insured or an Insured's Immediate Family and must be providing services within the scope of his or her license. Physician does not include practitioners of homeopathic, naturopathic and related medicines.

Policy Schedule: means the page labeled as Policy Schedule included with this Policy which outlines coverage information which is available to eligible Employees or Members.

Policyholder: means the entity to which this Policy is being made available.

Rehabilitation Unit: means a designated area of a hospital or a free-standing facility which is not part of a hospital, which provides physical, occupational or speech therapy on a short term basis.

Rider Effective Date: means the date on which coverage under any applicable Riders shall begin. The coverage applied for begins at 11:59 P.M. on the date the enrollment form is signed by the Certificateholder requesting Rider coverage, provided the Company has approved the issuance of the Rider and has received the required premiums.

Sickness: means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury.

Spouse: means the person recognized as the Insured's spouse under the laws of the state in which the Insured resides.

Urgent Care Facility: means a free-standing facility, which is not part of a Hospital, or Hospital Emergency Room, which provides care on an urgent basis.

We, Our or Us: means Boston Mutual Life Insurance Company.

SECTION 5 - BENEFITS

This Policy will provide the following benefits for loss by Insureds resulting from a Covered Accident:

HOSPITAL CARE

Hospital Admission: The per admission benefit amount shown on the Policy Schedule if an Insured is Confined to a Hospital as the result of injuries received in a Covered Accident. The Insured must be Confined within six months after the Covered Accident. We will not pay this benefit for:

1. Emergency Room treatment;
2. outpatient treatment, or
3. a stay of less than 20 hours in an Observation Unit.

If an insured is Confined to a Hospital and is placed in a Hospital Intensive Care Unit within the first 24 hours of admission as the result of injuries received in a Covered Accident, the benefit amount for Hospital Admission will be double the amount shown on the Policy Schedule for Hospital Admission.

We will pay this amount once per Covered Accident.

Hospital Confinement: The per day benefit amount shown on the Policy Schedule for up to 365 days per Covered Accident if an Insured is Confined in a Hospital or a Hospital Sub-Acute Intensive Care Unit as the result of injuries received in a Covered Accident. The Insured must become Confined in a Hospital or a Hospital Sub-Acute Intensive Care

Unit within six months after the Covered Accident. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Accident. We will not pay this benefit for:

1. Emergency Room Treatment;
2. outpatient treatment, or
3. a stay of less than 20 hours in an Observation Unit.

We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently.

Hospital Intensive Care Unit Confinement: The per day benefit amount shown on the Policy Schedule for up to 30 days per Covered Accident if an Insured is Confined to a Hospital Intensive Care Unit as the result of injuries received in a Covered Accident. The Confinement in a Hospital Intensive Care Unit must begin within 30 days after the Covered Accident.

If an Insured is Confined to a hospital intensive care unit that does not meet the definition in this Policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement benefit. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently. If any Insured is Confined in a Hospital Intensive Care Unit for more than 30 days, the Hospital Confinement benefit will begin on the 31st day. The total amount payable per Covered Accident will not exceed 365 days for Hospital Confinement and 30 days for Hospital Intensive Care Unit Confinement.

Lodging: The per night benefit amount shown on the Policy Schedule for one motel/hotel room for a companion to accompany an Insured for up to 30 days per Covered Accident. We will pay this benefit if an Insured is Confined in a Hospital as the result of a Covered Accident. This benefit is payable only for motel/hotel stays during the period of time an Insured is Confined to the Hospital and receiving the Hospital Confinement benefit. In order for this benefit to be payable, the hospital must be more than 100 miles round trip from the residence of the Insured.

Rehabilitation Unit: The per day benefit amount shown on the Policy Schedule if an Insured is confined in a Rehabilitation Unit for physical, occupational or speech therapy treatment of injuries received as the result of a Covered Accident. The rehabilitation unit confinement must be preceded by confinement in a hospital. This benefit is limited to a maximum of 30 days per Insured per Covered Accident. The Rehabilitation Unit benefit will not be paid if the Hospital Confinement benefit is paid for the same day; only the highest eligible benefit will be paid.

Transportation: The per round trip benefit amount shown on the Policy Schedule if an Insured must travel more than 100 miles round trip to receive special treatment and Confinement in a Hospital for injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to three round trips per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

EMERGENCY CARE

Ambulance - Air: The benefit amount shown on the Policy Schedule if a licensed professional air ambulance company transports an Insured to or from a Hospital or between medical facilities by air, where treatment for injuries is received as the result of a Covered Accident. The air ambulance transportation must be within 48 hours after the Covered Accident. We will pay this amount once per Covered Accident.

Ambulance - Ground: The benefit amount shown on the Policy Schedule if a licensed professional ambulance company transports an Insured to or from a Hospital or between medical facilities by ground transportation, where treatment for injuries is received as the result of a Covered Accident. The ambulance transportation must be within 90 days after the Covered Accident. We will pay this amount once per Covered Accident.

Appliance: The benefit amount shown on the Policy Schedule for Physician-prescribed use of a medical appliance as an aid in personal locomotion or mobility as the result of a Covered Accident. Crutches and wheelchairs are examples of medical appliances. The use of an appliance must begin within 90 days after the Covered Accident. We will pay this amount once per Covered Accident.

Blood/Plasma/Platelets: The benefit amount shown on the Policy Schedule if an Insured requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma and platelets as the result of a Covered Accident. The blood, blood plasma and platelets must be administered within 90 days after the Covered Accident. We will pay this amount once per Covered Accident.

