



UNITED HERITAGE[®]

Life Insurance Company

707 E United Heritage Ct, Meridian, Idaho 83642-3527
P. O. Box 7777 - Meridian, Idaho 83680-7777

(Referred to as "We", "Our", and "Us")

CERTIFICATE OF INSURANCE

Group Policy Number: **GL-1023**

Northwest Nazarene University
(Referred to as "The Policyholder")

INSURED PERSON

EFFECTIVE DATE

We have issued and delivered the policy shown above to the Policyholder, and agree to insure you according to all provisions of the Policy.

This Certificate replaces any and all Certificates and Certificate Amendments that may have been previously issued to you under any Group Policy(ies) listed above.

Masculine pronouns, when used, include both sexes unless the context indicates otherwise.

President

IMPORTANT

This Certificate is a summary of the provisions of the Policy which mainly affect you. It is subject to the provisions, definitions, exceptions, and reductions of the Policy. You will want to read it carefully. If you have any questions about any of its provisions, please contact either the Policyholder or us. We will do our

best to help you understand your benefits. If this Certificate and the Policy differ, the Policy will govern. The Policy may be seen at the Policyholder's office during regular office hours.

We have the right to require further proof of the child's incapacity and dependency:

1. At any reasonable time during the first two years; and
2. Once per year, thereafter.

Anyone who is an Insured Person or whose Evidence of Insurability, furnished according to the terms of the Policy, is not accepted by us as satisfactory, shall not be an Insured Dependent.

1.05.0 EARNINGS: Money paid to you by your Employer.

1.06.0 ELIGIBILITY DATE: The date that you or your Dependent(s), if any, first become eligible for insurance under the Policy.

1.07.0 EMPLOYEE: An Actively At Work:

1. Employee;
2. Individual Proprietor; or
3. Partner.

1.08.0 EMPLOYER: The Policyholder, subsidiary, division or affiliate, covered by the Policy.

1.09.1 EVIDENCE OF INSURABILITY: Satisfactory proof, as determined by us, that you are acceptable for insurance.

1.10.0 INDIVIDUAL: You, and/or Dependent(s) , if applicable.

1.11.1 INJURY: Bodily damage caused by an accident, occurring independently of all other causes while you are insured under the Policy.

1.12.1 INSURED DEPENDENT: A Dependent who is insured under the terms of the Policy, who is less than the age limit stated in the SCHEDULE OF BENEFITS.

1.13.0 INSURED INDIVIDUAL: An Individual who is insured under the terms of the Policy.

1.14.0 INSURED PERSON: A Person who is insured under the terms of the Policy.

1.16.0 PERSON: An Employee who is:

1. Actively At Work for the Employer; and
2. Receiving Earnings.

1.17.0 PHYSICIAN: Someone who is operating within the scope of his license, and is either:

1. Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. A legally licensed practitioner of the healing arts, required to be recognized under the Policy for insurance purposes according to the insurance statutes or regulations of the governing jurisdiction.

It will not include you, your spouse, daughter, son, father, mother, sister, or brother.

1.18.0 POLICY: When the word "policy" is used in reference to our Group Policy, it shall mean the ENTIRE POLICY, as defined in the GENERAL PROVISIONS of the Policy.

1.19.0 POLICYHOLDER: The organization in whose name the Policy is issued.

1.20.0 PREMIUM: The amount paid or payable for an insurance policy.

1.21.A PRINCIPAL SUM: The basic amount of Accidental Death and Dismemberment Insurance specified in the SCHEDULE OF BENEFITS.

1.21.0 PROOF OF LOSS; PROOF: You must furnish evidence, at your own expense, satisfactory to us, which:

1. In reference to Life, Accidental Death and Dismemberment, or Dependent Life Insurance, Proof of Loss must show:
 - a. A certified copy of death certificate for loss of life;
 - b. The date the loss occurred;
 - c. The extent and cause of the loss; and
 - d. The signature of a Physician.
2. In reference to the WAIVER OF PREMIUM PROVISION, Proof of Loss must show:
 - a. The date the Total Disability started;
 - b. The cause of the Total Disability;
 - c. The seriousness of the Total Disability; and
 - d. The signature of a Physician.

We will then periodically send you additional forms for filing Proof Of Loss. These forms must be returned to us within thirty days after you receive them.

We may request any additional information necessary to establish that a loss has occurred.

