RELIANCE STANDARD
LIFE INSURANCE COMPANY

Home Office: Schaumburg, Illinois • Administrative Office: Philadelphia, Pennsylvania

POLICY NUMBER:	SR 227308	**EFFECTIVE DATE:**	July 1, 2019
POLICYHOLDER:	Santa Barbara County Education Office	**EXPIRATION DATE:**	July 1, 2022

RELIANCE STANDARD LIFE INSURANCE COMPANY (referred to as "we", "our" or "us") agrees to provide insurance to the Policyholder named above in return for the payment of Premium, in advance. The insurance is subject to the terms and conditions of the Policy.

The Policy insures those persons described on the Policy Specifications page. We will pay benefits stated in the Policy. We will pay benefits only if an Insured's Loss arises from the hazards described in the Description of Hazards Section. These Losses must result directly and independently of all other causes from bodily injury caused by an accident which occurs while the Policy is in force.

RENEWAL

The Policy may be renewed for further consecutive terms with our consent and prepayment of the required renewal Premium. The renewal Premium will be in the amount determined by us at the time of renewal.

This Policy is signed by our President and Secretary.

Secretary

President

GROUP ACCIDENT POLICY
NON-PARTICIPATING

This Blanket Accident Policy replaces any Blanket Accident Policy previously issued to the Policyholder by us. It is issued on July 10, 2019.

DEFINITIONS

"Bodily Injury(ies)," called "Injury(ies) means Loss caused by an accident and which:
(1) results directly and independently from all other causes; and
(2) occurs while the Policy is in force for the Insured; and
(3) results from a hazard shown in the Description of Hazards, which applies to the Insured.

"Claimant" means the person who makes a claim for benefits under the Policy.

"Insured" means a person described in the Policy Specifications for whom insurance is in effect under a hazard which is a part of the Policy.

"Loss(es)" is as defined on the Description of Coverage page.

"Physician" means any duly licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to treat the type of Injury for which claim is made. The Physician may not be the Insured or a member of his/her immediate family.

"Premium Due Date" is the effective date of:
(1) the Policy; or
(2) the renewal of the Policy.

"Principal Sum" means the amount of insurance provided to an Insured. Only a portion of the Principal Sum is payable for certain Injuries. The Principal Sum does not apply to Weekly Indemnity or Medical Expense when they are a part of the Policy.

Other definitions appear in the Policy as required in a specific section.

POLICY EXPIRATION

"Expiration Date" is the date insurance under the Policy will end. It will end on the last day for which premium has been paid:
(1) if we do not consent to renew the Policy for further consecutive terms; or
(2) if the Policyholder does not provide us with the information we need to make a renewal offer.

INDIVIDUAL TERMINATIONS

Insurance will end on the earliest of the following:
(1) the date the Policy ends; or
(2) the Premium Due Date if the required Premium is not paid; or
(3) the date the Insured is no longer a member of a class stated on the Policy Specifications page.

Any Loss which occurs before insurance ends will not be affected.

EXPOSURE

If an Insured is exposed to the elements due to an accident covered by the Policy, and sustains a Loss, we will pay benefits for that Loss.

DISAPPEARANCE

We will presume an Insured suffered Loss of life due to an accident if:

(1) he/she is riding in a conveyance that is involved in an accident covered by the Policy; and
(2) as a result of the accident, the conveyance is wrecked, sinks or disappears; and
(3) his/her body is not found within one (1) year of the accident.

POLICY SPECIFICATIONS

	ORIGINAL SPECIFICATIONS	
	SPECIFICATIONS REVISED	
(X)	SPECIFICATIONS RENEWED	July 1, 2019
	AN ADDITIONAL PREMIUM OF	
	RETURN PREMIUM OF	

THE POLICY BEGINS ON THE EFFECTIVE DATE SHOWN BELOW. THE POLICY ENDS ON THE EXPIRATION DATE SHOWN BELOW. ALL INSURANCE DATES START AND END AT 12:01 A.M., LOCAL TIME AT THE POLICYHOLDER'S ADDRESS.