Outpatient Surgery Facility Service: The benefit amount shown on the Policy Schedule if an Insured has one of the surgeries listed below on an outpatient basis at a surgical center for treatment of a Covered Accident:

1. Torn Knee Cartilage;

2. Ruptured Disc; or
3. Tendon/Ligament/Rotator Cuff.

This does not cover surgery received in an Emergency Room or while confined in a Hospital. We will pay this amount only once per Covered Accident.

Physician Office/Urgent Care – Initial Visit: The benefit amount shown on the Policy Schedule if an Insured receives initial treatment and/or advice by a Physician in a physician's office or Urgent Care Facility for injuries as the result of a Covered Accident. The treatment must be within 60 days of the Covered Accident and the services provided must be the result of a Covered Accident and not for routine examinations or preventive testing.

We will pay this amount once per Covered Accident. This benefit is not payable if the Emergency Room Treatment benefit is paid for the same Covered Accident.

Surgery – Abdominal or Thoracic: The benefit amount shown on the Policy Schedule if an Insured undergoes open abdominal or thoracic surgery within 72 hours of a Covered Accident. The surgery may be exploratory or to repair internal injuries received as a result of a Covered Accident. We will pay this amount once per Covered Accident.

Surgery - Hernia: The benefit amount shown on the Policy Schedule if an Insured undergoes surgery for a hernia which is diagnosed within 30 days of the Covered Accident. The hernia must be a result of the Covered Accident and surgery must be performed within 90 days of the Covered Accident. We will pay this amount once per Covered Accident.

EMERGENCY ROOM

Emergency Room Treatment: The benefit amount shown on the Policy Schedule if as the result of a Covered Accident, the Insured requires examination and treatment by a Physician in a Hospital Emergency Room within 72 hours after a Covered Accident. We will pay this amount once per Covered Accident.

DIAGNOSTIC IMAGING

Medical Imaging: The benefit amount shown on the Policy Schedule if an Insured receives one of the following exams for injuries received as the result of a Covered Accident:

1. CT (computerized tomography) scan;
2. MRI (magnetic resonance imaging); or
3. EEG (electroencephalogram).

These exams must be performed in a Hospital or a Physician's office. We will not pay the Concussion benefit if the Medical Imaging benefit is paid for the same Covered Accident. We will pay this amount once per Covered Accident.

X-Rays: The benefit amount shown on the Policy Schedule if an Insured requires an X-ray for diagnosis and treatment of injuries received as the result of a Covered Accident. We will pay this amount once per Covered Accident.

CONTINUING CARE

Epidural Pain Management: The benefit amount shown on the Policy Schedule if an Insured receives epidural injections for pain within 6 months after the Covered Accident. We will pay this amount only once per a 12 month period per Insured, regardless of the number of Covered Accidents.

Physician Follow-Up Care: The benefit amount shown on the Policy Schedule if an Insured receives follow-up care that is recommended or advised by a Physician for injuries received as the result of a Covered Accident. We will pay for up to two follow-up care visits per Covered Accident.

Follow-up treatment must:

1. be within 180 days of the Covered Accident;
2. occur after initial treatment in a Physician's office or Emergency Room; and
3. not be for routine examinations or preventive testing.

Spinal Manipulation: The benefit amount shown on the Policy Schedule if an Insured is treated by a Physician or Chiropractor and receives spinal manipulation treatment as the result of a Covered Accident. This benefit is payable for 1 visit per day, up to a maximum of 5 visits per 12 month period, per Insured, regardless of the number of Covered Accidents. This benefit is only payable for visits within 6 months of the Covered Accident.

Therapy Services: The benefit amount shown on the Policy Schedule for each day an Insured receives Occupational, Speech or Physical therapy as the result of a Covered Accident. We will pay up to a maximum of 10 visits per Covered Accident. The therapy must be completed within 2 years after the Covered Accident and while coverage under the Policy is in force. All services must be prescribed by a Physician and rendered by an Occupational, Speech or Physical Therapist and performed in an office or on an outpatient basis. This benefit is not payable for the same visit that the Physician Follow-Up Care benefit is paid.

SPECIFIC LOSS

Burns: The benefit amount shown on the Policy Schedule if an Insured sustains burns as the result of a Covered Accident which are treated by a Physician within 72 hours after the Covered Accident. We will pay only one benefit amount per Covered Accident.

Concussion: The benefit amount shown on the Policy Schedule if an Insured sustains a concussion as the result of a Covered Accident. Diagnosis by a Physician must occur within 72 hours from the date of the Covered Accident using any type of medical imaging procedure such as an X-ray, CT (computerized tomography) scan and/or MRI (magnetic resonance imaging). We will pay this amount once per Covered Accident. We will not pay the Concussion benefit if the Medical Imaging benefit is paid for the same Covered Accident.

Dental Work - Emergency: The benefit amount shown on the Policy Schedule for dental work required by any Insured as the result of injuries received in a Covered Accident. We will pay this amount once per Covered Accident, regardless of the number of teeth involved.

Eye Injury: The benefit amount shown on the Policy Schedule if an Insured sustains an eye Injury as the result of a Covered Accident. The Eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. We will pay this amount once per Covered Accident. An examination with anesthesia will not be considered surgery.

Gunshot Wound: The benefit amount shown on the Policy Schedule if an Insured sustains a gunshot wound, receives treatment in a Hospital or by a Physician and the injury is the result of a Covered Accident. The gunshot wound must be from a conventional firearm which fires a bullet by gun powder or compressed gas. We will pay this amount only once per Covered Accident. If the gunshot wound results in the death of the Insured and the Accidental Death benefit is paid, this benefit is not payable.

Laceration: The benefit amount shown on the Policy Schedule if an Insured sustains a laceration as the result of a Covered Accident. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay will be based on the total length of all lacerations received in any one Covered Accident which require repair. If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches.