1.22.0 PROVISION: A clause or stipulation in the Policy.

1.23.1 SICKNESS: Illness or disease, including pregnancy unless excluded elsewhere, starting while you are insured under the Policy.

1.24.1 TOTAL DISABILITY: A Sickness or Injury which:

1. prevents you from doing each of the main duties of any occupation for which you are or become reasonably fitted by education, training, or experience, and
2. requires the regular care and attendance of a Physician.

1.25.0 WAITING PERIOD: Period of time you must be in Active Status before becoming eligible for insurance under the Policy.

1.26.0 YOU AND YOUR: You, an Employee or an Insured Person.

SECTION II - SCHEDULE OF BENEFITS

The Schedule of Benefits outlines the benefits provided under the Policy and is subject to the Provisions of the Policy.

2.01.3 SCHEDULE OF INSURANCE: You shall be eligible for coverage under the Policy, according to your Insurance Class as follows:

Insured Person's Life and Accidental Death and Dismemberment

Insurance Class	Description of Insurance Class	*Amount of Life Insurance and Principal Sum
A	All Eligible Employees	\$50,000

2.02.3 *The amount of Life Insurance and Accidental Death and Dismemberment benefits shall reduce to the following:

Age	%
65 to 69	65%
70 to 74	45%
75 to 79	30%
80 to 84	20%
85 to 89	15%
90 to 94	10%
95 & Over	5%

Benefits terminate at retirement.

2.03.1

Insured Dependent's Life Insurance

Classification	Amount of Insurance
Spouse	\$ 2,000
Children:	
14 Days to 6 Months of age	\$ 100
6 Months to 19* Years of age	\$ 1,000

*An unmarried Dependent child may be covered to age 25 if proof is given to us that he is attending an accredited college or university on a full-time basis.

SECTION III - INSURED PERSON'S INSURING PROVISIONS

3.01.2 CONTRIBUTIONS: This benefit is Contributory.

3.02.0 (Rev 1/96) ELIGIBILITY DATE: You will be eligible for insurance on commencement of employment in Active Status with your Employer.

Upon return to Active Status, credit will be given for any portion of the Waiting Period satisfied prior to an approved family or medical leave of absence.

3.04.1 (Rev 1/96) EFFECTIVE DATE OF YOUR INSURANCE: You may become insured only by making written application to us, through the Policyholder, on forms we furnish. Your insurance shall become effective at 12:01 AM, on the latest of the following dates:

1. Your ELIGIBILITY DATE, if you make application for insurance on or before such date; or
2. The date of your application, if application is made within 31 days after your ELIGIBILITY DATE; or
3. The date we approve Evidence Of Insurability. Evidence of Insurability is to be furnished at your expense when you apply for the insurance:
 - a. After 31 days following your ELIGIBILITY DATE; or
 - b. If you previously elected to terminate your insurance while remaining in an Eligible Class.

If coverage is not continued during a Family or Medical Leave of Absence, upon your return to Active Status:

1. no new Waiting Period will apply; and
2. no Evidence of Insurability will be required to reinstate the coverage in effect before the leave began.

3.05.0 In spite of the above:

1. No initial insurance, nor any change in insurance will become effective on a date when you are not Actively At Work. The insurance will not become effective until the day following the date that you are Actively At Work.
2. Your Effective Date shall be the date we approve Evidence of Insurability when you apply for insurance after:
 - a. re-employment by the Employer if you did not have insurance for which you were eligible during the previous employment with the Employer; or
 - b. previous termination of insurance under the Policy if the CONVERSION PRIVILEGE PROVISION of the Policy was used.

If at any time your classification warrants a change in the insurance, the change shall be effective on the date the change in class becomes effective, subject to all of the above Provisions.

3.06.0 (Rev 1/96) **TERMINATION OF YOUR INSURANCE:** Your insurance shall terminate at 11:59 PM on the earliest of the following:

1. On the date the Policy terminates; or
2. On the date that you cease to be in a class eligible for insurance; or
3. On the date that you cease to meet the definition of an Insured Person; or
4. For Contributory Insurance, the end of the period for which you made a required contribution; or
5. On the date that termination of employment occurs, except that:
 - a. If absence from Active Work is due to Sickness or Injury resulting in Total Disability, insurance shall continue until Premium payments are no longer made. This extension may not go beyond six months following the date of absence from Active Work; or
 - b. If absence from Active Work is due to temporary layoff or leave of absence, insurance will continue until Premium payments are no longer made. This extension may not go beyond two months following the date of absence from Active Work.
 - c. If absence from Active Work is due to approved family or medical leave of absence, insurance may be continued to the end of the approved leave of absence period. The Employer must act so as not to discriminate unfairly among employees in similar situations.