POLICY NUMBER:	SR 227308	EFFECTIVE DATE:	July 1, 2019
POLICYHOLDER:	Santa Barbara County Education Office	EXPIRATION DATE:	July 1, 2022

NAME OF SUBSIDIARIES, DIVISIONS OR AFFILIATES TO BE COVERED: Guadalupe Union School District, Lompoc Unified School District, Montecito Union School District, Santa Maria-Bonita School District, Santa Maria Joint Union High School District, Santa Ynez Valley Union High School District

"Affiliate" means any corporation, partnership, or sole proprietor under the common control of the Policyholder.

CLASSIFICATION OF INSUREDS
DESCRIPTION

CLASS	HAZARD CODE	INCLUDES ALL PERSONS WHO QUALIFY ON THE EFFECTIVE DATE OR DURING THE TERM OF THE POLICY
1	SR-1	Each active, full-time school board member of the Policyholder; each active, full-time employee of the Santa Barbara County Education Office and each active, full-time employee of the following school districts: Guadalupe Union School District Lompoc Unified School District Montecito Union School District Santa Maria-Bonita School District Santa Maria Joint Union High School District Santa Ynez Valley Union High School District

SCHEDULE OF ACCIDENTAL BENEFITS

CLASS	HAZARD CODE	DEATH AND DISMEMBERMENT PRINCIPAL SUM
1	SR-1	$100,000

The Principal Sum applicable to Insured of the Policyholder shall be the percentage shown in the following schedule:

AGE AT DATE OF LOSS	% OF PRINCIPAL SUM
Less than age 75	100%
Age 75 or more but less than 80	50%
Age 80 or more	25%

AGGREGATE LIMIT OF LIABILITY
$500,000 PER AIRCRAFT ACCIDENT

THE MAXIMUM WE WILL PAY FOR ALL LOSSES DUE TO ONE ACCIDENT WILL BE THE AGGREGATE LIMIT OF LIABILITY STATED ABOVE.

IF THE AGGREGATE LIMIT OF LIABILITY IS NOT ENOUGH TO PAY THE FULL BENEFIT TO EACH INSURED WHO SUFFERS A LOSS, THE BENEFITS PAYABLE TO EACH PERSON WILL BE REDUCED IN EQUAL PROPORTION. THE PROPORTION WILL BE DETERMINED BY DIVIDING THE AGGREGATE LIMIT OF LIABILITY BY THE TOTAL OF ALL THE BENEFITS PAYABLE WITHOUT THE LIMIT.

CHANGES IN BENEFIT: CHANGES IN THE BENEFIT AMOUNT BECAUSE OF A CHANGE IN AGE, CLASS OR SALARY (IF APPLICABLE), ARE EFFECTIVE ON THE DATE OF THE CHANGE, PROVIDED THE INSURED IS ACTIVELY AT WORK ON THE DATE OF THE CHANGE. IF AN INSURED IS NOT ACTIVELY AT WORK WHEN THE CHANGE SHOULD TAKE EFFECT, THE CHANGE WILL TAKE EFFECT ON THE DAY AFTER THE INSURED HAS BEEN ACTIVELY AT WORK FOR ONE FULL DAY.

RELIANCE STANDARD LIFE INSURANCE COMPANY

POLICY NUMBER: SR 227308

POLICYHOLDER: Santa Barbara County Education Office

AMENDMENT EFFECTIVE DATE: July 1, 2019

In consideration of the payment of a renewal premium of $1,500.00, it is hereby understood and agreed that the policy to which this amendment is attached is renewed for a period of thirty-six (36) months, beginning July 1, 2019 and ending July 1, 2022. The renewal premium shall be payable in three (3) annual installments as follows:

Annual Installment	Annual Installment Amount	Annual Installment Due Date
1st	$500.00	July 1, 2019
2nd	$500.00	July 1, 2020
3rd	$500.00	July 1, 2021

All other terms and conditions of the Policy remain unchanged.

Secretary

PREMIUMS

All Premiums are payable by the Policyholder on or before the Premium Due Date.