If an Insured sustains a laceration on a finger, toe, hand, foot, or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye benefit.

Organized Sports: We will pay an additional 25% of the total benefit paid for the Covered Accident, not to exceed the Maximum for this benefit shown on the Policy Schedule, if the Insured's Covered Accident was the result of injuries sustained while participating in a non-professional Organized Sport. This benefit is payable only once per 12 month period per Insured regardless of the number of Covered Accidents.

Prosthetic Device/Artificial Limb: The benefit amount shown on the Policy Schedule for a Physician-prescribed prosthetic device/artificial limb for functional use when an Insured loses a hand, foot or sight of an eye due to a Covered Accident. The prosthetic device/artificial limb must be received within one year of the Covered Accident. We will pay this amount once per Covered Accident. We will not pay this benefit for:

1. hearing aids;
2. dental aids, including false teeth;
3. eye glasses;
4. cosmetic prosthesis such as hair wigs; or
5. joint replacement such as an artificial hip or knee.

Ruptured Disc: The benefit amount shown on the Policy Schedule if an Insured sustains a ruptured disc in his spine as the result of a Covered Accident. In order for this benefit to be payable, all of the following must occur:

1. it must be treated by a Physician within 60 days after the Covered Accident; and
2. it must be repaired through surgery by a Physician within one year after the Covered Accident.

We will pay this amount once per Covered Accident.

Skin Grafts: We will pay 25% of the applicable Burn benefit if an Insured receives a skin graft for a burn for which a benefit was paid under the Burn benefit of this Policy. We will pay this amount once per Covered Accident.

Tendon/Ligament/Rotator Cuff: The benefit amount shown on the Policy Schedule if an Insured sustains an injured tendon/ligament/rotator cuff as the result of a Covered Accident. It must be torn, ruptured or severed. It must be repaired through surgery by a Physician within 1 year after the Covered Accident.

If an Insured sustains a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

Torn Knee Cartilage: The benefit amount shown on the Policy Schedule if an Insured sustains a torn knee cartilage (meniscus) as the result of a Covered Accident. In order for this benefit to be payable, all of the following must occur:

1. it must be treated by a Physician within 60 days after the Covered Accident; and
2. it must be repaired through surgery by a Physician within 1 year after the Covered Accident.

If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), We will pay the Exploratory surgery amount shown on the Policy Schedule.

MAJOR INJURY

Accidental Death: The benefit amount shown on the Policy Schedule if an Insured sustains an Injury and dies as a result of, and within 90 days of, a Covered Accident.

Accidental Death – Common Carrier: The benefit amount shown on the Policy Schedule if an Insured sustains an Injury while a fare paying passenger on a Common Carrier and dies as a result of, and within 90 days of, a Covered Accident. If We pay this benefit, We will not pay the Accidental Death benefit.

Catastrophic Accident: The benefit amount shown on the Policy Schedule if an Insured:

1. sustains a Catastrophic Loss as the result of a Covered Accident;
2. is under the regular care of a Physician during the elimination period;
3. remains alive at the end of the Elimination Period. Elimination Period means the period of 365 days after the date of a Covered Accident; and
4. coverage remains in force at the end of the Elimination Period.

This benefit is payable at the end of the Elimination Period. The Catastrophic Accident benefit will be payable once per lifetime for any Insured. This benefit reduces by 50% at age 70.

Coma: The benefit amount shown on the Policy Schedule if an Insured, as a result of a Covered Accident, is in a state of unconsciousness for 30 consecutive days with no reaction to external stimuli, no reaction to internal needs and is on life support systems. The diagnosis of coma must indicate that permanent neurological deficit is present. We will pay this amount once per Covered Accident.

Dismemberment: The benefit amount shown on the Policy Schedule for an Insured for loss received as the result of a Covered Accident and which occurs within 90 days after the Covered Accident.

“Loss of a hand” means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. “Loss of a foot” means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. “Loss of a finger” means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. “Loss of a toe” means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. “Loss of sight of an eye” means that at least 80% of vision is permanently lost.

If an Insured loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount We paid for that loss of a finger or toe from the benefit We paid for the loss of a hand or foot.

Only the highest single benefit will be payable per Covered Accident. Benefits will be paid only once per Covered Accident. If death and Loss of Finger, Toe, Hand, Foot or Sight of an Eye result from the same Covered Accident, only the Accidental Death benefit will be paid.

FRACTURES & DISLOCATIONS

Dislocation (Separated Joint): The benefit amount shown on the Policy Schedule if an Insured sustains a dislocation as the result of a Covered Accident. A dislocation is a completely separated joint. In order for this benefit to be payable for the joint involved, all of the following must occur:

1. it must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident;
2. the dislocation must require correction with anesthesia by a Physician; and
3. it can be corrected by open (surgical) or closed (non-surgical) reduction.

If an Insured sustains more than one dislocation in a Covered Accident, and requires open or closed reduction, We will pay for all dislocations. However, We will pay no more than two times the amount for the joint involved which has the highest benefit amount.

If the dislocation requires reduction without anesthesia by a Physician, We will pay 25% of the amount listed for a closed reduction of the joint involved. If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the amount listed for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

If an Insured sustains a fracture and a dislocation in the same Covered Accident, We will pay for both. However, We will pay no more than two times the amount for the bone or joint involved which has the highest benefit amount. If an Insured sustains a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the larger of the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit. We will pay this benefit only for the first dislocation of a joint after the Certificate Effective Date. Subsequent dislocations of the same joint after the Policy Effective Date will not be covered.