3.07.1 CONTINUITY OF COVERAGE UPON TRANSFER OF INSURANCE CARRIERS:

1. In providing replacement coverage of a prior policy, our Policy shall immediately cover you if you were validly covered under the previous policy, providing such benefits at the date of discontinuance, and if you were within the definitions of Eligibility and would have otherwise been eligible for coverage under our Policy.
2. If you were entitled to coverage under our Policy pursuant to section (1) of this provision, you shall continue to be covered by us until the date your coverage would terminate in accordance with the provisions of our Policy.
3. If you were validly insured under the prior carrier's policy on the date of discontinuance, and if benefits would have been payable under the prior carrier's policy, no provision of our Policy shall operate to reduce or exclude benefits on the basis that the condition giving rise to benefits pre-existed the Effective Date of our Policy.
4. In a situation where a determination of the prior carrier's benefit is required by us, at our request, the prior carrier shall furnish a statement of benefits available or pertinent information, sufficient to permit verification of the benefit determination by us.

SECTION IV - INSURED PERSON'S LIFE INSURANCE BENEFICIARY PROVISIONS

If we pay benefits according to this Provision in good faith, we will not have to pay such benefits again.

4.01.0 DEATH BENEFIT: Life Insurance benefits are payable to the Beneficiary named, as a result of death from any cause, subject to:

1. Proof of Loss, and
2. the Provisions of the Policy.

4.02.0 DETERMINATION OF BENEFICIARY: At the time you become insured, you should name a Beneficiary to receive benefits in the event of your death. If more than one Beneficiary is named, payment will be made to the survivor in the following order:

1. Primary Beneficiary(ies), equally; otherwise
2. First contingent Beneficiary(ies), equally; otherwise
3. Second contingent Beneficiary(ies), equally, etc.

If two or more Beneficiaries are named, and you do not designate their order of rights, they will share, equally.

If your Beneficiary(ies) dies before you, or you die without naming a Beneficiary, benefits will be paid to the first survivor in the following order:

1. Your spouse; otherwise
2. Your children, equally; otherwise
3. Your parents, equally; otherwise
4. Your estate.

4.03.0 CHANGE OF BENEFICIARY: You may change your Beneficiary at any time by filing a form, approved by us, with your Employer. The change will be effective as of the date you signed that form, but it will not apply to any payment made before we received such form.

SECTION V - INSURED PERSON'S LIFE INSURANCE SETTLEMENT PROVISIONS

5.01.0 Payment of benefits on your life will be made in one of the following ways:

1. In a lump sum, unless you elect otherwise in writing; or
2. You may elect monthly payments of a fixed amount which is not:
 - a. Less than \$5.00 per \$1,000 of the face amount of insurance; or
 - b. Less than \$50.00 per month;until the total amount of insurance, with interest, is paid; or
3. You may elect any other method which we agree to in writing.

You may change any such election at any time with our written consent. Your Beneficiary may also change such election after your death, with our written consent, but this must be done before we make payment.

SECTION VI - INSURED PERSON'S LIFE INSURANCE CONVERSION PRIVILEGE PROVISIONS

6.01.0 TERMINATION OF ELIGIBILITY: If your Group Life Insurance ends, due to the end of your:

1. Employment; or
2. Employment in an Eligible Class; or
3. Membership in an Eligible Class;

you may convert your insurance to an individual policy of life insurance.

6.02.1 TERMINATION OF BENEFITS DUE TO TERMINATION OF POLICY: If your Group Life Insurance ends because the Group Policy ends, or is amended to end your life insurance benefits, and you have been covered for at least five years, you may convert your insurance to an individual policy of life insurance. The individual policy may not exceed the lesser of:

1. The amount of insurance you have under the Group Policy, less the amount of any insurance for which you become eligible under any group policy which replaces, within 31 days, your insurance under the Group Policy; or
2. \$2,000

6.04.0 THE INDIVIDUAL POLICY: The form of the individual policy may be any we offer at the time you convert, except term insurance. Evidence of Insurability will not be required. At your option, the amount of such policy will be equal to or less than your amount of insurance under the Group Policy. The individual policy:

1. Will only be issued if you make application and pay the first premium, within 31 days after the date on which your Group Life Insurance ends; and
2. Will take effect at the end of this 31 day application period; and
3. Will be issued without disability or other added benefits.