The Premium for the Policy is based on the risk assumed by us from data that the Policyholder has provided. The Premium(s) due will be as shown below. If during the term of the Policy, the Policyholder acquires affiliated or subsidiary companies, the Policyholder must report them to us. Newly eligible persons will become insured if:

(1) the new companies are reported to us within one hundred eighty (180) days from the date of acquisition; and
(2) the additional Premium, if any, is paid.

The first term premium will be $1,500.00, payable in annual installments of $500.00, due July 1, 2019; $500.00 due July 1, 2020; and $500.00 due July 1, 2021.

DESCRIPTION OF COVERAGE

ACCIDENTAL DEATH AND DISMEMBERMENT

If Injury results in any one of the following specific Losses within one (1) year from the date of the accident, we will pay the benefit specified. However, only one benefit (the larger) will be paid for more than one Loss resulting from any one accident.

FOR LOSS OF:

Life	The Principal Sum
Both Hands or Both Feet	The Principal Sum
Speech and Hearing	The Principal Sum
One Hand and One Foot	The Principal Sum
Entire Sight of Both Eyes	The Principal Sum
One Hand or One Foot and the Entire Sight of One Eye	The Principal Sum
One Hand or One Foot	One-Half The Principal Sum
Speech or Hearing	One-Half The Principal Sum
The Entire Sight of One Eye	One-Half The Principal Sum
The Thumb and Index Finger of the Same Hand	One-Fourth The Principal Sum

"Loss" means, with regard to:

(1) hand or foot, actual severance through or above the wrist or ankle joints;
(2) sight, entire and irrecoverable loss of sight;
(3) speech, entire and irrecoverable loss of the function;
(4) hearing, entire and irrecoverable loss of the function;
(5) thumb and index finger, actual severance through or above the metacarpophalangeal joint.

DESCRIPTION OF HAZARDS

SCHEDULED AIRLINE AND MILITARY AIRLIFT COMMAND BUSINESS ONLY

SR-1
Hazard Code

We will cover an Insured for Loss on a business trip for the Policyholder while:

(A) Riding as a passenger, not as an operator, pilot or crew member, in (including getting into or out of):

(1) an aircraft on a regular or chartered flight by a scheduled civilian air carrier which:
   a. holds a license for civilian transport by the country of registry; and
   b. maintains published schedules for passenger service between cities.
(2) a transport aircraft operated by the Military Airlift Command (MAC) of the United States or by the similar air transport service of any country.

(B) Making a parachute jump from an aircraft in (A) above to save his/her life.

(C) Being struck by an aircraft in (A) above.

(D) Riding as a passenger, not as an operator, in (including getting into or out of) any land vehicle licensed for transportation of passengers for hire:

(1) used to get to the airport immediately before leaving; or
(2) used to leave the airport immediately after arriving,

on an aircraft in (A) above, which has been or will be used by the Insured.

"On a business trip for the Policyholder" means any travel authorized by or at the direction of the Policyholder the purpose of which is to further Policyholder business. Everyday travel to and from work is not included. The Insured is not covered during a bona fide vacation.

EXCLUSIONS

We will not pay for any Loss due to:

(1) war or act of war, declared or undeclared;
(2) suicide or attempted suicide (in Missouri while sane);
(3) self-inflicted Injuries;
(4) sickness or disease, or diagnostic tests or treatment, except infection which occurs directly from an accidental cut or wound;
(5) Myocardial infarction (heart attack);
(6) service in the armed forces of any country;
(7) committing or attempting to commit a felony.

POLICY PROVISIONS

ENTIRE CONTRACT

The entire contract between the Policyholder and us is the Policy and any endorsements and amendments attached. Any statement by the Policyholder or Insured will be a representation, not a warranty. If the statements appear in a written application signed by the Policyholder or the Insured, we may use them to void this insurance or reduce benefits, or as defense against a claim. If we do, we will give a copy of the application to the Policyholder, the Insured, or the Insured's beneficiary.

CHANGES

No agent has authority to change or waive any part of the Policy. To be valid, any change or waiver must be in writing. It must also be signed by our President, a Vice President or a Secretary and be attached to the Policy.

