The Guardian Life Insurance Company of America

A Mutual Company - Incorporated 1860 by the State of New York
10 Hudson Yards, New York, New York 10001

GROUP INSURANCE POLICY

Group Dental Insurance Coverage

POLICYHOLDER: SANGAMON COUNTY

GROUP POLICY NUMBER	DELIVERED IN	POLICY DATE
G-00026640	Illinois	January 1, 2022

POLICY ANNIVERSARIES: January 1st of each year, beginning in 2023

GUARDIAN AGREES to pay benefits in accordance with, and subject to, the terms of this Policy. This promise is based on the Policyholder's application and payment of the required premiums.

This Policy is delivered in the jurisdiction shown above and is governed by its laws.

This Policy takes effect on the Policy Date shown above.

IN WITNESS OF WHICH, GUARDIAN has caused this Policy to be executed as of January 10, 2022 which is its date of issue.

Michael Prestileo, Senior Vice President

Non-participating - No Dividends Payable

Please read this Policy carefully.

P030.0004

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Option A

GENERAL PROVISIONS

Incontestability

This Policy will be incontestable after two years from its Policy Date, except for non-payment of premiums.

No statement in any application, except a fraudulent statement, made by a Covered Person will be used to contest the validity of his or her insurance or to deny a claim for a loss incurred, after his or her insurance has been in force for two years during his or her lifetime.

This Policy may replace the group policy of another insurer. In that case, We may rescind this Policy based on misrepresentations made in Your or a Covered Person's signed application for up to two years from the Policy Date.

In the event a Covered Person's insurance is rescinded due to a fraudulent statement made in his or her application, We will refund premiums paid for the periods such insurance is void. The premium paid by the Covered Person will be sent to his or her last known address on file with You or Us. If You pay all or part of the cost of a Covered Person's insurance Your part of the premium will be paid to You.

P030.0008

Option A

Associated Companies

An associated company is a business entity affiliated with You through common ownership of stock or assets.

If You ask Us in writing to include such a company under this Policy, We will treat Employees of that company like Your Employees. We must give Our written approval. Our approval will show the starting date of the company's coverage under this Policy. Each eligible Employee of that company must still meet all of the terms and conditions of this Policy before he or she will be insured.

You must notify Us in writing when a company ceases to be an associated company. On the date a company ceases to be such a company, this Policy will end for all of that company's Employees, except those covered by You or another associated company as Employees on such date.

P030.0011

Option A

Premiums

Premiums are payable by You as follows:

- The first premium is due on the Policy Date; and
- Later premiums are, during the time this Policy remains in force, due on the 1st of each month.

Premiums due under this Policy must be paid by You:

- At a Guardian office; or
- To a representative that We have authorized.

The premiums must be paid as shown above, unless by agreement between You and Us, the interval of payment is changed. In that event, adjustment will be made for payment annually, semi-annually, or quarterly.

The premium due under this Policy on each due date will be the sum of the premium charges for the insurance provided under this Policy.

We may change such rates:

- On the first day of any Policy month;
- On any date the extent or terms of coverage for You are changed by amendment of this Policy; or
- On any date Our obligation under this Policy with respect to You is changed because of statutory or other regulatory requirements; or
- On any date that a change in federal or state laws, insurance programs or retirement benefits would impact Our liability.

We must give You 31 days written notice of the rate change. Such change will apply to any premium due on and after the effective date of the change stated in such notice.

Adjustment Of Premiums Payable Other Than Monthly Or Quarterly

A premium rate may be changed after an annual or semi-annual premium became payable with respect to insurance on and after the date of such change. In that case, the premium will be adjusted by a pro rata change for the rest of the period for which the premium became payable. If the adjustment results in a decrease, the amount of the decrease will be paid to You by Us. If the adjustment results in an increase, the amount of the increase will be considered a premium due on the date of the rate change. This Policy's grace period will apply to any such premium due.

Grace In Payment Of Premiums - Termination Of Policy

A grace period of 31 days, without interest charge, will be allowed for each premium payment except the first. If any premium with respect to the Employees is not paid before the end of the grace period, this Policy ends with respect to all Employees at the end of the grace period. If You give Us advance written notice of an earlier termination date during the grace period, this Policy will end as of such earlier date.

If this Policy ends during or at the end of the grace period, You will still owe Us premium for all the time this Policy was in force during the grace period.

P030.0015

Option A

Term of Policy - Renewal Privilege

This Policy is issued for a term of one year from the Policy Date shown on face page. All Policy years and Policy months will be calculated from the Policy Date. All periods of insurance will begin and end at 12:01 A.M. Standard Time at Your place of business.