Fracture (Broken Bone): The benefit amount shown on the Policy Schedule if an Insured sustains a fracture as the result of a Covered Accident. A fracture is a break in a bone which can be seen by X-ray. In order for this benefit to be payable for the bone involved, all of the following must occur:

1. it must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident; and
2. the fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

If an Insured sustains more than one fracture in a Covered Accident, and requires open or closed reduction, We will pay for all fractures. However, We will pay no more than two times the amount for the bone involved which has the highest benefit amount. If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

If an Insured sustains a fracture and a dislocation in the same Covered Accident, We will pay for both. However, We will pay no more than two times the amount for the bone or joint involved which has the highest benefit amount. If an Insured receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

SECTION 6 - EXCLUSIONS

We will not pay benefits for losses that are caused or contributed to by, or are the result of:

1. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
2. any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury. This exclusion does not apply to the Sickness Hospital Confinement Rider or the Health Screening Benefit Rider;
3. intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane;
4. declared war or military conflicts, active participation in an insurrection or riot, civil commotion or state of belligerence. For purposes of this exclusion, war does not include an act of terrorism;
5. active service in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve;

6. repetitive stress or motion disorders caused by overuse or degenerative changes;
7. driving any taxi, limousine, bus or personal vehicle of any kind when used to transport fare-paying passengers;
8. mental or nervous disorders;
9. alcoholism or drug addiction;
10. ingestion or use of any substance or drug unless taken as prescribed by a Physician. This does not apply to accidental ingestion of substances by Children under the age of 5;
11. being under the influence of alcohol. Being under the influence of alcohol, for purposes of the Policy, means a blood alcohol level of 0.08 or more;
12. while incarcerated or detained in a penal institution of any kind, including house arrest and/or work furlough;
13. the commission of or an attempt to commit a felony or any loss to which a contributing cause was being engaged in an illegal activity.

SECTION 7 - CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given within sixty (60) days after a covered loss starts, or as soon as reasonably possible. The notice must be received by Us at:

Philadelphia American Life Insurance Company
 Claims Administrator for Boston Mutual Life Insurance Company
 PO Box 34952
 Omaha, NE 68134-9632

Notice should include the name of the Certificateholder, Insured and the Certificate number. Notice given by or on behalf of the Insured to any authorized agent of the Company within this state, with particulars sufficient to identify the Policy, is considered notice to the Company.

Claim Forms: When We receive a notice of claim, We will send the claimant forms for filing proof of loss. If the forms are not given within 15 days, proof of loss requirements can be met by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

Proof of Loss: Written Proof of Loss must be furnished to the Company within 180 days after the Date of Loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than two years from the time proof is otherwise required.

Proof of Loss for Catastrophic Accident: Written proof of loss must be given to Us within 180 days after the Catastrophic Accident elimination period ends. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than two years from the time proof is otherwise required.

Notice Of Our Claim Decisions: We will send the Certificateholder written notice of Our claim decision within 30 days after We receive due proof of loss. If there are special circumstances that require more time (such as the need to hold a hearing), We will send the Certificateholder a written notice within this timeframe that an additional 30 days is needed. If more time is still needed to make a claim determination, We will send the Certificateholder written notice during this initial 30 day extension stating the special circumstances that require an additional 30 days. The Certificateholder will have 45 days to provide any additional information requested.

If the claim is wholly or partly denied, Our notice will include:

1. reasons for such denial;
2. reference to specific policy provisions, rules or guidelines on which the denial was based;
3. a description of the additional information needed to support the claim;
4. information concerning the Insured's right to request that We review Our decision; and
5. a description of Our review procedures, time limits and notice of the Insured's right to bring civil action.

Time of Payment of Claims: Benefits payable under this Certificate will be paid immediately upon receipt of acceptable proof of loss, but not later than 30 days after receipt of acceptable proof of loss.

Payment of Claims: All benefits will be payable to the Certificateholder unless assigned by them or by operation of law. Any accrued benefit unpaid at the Insured's death may be paid to their estate. Any payment made by Us in good faith will fully discharge Us and release Us from all liability to the extent of such payment.

Review Of Denied Claims: This request must be in writing and must be received by Us no more than 180 days after the Certificateholder receives notice of Our claim decision. As part of this review, the Certificateholder may:

1. send Us written comments;
2. review any non-privileged information relating to the claim; or
3. provide Us with other information or proof in support of the claim.

We will review the claim promptly after receiving the request. We will advise the Certificateholder of the results of Our review within 60 days after We receive the request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific policy provisions, rules or guidelines on which the decision was based, and notice of the Certificateholder's right to bring a civil action.

SECTION 8 - GENERAL PROVISIONS

Questions or Comments: We want to hear from you. If you have any questions about this Policy, its benefits, the filing of claims, a complaint or a compliment, please call Us at the toll free number listed (or write to Us at the address listed) on the front of this Policy.

Entire Contract, Changes: This Policy together with the application, enrollment forms, amendments, endorsements, benefit agreements, Certificates and Riders, if any, is the Entire Contract of Insurance. In the absence of fraud, statements made by the Policyholder or by an Insured are deemed representations and not warranties. No change to this Policy shall be valid until approved in writing by an Executive Officer of the Company. Any change must be noted on or attached hereto. No agent may change this Policy or waive any of its Provisions. Any Rider, endorsement or application that modifies, limits or excludes coverage under this Policy must be signed by the Policyholder to be valid.

Physical Examination and Autopsy: We, at Our expense, have the right to have an Insured examined as often as reasonably necessary while a claim is pending. In the case of death, We may also have any autopsy done unless prohibited by law.

Legal Action: No legal action may be brought to recover on this Policy within 60 days after written Proof of Loss has been given as required by this Policy. No such action may be brought after 3 years from the time written Proof of Loss is required to be given.