TIME LIMIT ON CERTAIN DEFENSES

Any statements made by the Policyholder, any Insured, or on behalf of any Insured to persuade us to provide coverage, will be deemed a representation, not a warranty. This provision limits our use of these statements in contesting the amount of insurance for which an Insured is covered. The following rules apply to each statement.

(1) No statement will be used in a contest unless:
   a. it is in a written form signed by the Insured, or on behalf of the Insured; and
   b. a copy of such written instrument is or has been furnished to the Insured, the Insured's beneficiary or legal representative.

(2) If the statement relates to an Insured's insurability, it will not be used to contest the validity of insurance which has been in force, before the contest, for at least two years during the lifetime of the Insured.

GRACE PERIOD

The Policyholder has a thirty-one (31) day grace period starting on the Premium Due Date for payment of each Premium. The Policy remains in force during the grace period. If Premium is not received by the end of the grace period, the Policy will automatically cancel as of the Premium Due Date.

CANCELLATION

We may cancel the Policy at any time by giving written notice to the Policyholder. We will deliver or mail the notice to the Policyholder's last address shown in our records. The notice will state when cancellation will take effect. The date we cancel the Policy will be at least thirty-one (31) days after the date of the notice.

After the Policy has been continued beyond the first policy term, the Policyholder may cancel it at any time by written notice delivered or mailed to us. Cancellation will take effect when we receive the notice or on a later date stated in the notice.

No matter who cancels the Policy, we will promptly return any Premium paid which we have not earned, and the Policyholder must promptly pay any Premium we have earned which has not been paid. Premium will be computed pro rata. Cancellation will not affect any claim that starts before the effective date of cancellation.

BENEFICIARY

We will furnish forms to the Policyholder on which an Insured may name the beneficiary. The Insured can change the beneficiary by notifying the plan administrator of the change in writing. The consent of a revocable beneficiary is not needed. The change will take effect only when it is received by the plan administrator authorized by us. We cannot attest to the validity of such a change.

ASSIGNMENT

Ownership of any benefit provided under the Policy may be transferred by assignment. An irrevocable beneficiary must give written consent to assign this insurance. Written request for the assignment must be made in duplicate at our Administrative Offices. Once recorded by us, an assignment will take effect on the date it was signed. We are not liable for any action we take before the assignment is recorded.

CERTIFICATE OF INSURANCE

Where required by law, we will provide an individual certificate for each Insured. The certificate will outline the insurance coverage and to whom benefits are payable.

RECORDS MAINTAINED

The Policyholder must maintain records of all Insured's. Such records must show the essential data of the insurance, including new persons, terminations, changes, etc. This information must be reported to us regularly. We reserve the right to examine the insurance records at the place where they are kept. The review will take place only during the Policyholder's normal business hours.

CLERICAL ERROR

Clerical errors in connection with the Policy or delays in keeping records for the Policy, whether by the Policyholder, us, or the Plan Administrator:

(1) will not terminate insurance that would otherwise have been effective; and
(2) will not continue insurance that would otherwise have ceased or should not have been in effect.

If appropriate, a fair adjustment of premium will be made to correct a clerical error.

NOT IN LIEU OF WORKER'S COMPENSATION

The Policy is not a Worker's Compensation Policy. It does not provide Worker's Compensation benefits.

CONFORMITY WITH STATE LAWS

On the effective date of the Policy, any provision which is in conflict with laws in the state where it is issued is amended to conform with the laws of that state.

CLAIMS PROVISIONS

NOTICE OF CLAIM

Written notice must be given to us within thirty-one (31) days after the Loss occurs, or as soon as reasonably possible. The notice should be sent to us at our Administrative Offices or to our authorized agent. The notice should include the Insured's name and the Policy Number.

CLAIMS FORMS

When we receive written notice of a claim, we will send claim forms to the Claimant within fifteen (15) days. If we do not, the Claimant will satisfy the requirements of written proof of Loss by sending us written proof as shown below. The proof must describe the occurrence, extent and nature of the Loss.