You may renew this Policy for a further term of one year on the first and each subsequent Policy Anniversary. All renewals are subject to the payment of premiums then due, computed as shown in the Premiums section of this Policy.

We have the right to decline to renew this Policy on any Policy Anniversary or premium due date, if, on that date:

- Less than two Employees are insured; or
- With respect to non-contributory insurance, all of those Employees eligible, are not insured; or
- With respect to contributory insurance, less than 75% of those Employees eligible.

With respect to dependent insurance, We may decline to renew such insurance on any Policy Anniversary or premium due date, if:

- With respect to non-contributory insurance, all eligible dependents are not enrolled for such insurance; or
- With respect to contributory insurance, less than 75% of those Employees eligible for dependent insurance are insured for such.

You may cancel this Policy at any time by giving Us 31 days advance written notice. This notice must be sent to Our Home Office. You will owe Us all unpaid premiums for the period this Policy is in force. We may cancel this Policy by giving You 31 days advance written notice.

P030.0024

The Contract

The entire contract between You and Us consists of:

- This Policy;
- The Certificate(s) which describe(s) the insurance for which the Covered Persons are insured;
- Any attached riders, schedule of benefits or amendments; and
- Your application.

In the event of a conflict, the Policy shall reign.

We can amend this Policy at any time, without the consent of the insured Employees or any other person having a beneficial interest in it:

- Upon written request made by You and agreed to by Us;
- On any date Our obligation under this Policy with respect to You is changed because of statutory or other regulatory requirements; or
- On any date on which Our contractual relationship with any vendor supplying services or supplies with respect to this Policy changes.

We must give You 31 days advance written notice of any amendments We make to this Policy.

Any amendments to this Policy will be without prejudice to any claim arising prior to the date of the change.

No person, except by a writing signed by the President, a Vice President or a Secretary of Guardian, has the authority to act for Us to:

- Determine whether any contract, Policy or Certificate is to be issued;
- Waive or alter any provisions of any contract or Policy, or any of Our requirements;
- Bind Us by any statement or promise relating to the contract issued or to be issued; or
- Accept any information or representation which is not in a signed application.

P030.0027

Option A

Clerical Error - Misstatements Of Age

Neither clerical error by You or Us in keeping any records on the insurance under this Policy, nor delays in making entries, will invalidate insurance otherwise validly in force or continue insurance otherwise validly terminated. On discovery of such error or delay, an equitable adjustment of premiums will be made.

Premium adjustments involving return of unearned premium to You will be limited to the period of 90 days before the date of Our receipt of satisfactory evidence that such adjustments should be made.

The age of the Employee, or any other relevant facts, may be found to have been misstated. If premiums are affected due to this, an equitable adjustment of premiums will be made. If such misstatement involves whether or not an insurance risk would have been accepted by Us, or the amount of insurance, the true facts will be used to determine whether insurance is in force under the terms of this Policy, and in what amount.

Statements

No statement will void the insurance under this Policy, or be used in defense of a claim unless:

- In Your case, it is contained in the application signed by You; or
- In the case of a Covered Person, it is contained in a written instrument signed by him or her.

All statements will be deemed representations and not warranties.

P030.0031

Option A

Assignment

The Employee's Certificate and his or her right to benefits under this Policy are not assignable. But, the Employee may direct Us, in writing, to pay Dental benefits to the recognized provider who provided the covered service for which benefits became payable. We may honor such request at Our option. The Employee may not assign his or her right to take legal action under this Policy to such provider. And, We assume no responsibility as to the validity or effect of any such direction.

Assignment or transfer of Your interest under this Policy will not bind Us without Our written consent.

P030.0032

Option A

Certificate

We will issue a Certificate to You for delivery to each insured Covered Person. It will state the essential features of the insurance to which the Covered Person is entitled and to whom the benefits are payable. In the event this Policy is amended, and such amendment affects the material contained in the Certificate, a rider or revised Certificate reflecting such amendment will be issued to You for delivery to affected Employees.

Notice

From time to time We may provide You with notices that are needed due to state or federal requirements. You must deliver copies of these notices to each of Your Employees.

Claims Of Creditors

Except when prohibited by the laws of the jurisdiction in which this Policy was issued, the insurance and other benefits under this Policy will be exempt from execution, garnishment, attachment, or other legal or equitable process, for the debts or liabilities of the Covered Persons or their beneficiaries.

Records - Information To Be Furnished

You must keep a record of the insured Employees containing, for each Employee, the essential details of the insurance which apply to him or her. You must periodically forward to Us, on Our forms, such information concerning the Employees in the classes eligible for insurance under this Policy as may reasonably be considered to have a bearing on:

- The administration of the insurance under this Policy; and
- The determination of the premium rates.