Time Limit on Certain Defenses: (1) After two years from an Insured's effective date of coverage, no misstatements made by the applicant on the enrollment form shall be used to void the coverage or to deny a claim for loss incurred commencing after the expiration of such two-year period. (2) No claim for loss incurred commencing after two years from an Insured's Effective Date of coverage shall be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date. We may only void coverage if the misstatement is made in a written instrument signed by the Insured and a copy is given to the Insured or his representative.

Change of Beneficiary: The Beneficiary is named on the enrollment form or later endorsement as it applies to the Accidental Death benefit. The Certificateholder is the Beneficiary for the Spouse and Children if the optional Spouse Accident Insurance Rider and Children's Accident Insurance Rider are included. The Certificateholder may change the Beneficiary by written request. This change will take effect when We receive it. A payment by Us prior to receipt of such change will fully discharge Us to the extent of such payment.

Clerical Error: Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

Conformity with State Statutes: Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state in which the Policyholder resides is hereby amended to conform to the minimum requirements of such statutes.

Overpayments: We have the right to recover any overpayments due to fraud or any error We make in processing a claim. The Certificateholder must reimburse Us in full. We will determine the method by which the repayment is to be made. We will not recover more money than the amount We have paid.

Unpaid Premium: Any unpaid premium due by the Certificateholder for coverage under this Policy may be recovered by Us by offsetting against amounts otherwise payable to the Certificateholder, Beneficiary or legal representative under this Policy.

Certificates: An individual Certificate will be issued for delivery to the Certificateholder. The Certificate will describe:

1. the benefits under the Policy;
2. to whom benefits will be paid; and
3. the limitations and terms of the Policy.

If there is a conflict between the Policy and the Certificate, the Policy will control.

New Entrants: New Employees or Members of the Policyholder and their Spouse or Children will be added to the applicable class originally eligible under the Policy provided they apply for such coverage and meet the requirements for eligibility as stated in the Policy.

SECTION 9 - OCCUPATIONAL CLASSIFICATION

All Full-Time Employees or Members, who are Actively at Work, and have completed at least 0 months of continuous employment or membership with the Policyholder.

SECTION 10**POLICY SCHEDULE**

Policyholder: Dogwood State Bank

Policy Number: A14951

Coverage Type: 24 Hour

Plan: 1

This Policy will provide the following benefits for loss by Insureds resulting from a Covered Accident:

HOSPITAL CARE

Hospital Admission:	\$3,000
The benefit amount is doubled if the Insured is admitted to an Intensive Care Unit within the first 24 hours of admission.	
Hospital Confinement:	\$750
Hospital Intensive Care Unit Confinement:	\$1,500
Lodging:	\$300
Rehabilitation Unit:	\$225
Transportation:	\$900

EMERGENCY CARE

Ambulance - Air:	\$1,500
Ambulance - Ground:	\$300
Appliance:	\$150
Blood/Plasma/Platelets:	\$300
Outpatient Surgery Facility Service:	\$300
Physician Office/Urgent Care- Initial Visit:	\$75
Surgery – Abdominal or Thoracic:	
Abdominal/Thoracic surgery with repair:	\$1,500
Abdominal/Thoracic exploratory surgery with no repair:	\$150
Surgery - Hernia:	\$150

EMERGENCY ROOM

Emergency Room Treatment:	\$300
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DIAGNOSTIC IMAGING

Medical Imaging:	\$300
X-Rays:	\$75

CONTINUING CARE

Epidural Pain Management:	\$150
Physician Follow-Up Care:	\$150
Spinal Manipulation:	\$45
Therapy Services:	\$45

SPECIFIC LOSS

Burns:	
2 nd degree burns which cover at least 36% of the body:	\$2,250
3 rd degree burns which cover at least 9 square inches of the body but less than 35 square inches:	\$4,500
3 rd degree burns which cover 35 or more square inches of the body:	\$30,000

Concussion:	\$450
Dental Work - Emergency:	
Broken teeth repaired with crown(s):	\$450
Broken teeth resulting in extraction(s):	\$150
Eye Injury:	\$750
Gunshot Wound:	\$3,000
Laceration:	
Laceration(s) treated without stitches, staples or glue:	\$75
Total of all lacerations is not more than 3 inches long and repair by stitches:	\$150
Total of all lacerations is greater than 3 inches but not more than 5 inches and repaired by stitches:	\$600
Total of all lacerations is over 5 inches and repair by stitches:	\$1,200
Organized Sports:	\$1,500 Maximum
Prosthetic Device/Artificial Limb:	
One prosthetic device or artificial limb:	\$1,500
More than one prosthetic device or artificial limb:	\$3,000
Ruptured Disc:	\$1,500
Skin Grafts:	25% of the applicable Burn benefit.
Tendon/Ligament/Rotator Cuff:	
Repair of one tendon, ligament or rotator cuff:	\$1,800
Repair of more than one of the above:	\$2,700
Exploratory arthroscopic surgery with no repair:	\$450
Torn Knee Cartilage:	
Surgery with repair:	\$2,250
Exploratory surgery:	\$450

MAJOR INJURY

Accidental Death:	
Certificateholder:	\$150,000
Spouse (if Insured):	\$150,000
Children (if Insured):	\$30,000
Accidental Death – Common Carrier:	
The benefit amount payable will be 2 times the amount of the ACCIDENTAL DEATH benefit.	
Catastrophic Accident:	
Certificateholder:	\$150,000
Spouse (if Insured):	\$150,000
Children (if Insured):	\$30,000
The benefit amount is reduced by 50% starting at age 70.	
Coma:	\$15,000
Dismemberment:	
Loss of both hands, or both feet or the sight of both eyes or any combination of two or more listed:	\$30,000
Loss of one hand, or one foot or sight of one eye:	\$15,000
Loss of two or more fingers or two or more toes or any combination of two or more fingers and toes:	\$3,600
Loss of one finger or one toe:	\$1,800