WRITTEN PROOF OF LOSS

For any covered Loss, written proof must be sent to us within ninety (90) days. If it is not reasonably possible to give proof within ninety (90) days, the claim is not affected if the proof is sent as soon as reasonably possible. In any event, proof must be given within 1 year, unless the Claimant is legally incapable of doing so.

TIME PAYMENT OF CLAIMS

When we receive written proof of Loss, we will pay any benefits due. Benefits that provide for periodic payment will be paid monthly.

PAYMENT OF CLAIMS

If the Insured dies, we will pay the death benefits as follows:

(1) to the beneficiary, if any, named and on file with the plan administrator, (or if we and the Policyholder agree, on file with the Policyholder) at the time of the Insured's death; or
(2) to the beneficiary named on the Group Life Policy issued to the Policyholder or any subsidiary, if the designation is in effect at the time of the Insured's death; or
(3) to the first of the following classes to survive the Insured:
    a. the Insured's Spouse, if any;
    b. the Insured's children, if any, but if the child died before the Insured did, the child's descendants, by the branch;
    c. the Insured's parents, equally, or to the survivor;
    d. the Insured's brothers and sisters, equally, or to the survivor;
(4) the Insured's estate.

Any other accrued benefits unpaid at the Insured's death may be paid either to the beneficiary designated, if any, or to the Insured's estate. All other indemnities will be paid to the Insured.

Reliance Standard Life Insurance Company shall serve as the claims review fiduciary with respect to the insurance policy and the Plan. The claims review fiduciary has the discretionary authority to interpret the Plan and the insurance policy and to determine eligibility for benefits. Decisions by the claims review fiduciary shall be complete, final and binding on all parties.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right to have a doctor of our choice examine the Insured as often as reasonably necessary. This section applies while a claim is pending or while we are paying benefits. We also have the right to request an autopsy in case of death, unless the law forbids it. We will pay the cost of both the examination and the autopsy.

LEGAL ACTION

No lawsuit or action in equity can be brought to recover on the Policy:

(1) before sixty (60) days following the date proof of Loss was furnished to us; or
(2) after three (3) years following the date proof of Loss is required (in South Carolina, six (6) years; in Kansas, five (5) years).

INDEX

NOTICE TO POLICYHOLDERS/INSUREDS

We are here to serve you...

As our policyholder/insured, your satisfaction is very important to us. Should you have a valid claim, we fully expect to provide a fair settlement in a timely fashion.

If you are not satisfied...

If you have any questions or complaints about your insurance, please write to our Director of Claims or Department of Consumer Relations at the following address, or call us using our toll-free telephone number.

Reliance Standard Life Insurance Company
2001 Market Street, 15th Floor
Philadelphia, PA 19103

Toll-free telephone number: 1-800-644-1130

If, after contacting us, you feel that your problem is not resolved or you are not being treated fairly, you may contact the California Department of Insurance by writing to them at the following address or using their toll-free telephone number.

Consumer Services Division
State of California
Department of Insurance
300 South Spring Street
South Tower, Suite 201
Los Angeles, CA 90013

Toll-free Consumer Hotline in California: 1-800-927-HELP
Area codes 213, 310, and 818 and out-of-state: 1-213-897-8921

NOTICE OF PROTECTION PROVIDED BY
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

COVERAGE

● **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

● **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

● **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- Life Insurance
  80% of death benefits but not to exceed $300,000
  80% of cash surrender or withdrawal values but not to exceed $100,000

- Annuities and Structured Settlement Annuities
  80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed $250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is $300,000, regardless of the number of policies or contracts covering the individual.

● **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of April 1, 2011, is $470,125. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

● A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract

● A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society

● If the person is provided coverage by the guaranty association of another state.

● Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual

● Employer and association plans, to the extent they are self-funded or uninsured

● A policy or contract providing any health care benefits under Medicare Part C or Part D

● An annuity issued by an organization that is only licensed to issue charitable gift annuities

● 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 certain investment elements of a variable life insurance policy or a variable annuity contract

● Any policy of reinsurance unless an assumption certificate was issued

● Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance Guarantee Association
P.O Box 16860,
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927- 4357

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