The Premium for the individual policy will be at the rate then in effect for:

1. The form and amount of the policy; and
2. The class of risk to which you then belong; and
3. Your attained age on the effective date of the individual policy.

6.05.0 DEATH DURING CONVERSION: If you should die during the 31 day conversion period, we will pay the maximum amount for which you might have converted, whether or not you had applied for conversion.

SECTION VII - INSURED PERSON'S LIFE INSURANCE WAIVER OF PREMIUM PROVISIONS

7.01.0 If you become Totally Disabled while insured under the Group Policy, your Life Insurance will continue without Premium payments for 12 months from the date we receive proof of your Total Disability, if:

1. You become Totally Disabled before age 60; and
2. You become Totally Disabled before termination of your employment; and
3. You have been Totally Disabled for 6 months; and
4. We receive proof of Total Disability within 12 months after Premium payments end.

Life insurance will continue without premium payments for each successive 12 month period, if:

1. You remain Totally Disabled; and
2. You send us proof of Total Disability within 3 months prior to each anniversary of the date Premium payments stopped.

7.02.0 REDUCTION OF THE AMOUNT OF INSURANCE: The amount of Life Insurance which is continued in force will be reduced the same as if you were not Totally Disabled, if:

1. You, or your Dependent(s), if any, reach an age limit as stated in the SCHEDULE OF BENEFITS; or
2. You reach retirement as stated in the SCHEDULE OF BENEFITS. For the purpose of this Provision, retirement will be assumed to take place at age 65.

7.03.0 EXTENSION OF BENEFITS: In spite of the above Provisions, if we receive proof that:

1. Premium payments for your insurance were stopped while you were Totally Disabled; and
2. You qualified (or would have if the Total Disability had continued for a period of at least six months) for insurance under this Provision, except we had not received, or approved proof of such; and
3. You died during the continuance of such Total Disability, and within 12 months after the date your Premium payments ended;

then we will pay your Beneficiary the amount of Life Insurance in force on the date you died.

7.04.0 CONVERSION: During the 31 day period before the end of insurance under this Provision, you may convert your Life Insurance to an individual policy as explained under the CONVERSION PRIVILEGE PROVISION, as if you had left employment, unless you are eligible again under the Policy.

If you convert your Group Life Insurance to an individual policy as stated above, your rights under this WAIVER OF PREMIUM PROVISION may be restored. You must return the individual policy to us with proof of Total Disability, within 12 months after Premium payments stopped. We will return all Premiums paid for the individual policy.

7.05.0 TERMINATION OF WAIVER OF PREMIUM: All insurance under this Provision will terminate on the earliest of the following:

1. The date you cease to be Totally Disabled; or
2. The end of the last 12 month period for which we received proof of your continuing Total Disability; or
3. The date you refuse to be examined; or
4. The date you reach age 65.

7.06.0 TIME LIMIT ON BENEFIT PAYMENTS: No payment will be made on your death when your insurance has been continued under this section, unless:

1. Proof of your death; and
2. Proof of continuing Total Disability;

is received by us within 12 months after the date of your death.

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SECTION VIII - INSURED PERSON'S ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PROVISIONS

8.01.1 INSURANCE BENEFITS: When we receive proof of loss, benefits will be paid to you, if living, otherwise to your Beneficiary, if you incur any of the losses explained in the AMOUNT OF BENEFITS below, only if:

1. The loss is due to any Injury which happened while you were insured; and
2. The loss is other than that listed in the EXCLUSIONS section of this Provision; and
3. The loss occurs within 360 days of the Injury.

8.02.0 AMOUNT OF BENEFITS: The Principal Sum, shown in the SCHEDULE OF BENEFITS, will be paid for your loss of:

1. Life;
2. Sight of both eyes;
3. Both hands;
4. Both feet;
5. Two or more losses of:
 - a. A foot;
 - b. A hand;
 - c. Sight of one eye.

One-half of the Principal Sum will be paid for loss of:

1. Sight of one eye;
2. One hand;
3. One foot.

Loss of a hand or foot means the hand or foot is cut off at or above the wrist or ankle joint. Loss of sight means the total loss of sight which cannot be restored.

The Principal Sum will be paid only once for any one Injury, no matter how many of the losses described above occur as a result of that incident.