FRACTURES & DISLOCATIONS

Dislocation (Separated Joint):	Closed	Open
Type:	Reduction	Reduction
Hip:	\$6,000	\$12,000
Knee (except Patella):	\$3,000	\$6,000
Ankle – Bones or Bones of Foot (not Toes):	\$2,400	\$4,800
Collarbone (Sternoclavicular):	\$1,500	\$3,000
Lower Jaw:	\$900	\$1,800
Shoulder (Glenohumeral):	\$900	\$1,800
Elbow:	\$900	\$1,800
Wrist:	\$900	\$1,800
Bone or Bones of the Hand (not Fingers):	\$900	\$1,800
Collarbone (Acromioclavicular and separation):	\$300	\$600
One Toe or Finger:	\$300	\$600
Fracture (Broken Bone):	Closed	Open
Bone Type	Reduction	Reduction
Skull – depressed fracture (except Bones of Face or Nose):	\$7,500	\$15,000
Skull – simple non-depressed fracture (except Bones of Face or Nose):	\$3,000	\$6,000
Hip, Thigh (Femur):	\$4,500	\$9,000
Vertebrae, Body of (except Vertebral processes):	\$2,400	\$4,800
Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx):	\$2,400	\$4,800
Leg:	\$2,400	\$4,800
Bones of Face or Nose (except Mandible or Maxilla):	\$1,050	\$2,100
Upper Jaw - Maxilla (except Alveolar process):	\$1,050	\$2,100
Upper Arm between Elbow and Shoulder:	\$1,050	\$2,100
Lower Jaw – Mandible (except Alveolar process):	\$900	\$1,800
Shoulder blade or Collarbone (Scapula, Clavicle, Sternum):	\$900	\$1,800
Vertebral Processes:	\$900	\$1,800
Forearm, Hand, Wrist (except fingers):	\$900	\$1,800
Kneecap (Patella):	\$900	\$1,800
Foot (except toes):	\$900	\$1,800
Ankle:	\$900	\$1,800
Rib:	\$750	\$1,500
Coccyx:	\$600	\$1,200
Finger, Toe:	\$150	\$300

RIDERS

SPOUSE ACCIDENT INSURANCE RIDER

CHILDREN'S ACCIDENT INSURANCE RIDER

HEALTH SCREENING BENEFIT RIDER: \$100

SICKNESS - HOSPITAL CONFINEMENT BENEFIT RIDER: \$300

PREMIUMS



BOSTON MUTUAL LIFE INSURANCE COMPANY
120 ROYALL STREET ♦ CANTON, MASSACHUSETTS 02021 ♦ TEL. (800) 669-2668 ♦ FAX (781) 770-0521

SPOUSE ACCIDENT INSURANCE RIDER TO CERTIFICATE OF INSURANCE FOR ACCIDENT INSURANCE

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to You because (1) You paid the additional premium for this Rider; and (2) We relied on the information You provided at the time of enrollment for this Rider. This Rider is effective as of the Rider Effective Date. Unless amended by this Rider, Certificate definitions and other provisions and terms apply to this Rider.

BENEFITS

The benefits shown in the Certificate apply to Your Spouse covered under this Rider while this Rider is in effect. Any benefit amount variations for Spouse coverage are shown on the Certificate Schedule included with the Certificate. If a benefit amount in the Certificate Schedule does not appear as specific to a Spouse, the benefit amount will be the same as the Certificateholder.

GENERAL PROVISIONS

This Rider is part of the Certificate. This Rider is subject to all of the terms of the Certificate to which it is attached.

Signed for the Company at its Home Office

Paul A. Quaranto Jr.
President

Grant David Ward
Secretary



BOSTON MUTUAL LIFE INSURANCE COMPANY
120 ROYALL STREET ♦ CANTON, MASSACHUSETTS 02021 ♦ TEL. (800) 669-2668 ♦ FAX (781) 770-0521

CHILDREN'S ACCIDENT INSURANCE RIDER TO CERTIFICATE FOR ACCIDENT INSURANCE

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to You because (1) You paid the additional premium for this Rider; and (2) We relied on the information You provided at the time of enrollment for this rider. This Rider is effective as of the Rider Effective Date. Unless amended by this Rider, Certificate definitions and other provisions and terms apply to this rider.

BENEFITS

The benefits shown in the Certificate apply to Children covered under this Rider while this Rider is in effect. Any benefit amount variations for Child/Children coverage are shown on the Certificate Schedule included with the Certificate. If a benefit amount in the Certificate Schedule does not appear as specific to Children, the benefit amount will be the same as the Certificateholder.

GENERAL PROVISIONS

This Rider is part of the Certificate. This Rider is subject to all of the terms of the Certificate to which it is attached.

Signed for the Company at its Home Office

Paul A. Quaranto Jr.
President

Grant David Ward
Secretary



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HEALTH SCREENING BENEFIT RIDER TO CERTIFICATE FOR ACCIDENT INSURANCE

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to You because (1) You paid the additional premium for this Rider; and (2) We relied on the information You provided at the time of enrollment. This Rider is effective as of the Rider Effective Date. Unless amended by this Rider, Certificate definitions and other provisions and terms apply to this Rider.

Health Screening Benefit (Calendar Year Limit)

We will pay the Health Screening Benefit amount shown on the Certificate Schedule when an Insured has any one or more of the following Health Screening Tests after the Waiting Period and while this Rider is in force. This benefit is payable only once per Calendar Year regardless of the number of Health Screening Tests performed. We will pay this benefit regardless of the results of the test.