For benefits which are based on the Employee's salary, changes in his or her salary must promptly be reported to Us. Your payroll and other such records which have a bearing on the insurance must be furnished to Us at Our request at any reasonable time.

P030.0033

Option A

Examination

We have the right to have a doctor of Our choice examine the person for whom a claim is being made under this Policy as often as We feel necessary. We will pay for all such examinations.

P030.0034

Option A

Conformity With Law

If the provisions of this Policy do not conform to the requirements of any state or federal law or regulation that applies, any such provision is changed to conform with the requirements of that law or regulation.

P030.0035

Option A

Dental Claims Provisions

The Employee's right to make a claim for any Dental benefits provided by this Policy is governed as follows:

Notice: The Employee must send Us written notice of an injury for which a claim is being made within 15 days of the date the injury occurs. This notice should include his or her name and the Policy number. If the claim is being made for any other Covered Person, his or her name should also be shown.

Claim Forms: We will furnish the Employee with forms for filing proof of loss within 15 days of receipt of notice. If We do not furnish the forms on time, We will accept a written description and adequate proof of the injury that is the basis of the claim as proof of loss. The Employee must detail the nature and extent of the loss for which the claim is being made.

Proof of Loss: The Employee must send written proof of loss to Our designated office within 90 days of the loss. We will not void or reduce the Employee's claim if he or she cannot send Us notice and proof of loss within the required time. In that case, the Employee must send Us notice of claim and proof as soon as reasonably possible. However, under no circumstances will We pay benefits if written proof of loss is delayed for more than one year, unless the Employee is unable to provide proof of loss because he or she is not legally competent or he or she lacks legal capacity.

Payment of Benefits: We will pay Dental benefits as soon as We receive written proof of loss, subject to all the terms and conditions of this Policy. Our failure to pay benefits within 30 days of Our receipt of written Proof of Loss shall entitle You to interest at the rate of 9% per annum, calculated from the 30th day after Our receipt of Proof of Loss until the date of Our payment, except that interest amounting to less than one dollar need not be paid. Any interest payable shall be paid at the same time as, or within 30 days of, the benefit payment.

Unless otherwise required by law or regulation, We pay all Dental benefits to the Employee if he or she is living. If he or she is not living, all Dental benefits shall be paid to the Employee's Estate, except that We may pay all Dental benefits, up to an amount not exceeding $1000, to one of the following of the Employee's:

- Spouse;
- Parents;
- Children; or
- Brothers and sisters.

Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of such payment.

Legal Actions: No legal action against this Policy shall be brought until 60 days from the date proof of loss has been given as shown above. No legal action shall be brought against this Policy after three years from the date of the final benefit determination.

Workers' Compensation: The Dental benefits provided by this Policy are not in place of and do not affect requirements for coverage by Worker's Compensation.

P030.1065

Option A

When Active Work Ends

If the Employee's Active Work ends or he or she is disabled, You may continue his or her Dental Insurance Coverage during a temporary layoff, leave of absence, vacation, military leave, retirement. Eligibility for benefits will be governed by all of the terms described in the Certificate under Eligibility For Dental Coverage.

If You continue the Employee's insurance as set forth above, it must be on a policy which prevents individual selection.

Any such continuation is subject to the payment of premiums and to all of the other terms and conditions of this Policy.

The amount of the Employee's insurance during any such continuation will be the insurance amount in force on his or her last day of Active Work, subject to any reductions that would have otherwise applied if he or she had remained an active Employee.

P030.0039

Option A

Right To Continue Dental Insurance Coverage During A Family Leave Of Absence

Important Notice: This section may not apply to Your Policy. The Employee must contact You to find out if You must allow for a family leave of absence under federal law. In You must allow for such leave, this section applies.

If The Employee's Coverage Would End: Coverage would normally end because the Employee ceases work due to an approved leave of absence. But, the Employee may continue coverage if the leave has been granted:

- To allow the Employee to care for a seriously injured or ill spouse, child, or parent;
- After the birth or adoption of a child;
- Due to the Employee's own serious health condition; or
- Because of a Serious Injury Or Illness arising out of the fact that the Employee's spouse, child, parent, or Next Of Kin, who is a Covered Service Member is on Active Duty, or has been notified of an impending call or order to Active Duty, in the Armed Forces in support of a Contingency Operation.

To continue coverage, the Employee will be required to pay the same share of the premium as paid before the leave of absence.