8.03.1 EXCLUSIONS: Benefits will not be paid for losses which result from:

1. Injury or death inflicted on yourself, while sane or insane; or
2. War or an act of war, or insurrection, declared or undeclared; or
3. Any type of military conflict; or
4. Taking part in, or attempt to commit an assault, felony, civil disorder or riot; or
5. Hernia of any kind, stroke, coronary occlusion or rupture; or
6. Disease of the body or mental sickness; or
7. Taking of any drug or poison; or
8. Disease or infection existing at the time of the Injury; or
9. Medical or surgical treatment for any of the above.

SECTION IX - DEPENDENT LIFE INSURANCE INSURING PROVISIONS

9.01.2 CONTRIBUTIONS: This benefit is Contributory.

9.02.0 ELIGIBILITY DATE: You shall be eligible for Dependent Life Insurance at 12:01 AM on the later of the following dates:

1. The Effective Date of this Benefit; or
2. The date you first gain a Dependent; or
3. The date you become eligible for Life Insurance under the Policy.

9.03.1 EFFECTIVE DATE OF DEPENDENT LIFE INSURANCE: You may insure your eligible Dependent's lives only by making written application to us, through The Policyholder, on forms we furnish. The Insurance of any eligible Dependent shall become effective on the latest of the following dates:

1. The Dependent's ELIGIBILITY DATE, if you make application for Dependent Life Insurance on or before such date; or
2. The date of your application, if such application is made within 31 days after your ELIGIBILITY DATE for Dependent Life Insurance; or
3. The date of approval of Evidence of Insurability of all your Dependents. Evidence of Insurability is to be furnished at your expense in any case, where you apply for Dependent Life Insurance:
 - a. After the 31 day period following your ELIGIBILITY DATE for Dependent Life Insurance; or
 - b. If you previously elected to terminate your Dependent Life Insurance while remaining in a class eligible for such insurance.

9.04.0 In spite of the above:

1. No initial insurance, nor any change in insurance will become effective on a date when a you are not Actively At Work. The insurance will not become effective until the day following the date that you are Actively At Work.
2. The effective date of your Dependent Life Insurance shall be the date of approval of Evidence of Insurability when you apply for insurance:
 - a. After re-employment by the Employer if you did not have Dependent Life Insurance for which you were eligible during the previous employment with The Policyholder; or
 - b. After previous termination of insurance under the Policy, if the CONVERSION PRIVILEGE PROVISION of the Policy was used.

9.05.0 TERMINATION OF DEPENDENT LIFE INSURANCE: All insurance of your Insured Dependents shall terminate at 11:59 PM on the earliest of the following:

1. Twelve months after the date of your death; or
2. The date your Life Insurance terminates due to any cause other than your death; or
3. The date your Dependent becomes an Insured Person as defined in the Policy; or
4. The date your Dependent becomes a full-time member of the military (land, sea, or air) forces of any country; or
5. The date your Dependent ceases to be a Dependent as defined in the Policy; or
6. The date you become legally separated or divorced from your Dependent Spouse; or
7. For Contributory Insurance, the date of expiration of the last period for which you have made a required Premium contribution; or
8. The date the Policy terminates; or
9. The date the Policy is amended to terminate Dependent Life Insurance.

9.06.1 CONTINUITY OF COVERAGE UPON TRANSFER OF INSURANCE CARRIERS:

1. In providing replacement coverage of a prior policy, our Policy shall immediately cover all Insured Dependents validly covered under the previous policy, providing such benefits at the date of discontinuance, who are within the definitions of Eligibility and who would otherwise be eligible for coverage under our Policy.
2. Any Dependent entitled to coverage under our Policy pursuant to section (1) of this provision, shall continue to be covered by us until the date coverage would terminate for an Insured Dependent in accordance with the provisions of our Policy.
3. If an Insured Dependent was validly insured under the prior carrier's policy on the date of discontinuance, and if benefits would have been payable under the prior carrier's policy, no provision of our Policy shall operate to reduce or exclude benefits on the basis that the condition giving rise to benefits pre-existed the Effective Date of our Policy.
4. In a situation where a determination of the prior carrier's benefit is required by us, at our request, the prior carrier shall furnish a statement of benefits available or pertinent information, sufficient to permit verification of the benefit determination by us.