Health Screening Test is defined as:

1. Stress test on a bicycle or treadmill;
2. Fasting blood glucose test;
3. Blood test for triglycerides;
4. Lipid Panel (total cholesterol count);
5. Bone marrow testing;
6. CA 15-3 (blood test for breast cancer);
7. CA 125 (blood test for ovarian cancer);
8. CEA (blood test for colon cancer);
9. Chest X-ray;
10. Electrocardiogram (EKG);
11. Colonoscopy;
12. Flexible sigmoidoscopy;
13. Hemocult stool analysis;
14. Mammography/Breast Ultrasound;
15. Pap smear (including ThinPrep Pap Test);
16. PSA (blood test for prostate cancer);
17. Serum Protein Electrophoresis (blood test for myeloma);
18. Thermography;
19. Oral Cancer screening using ViziLite OraTest or other similar test; and
20. Biopsy for Skin Cancer.

LIMITATIONS AND EXCLUSIONS

WAITING PERIOD

This Rider contains a 30 day Waiting Period. This means no benefits are payable for any Health Screening Test performed for any Insured during the first 30 days starting from the Rider Effective Date.

GENERAL PROVISIONS

This Rider is part of the Certificate. This Rider is subject to all of the terms of the Certificate to which it is attached.

Signed for the Company at its Home Office



Paul A. Quaranto Jr.
President



Grant David Ward
Secretary



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120 ROYALL STREET ♦ CANTON, MASSACHUSETTS 02021 ♦ TEL. (800) 669-2668 ♦ FAX (781) 770-0521

SICKNESS - HOSPITAL CONFINEMENT BENEFIT RIDER TO CERTIFICATE FOR ACCIDENT INSURANCE

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to You because (1) You paid the additional premium for this Rider; and (2) We relied on the information You provided at the time of enrollment. This Rider is effective as of the Rider Effective Date. Unless amended by this Rider, Certificate definitions and other provisions and terms apply to this Rider.

BENEFITS

We will pay the daily hospital confinement benefit shown on the Certificate Schedule for each day an Insured is Confined in a Hospital as the result of a Covered Sickness. This benefit is not payable for Covered Accidents and will not be paid concurrently with the Hospital Confinement Benefit or the Hospital Intensive Care Unit Confinement Benefit in the Certificate.

Benefits are limited to 30 days for each period of Hospital Confinement. We will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one Covered Sickness. We will not pay this benefit for Emergency Room treatment, for outpatient treatment or for a stay of less than 20 hours in an Observation Unit.

If We pay this benefit for a Hospital Confinement and the Insured becomes Confined to a Hospital again within 90 days because of the same or related Covered Sickness, We will treat this Confinement as a continuation of the prior Confinement, subject to the 30 day maximum.

If more than 90 days have passed between the periods of Hospital Confinement, We will treat this Confinement as a new Confinement.

DEFINITIONS

The terms used in this Rider are as defined in the Certificate. In addition, the following definition applies to this Rider.

Covered Sickness: means an illness, infection, disease or any other abnormal physical condition which is not caused by an Injury and:

- a) occurs after the Rider Effective Date;
- b) occurs while this Rider is in force;
- c) is not excluded by name or specific description in this Rider.

EXCLUSIONS & LIMITATIONS

The Exclusions contained in the Certificate apply to this Rider with the exception of Exclusion (2). In addition, the following Exclusions are added:

We will not pay benefits for a Hospital Confinement that is caused by or occurs as the result of an Insured's:

1. Injury;
2. treatment for dental care or dental care procedures; or
3. elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of infection, or other diseases, except for congenital defects and anomalies.

We will not pay for any Hospital Confinement for a newborn child following birth unless the child has a Covered Sickness.

Pre-Existing Conditions-Limitations For Certain Conditions: The benefits of this Rider will not be payable for any pre-existing conditions during the first 12 months this Rider is in force. After this 12-month period, however, We will pay benefits for any pre-existing condition not specifically excluded from coverage if the covered Confinement began more than 12 months after the Rider Effective Date. This 12-month period is measured from the Rider Effective Date for each Insured. A pre-existing condition means a sickness or physical condition for which an Insured was treated, received medical advice or had taken medication within 12 months before the Rider Effective Date. This pre-existing condition limitation does not apply to newborn, foster, or adopted children.

GENERAL PROVISIONS

This Rider is part of the Certificate. This Rider is subject to all of the terms of the Certificate to which it is attached.

Signed for the Company at its Home Office



Paul A. Quaranto Jr.
President



Grant David Ward
Secretary

**NOTICE CONCERNING COVERAGE
LIMITATIONS AND EXCLUSIONS UNDER THE NORTH CAROLINA
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health insurance should know that the insurance companies and Health Maintenance Organizations (HMOs) licensed in this state to write these types of insurance are members of the North Carolina Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer or HMO becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member companies for the money to pay the claims of the insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted *in the box* below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The North Carolina Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in North Carolina. You should not rely on coverage by the North Carolina Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The North Carolina Life and Health Insurance Guaranty Association
Post Office Box 10218
Raleigh, North Carolina 27605-0218

North Carolina Department of Insurance, Consumer Services Division
1201 Mail Service Center
Raleigh, North Carolina 27699-1201

The state law that provides for this safety-net coverage is called the North Carolina Life and Health Insurance Guaranty Association Act. *On the back of this page* is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

COVERAGE

Generally, individuals will be protected by the life and health guaranty association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer or HMO. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy was issued by a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.
- They acquired rights to receive payments through a structured settlement factoring transaction.

The association also does not provide coverage for:

- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed the average rate specified in the law;
- Dividends;
- Experience or other credits given in connection with the administration of a policy by a group contractholder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals), unless they fund a government lottery or a benefit plan of an employer, association or union, except that unallocated annuities issued to employee benefit plans protected by the Federal Pension Benefit Guaranty Corporation are not covered.
- A policy or contract commonly known as Medicare Part C, Medicare Part D, Medicaid or any regulations issued pursuant thereto.

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the association is obligated to pay out as follows:

- (1) The guaranty association cannot pay out more than the insurance company would owe under the policy or contract.
- (2) Except as provided in (3) (4) and (5) below, the guaranty association will pay a maximum of \$300,000 per individual, per insolvency, no matter how many policies or types of policies issued by the insolvent company.
- (3) The guaranty association will pay a maximum of \$500,000 with respect to a health benefit plan.
- (4) The guaranty association will pay a maximum of \$1,000,000 with respect to the payee of a structured settlement annuity.
- (5) The guaranty association will pay a maximum of \$5,000,000 to any one unallocated annuity contract holder.

NOTICE OF INFORMATION PRIVACY PRACTICES

Boston Mutual Life Insurance Company

(Herein referred to as “we”, “us”, “our”)



FAMILY MATTERS NO MATTER WHAT

PROTECTING YOUR INFORMATION

To protect your nonpublic personal information, we maintain: physical, electronic and procedural safeguards.

COLLECTING INFORMATION

We collect information about you in order to conduct business. Such uses are: to process requests for insurance products, to provide customer service, to process claims, to fulfill legal and regulatory requirements and for other lawful purposes. We collect this information from you, as well as from other sources. We restrict access to your information to those working on our behalf who have a need to know it in order for us to provide products and services to you. We require them to secure the information and keep it confidential.

➤ ***Information we collect may include all the information you share with us including, for example, your:***

- name
- address
- telephone number
- date of birth
- social security or tax identification number
- employer name and income
- beneficiary data
- financial account numbers
- medical information
- and other information you share with us

➤ ***We may also collect data we receive from other sources, as allowed by law, which may include:***

- medical information
- consumer report information in accordance with the Fair Credit Reporting Act
- participant information from organizations that purchase products or services from us for the benefit of their members or employees, such as group insurance
- information to assist us in complying with state and federal laws

SHARING INFORMATION

We do not share information about our customers or former customers with anyone, except as permitted or required by law.

➤ ***We may share your information with third parties without your authorization as permitted by law. Such information is used on our behalf by these third parties to:***

- process or service your insurance transactions with us
- perform underwriting, administrative, account maintenance and claims functions
- provide customer service or reinsurance coverage
- prevent fraud
- perform other business functions on our behalf

➤ ***We may also share your information with:***

- a consumer reporting agency in accordance with the Fair Credit Reporting Act
- a third party to comply with federal, state or local laws, subpoenas, or summonses
- regulators
- or as otherwise permitted or required by law.

Third parties receiving information from us are required to: keep it confidential and to comply with all applicable federal and state privacy laws.

ACCESS TO YOUR INFORMATION WE HAVE IN OUR RECORDS

You have the right to request access to all the information we have on you. You must make your request in writing at the address below.

AMENDMENTS TO YOUR INFORMATION

You have the right to request an amendment, correction or deletion of information which we hold about you which you believe may be inaccurate. We are not obligated to make updates to your data based on your request. You must make the request in writing and state the reasons you are requesting the change. Write us at the address below.

If you have questions about this notice or would like more information about our privacy policies, please write us at:

Boston Mutual Life Insurance Company
Attention: Privacy Office
120 Royall Street • Canton, MA 02021



BOSTON MUTUAL LIFE INSURANCE COMPANY
[120 ROYALL STREET ♦ CANTON, MASSACHUSETTS 02021 ♦ TEL. (800) 669-2668 ♦ FAX (781) 770-0521]

MASTER POLICY APPLICATION
FOR GROUP ACCIDENT INSURANCE

by : Dogwood State Bank

Employer/Union/Association Name

of : 5401 Six Forks Rd. Raleigh, NC 27609

Home Office Location (Address, City & State)

for a Group Accident Insurance Policy, and representations are made as follows:

1. Class of Employees/Members eligible to enroll for this coverage:

- Number of regular full-time employees/members: 150
Other:

A Full-time employee/member is defined as one who works 30 hours or more per week. An employee/member must be Actively at Work on the date he/she applies for insurance, and on the date his/her Insurance is to become effective. An employee/member must have completed 0 months of continuous service before being eligible.

2. The minimum number of enrolled employees/members necessary to keep the Group Policy in force is: 5

3. Effective Date: The requested effective date of the Group Accident Master Policy is: 3/1/2023

4. Coverage Type (please circle one): 24 Hour or Off Job

5. Benefit Riders to be included (check all that apply):

- Sickness-Hospital Confinement Benefit Rider
Occupational HIV Benefit Rider
Health Screening Benefit Rider
Strike Waiver Rider

6. Will there be more than one version of this plan offered to eligible employees? (circle one) Yes No

7. Will this Group Accident Policy replace any existing group accident policy?

Yes No If Yes, please provide Carrier name:

General Agreement:

The information regarding specific benefits and provisions will be detailed in your Group Accident Master Policy once it is issued. If more than one version of this plan is offered, multiple Master Policies will be issued. The Policyholder agrees to transmit any premiums collected from Certificateholders for this Group Accident Policy to Boston Mutual Life Insurance Company at its home office when due. No agent or other person except an officer can make or change any contract or agreement on behalf of the Boston Mutual Life Insurance Company.

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

Signature of Employer/Union/Association Representative: LARISSA PROCIJK
Date: 10/19/2022
Title: DIRECTOR OF HUMAN RESOURCES