SECTION X - DEPENDENT LIFE INSURANCE BENEFIT PROVISIONS

10.01.0 DEATH BENEFIT: When we receive due proof of the death of one of your covered Dependents, we will pay the amount of Dependent Life Insurance to you.

10.02.0 CONVERSION PRIVILEGE: If your Dependent Life Insurance ends, due to the end of your:

1. Employment; or
2. Employment in an Eligible Class; or
3. Membership in an Eligible Class; or
4. Life;

such insurance may be converted to an individual policy of life insurance.

If your Dependent Life Insurance ends because the Group Policy ends or is amended to end Life Insurance benefits, and your Dependents have been covered for at least five years, then the Dependent Life Insurance may be converted to an individual policy of life insurance. The individual policy may not exceed the lesser of:

10.03.1

1. the amount of Life Insurance the Dependent has under the Group Policy, less the amount of any insurance for which he becomes eligible under any group policy which replaces, within 31 days, his insurance under the Group Policy; or
2. \$2,000

10.04.0 The form of the individual policy may be any we offer at the time you convert except term insurance. Evidence of Insurability will not be required. The amount of such policy may be equal to, or less than his insurance under the Group Policy. The individual policy:

1. Will only be issued if application is made, and the first premium paid, within 31 days after the date on which the Dependent Life Insurance ends; and
2. Will take effect at the end of this 31 day conversion period; and
3. Will be issued without disability or other added benefits.

The Premium for such policy will be at the rate then in effect for:

1. The form and amount of the Policy; and
2. The class of risk to which the Dependent then belongs; and
3. The Dependent's attained age on the effective date of the individual policy.

If your Insured Dependent should die during the 31 day conversion period, we will pay the maximum amount for which he might have converted, whether or not application had been made.

10.05.1 WAIVER OF PREMIUM: We will waive the payment of any Premiums due for your Dependent Life Insurance:

1. as long as you remain insured under the WAIVER OF PREMIUM PROVISIONS of the Policy; or

2. for a period of 12 months after your death

1023(Rev 9/99)

SECTION XI - GENERAL PROVISIONS

11.01.0 MISSTATEMENT OF FACTS: If relevant facts about you or any one of your Dependents were wrong:

1. A fair adjustment of Premium will be made; and
2. The true facts will decide if, and in what amount, insurance is valid.

11.02.0 NOTICE OF CLAIM: Written Notice of Claim must be given to us within 30 days after the date of any loss covered by the Policy. If this is not possible, we must be notified as soon as it is reasonably possible to do so.

11.03.0 CLAIM FORMS: When we have received written NOTICE OF CLAIM, we will send you our claim forms, unless the Policyholder has already provided them. If the forms are not furnished within 15 days after we receive NOTICE OF CLAIM, written Proof of Loss can be sent to us without waiting for the claim forms.

11.04.0 PROOF OF LOSS: Written proof of the details of the claim must be given to us within 90 days after the date of loss.

If it is not possible to give proof within these time limits, it must be given as soon as reasonably possible. Proof may not be given later than one year after the loss.

11.05.0 PAYMENT OF CLAIMS: Benefits payable will be paid after we receive due PROOF OF LOSS.

If any benefit becomes payable to:

1. Your estate; or
2. You, if you are a minor or not able to give release; or
3. Your Beneficiary who is a minor or not able to give release;

then we have the right to pay the benefit up to \$1,000 to a relative by blood or marriage of:

1. You; or
2. Your Beneficiary;

who we consider entitled to it. If we pay benefits according to this Provision, in good faith, we will not have to pay such benefits again.

11.06.0 LEGAL ACTION: No one may take any legal actions against the Policy:

1. Until 60 days after PROOF OF LOSS has been given to us; and
2. After three years from the time PROOF OF LOSS is required.

11.07.0 PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have any one examined:

1. At our expense; and
2. By a doctor of our choice;

whose Sickness or Injury is the basis of claim. We may do this as often as reasonably required.

We also have the right, in case of death, to require an autopsy.

11.08.0 INCONTESTABILITY CLAUSE: The Policy shall not be contested after two years from its effective date, except for:

1. nonpayment of Premium; and
2. fraud.

Except for fraudulent statements, no statement made by you relating to your insurability will be used to contest the validity of your insurance:

1. After you have been continuously insured under the Policy for two years; and
2. In no event, unless those statements are in writing signed by you.

11.09.0 ASSIGNMENT: No assignment of any right or benefit under the Policy shall be valid.