When Continuation Ends: Continued coverage will end on the earliest of the following:

- The date the Employee returns to Active Work.
- In the case of a leave granted to the Employee to care for a Covered Service member, the end of a total leave period of 26 weeks in one 12 month period. This 26 week total leave period applies to all leaves granted to the Employee under this section for all reasons. If the Employee takes an additional leave of absence in a subsequent 12 month period, continued coverage will cease at the end of a total leave period of 12 weeks;
- In any other case, the end of a total leave period of 12 weeks in any 12 month period;
- The date on which the Policy is terminated or the Employee is no longer eligible for coverage under this Policy; or
- The end of the period for which the premium has been paid.

Definitions: As used in this section, the terms listed below have the meanings shown below:

- **Active Duty:** This term means duty under a call or order to Active Duty in the Armed Forces of the United States.
- **Contingency Operation:** This term means a military operation that:
  - Is designated by the Secretary of Defense as an operation in which members of the Armed Forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force; or
  - Results in the call or order to, or retention on, Active Duty of members of the uniformed services under any provision of law during a war or during a national emergency declared by the President or Congress.
- **Covered Service Member:** This term means a member of the Armed Forces, including a member of the National Guard or Reserves, who for a Serious Injury Or Illness is:
  - Undergoing medical treatment, recuperation, or therapy;
  - Otherwise in Outpatient Status; or
  - Otherwise on the temporary disability retired list.
- **Next Of Kin:** This term means the Employee's nearest blood relative.

- **Outpatient Status:** This term means, in the case of a Covered Service Member, that he or she is assigned to:
  - A military medical treatment facility as an outpatient; or
  - A unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.
- **Serious Injury Or Illness:** This term means, in the case of a Covered Service Member, an injury or illness incurred by him or her in line of duty on Active Duty in the Armed Forces that may render him or her medically unfit to perform the duties of his or her:
  - Office;
  - Grade;
  - Rank; or
  - Rating.

P030.0041

Option A

DEFINITIONS

The terms used in this Policy have the meanings shown below.

Active Work: This term means the Employee is able to perform, and is performing, all of the regular duties of his or her work for the Employer at:

- One of the Employer's usual places of business;
- Some place where the Employer's business requires the Employee to travel; or
- Any other place the Employee and the Employer have agreed on for the Employee's work.

P030.0044

Option A

Covered Person: This term means the Employee or dependent insured by this Policy.

P030.0048

Option A

Employee: This term means a person who works for You at Your place of business and whose income is reported to the United States Internal Revenue Service, and/or a state for tax purposes. Partners and proprietors will also be treated as Employees if the eligibility requirements are met.

P030.0050

Option A

Employer: This term means the entity that purchased the Policy.

P030.0052

Option A

Guardian, Our, Us and **We:** These terms mean The Guardian Life Insurance Company of America.

P030.0051

Option A

Policy: This term means the Guardian group Dental Insurance Coverage Policy purchased by You.

P030.0055

Option A

You and **Your:** As used in this Policy, these terms mean the Policyholder who purchased this group Policy. As used in the Certificate(s) attached to this Policy, these terms mean an insured Employee.

P030.0060

SCHEDULE OF OPTION PACKAGES

This Policy's classes are shown below. The benefit option packages which are available to Employees who are members of each class are also shown below.

	Class Description
Class 0001	ALL ELIGIBLE EMPLOYEES
Class 0002	ALL ELIGIBLE RETIREES

P030.0068

Benefit Option Packages

Employees may choose from the benefit packages available to members of their class. Coverage for a benefit will not become effective until the Employee satisfies the eligibility requirements. Coverage for a benefit that requires payment from the Employee will not become effective until the Employee:

- Elects it in a form acceptable by Us; and
- Agrees to make any required payments.

The benefits are described in the applicable Certificate(s) attached to and made a part of this Policy.

P030.0069

Members of Class 0001 may choose from benefits in option package(s) A.

P030.0063

Members of Class 0002 may choose from benefits in option package(s) A.

P030.0063

Group Dental Expense Coverage

P030.0064

ATTACHED CERTIFICATES

The Certificate(s) shown below are added to and made part of this Policy.

P030.0065

Class 0001 Option(s) A

P030.0066

Class 0002 Option(s) A

P030.0066

The Certificate(s) describe the Group Dental Insurance Coverage benefits for which each class of Employees is eligible.

Each Employee's eligibility, effective date of insurance, plan of insurance, and termination date is determined by the option he or she has elected on his or her enrollment form, or other suitable document approved by Guardian, and the provisions of the Certificate that apply to that option.

Certificate(s) will include any changes made by amendments to this Policy.

P030.0070

The Guardian Life Insurance Company of America

Schedule of Premium Rates

Group Dental Insurance Coverage

The monthly premium rates, in U.S. dollars, for the benefits provided under the Policy are listed below. Guardian has the right to change any premium rate(s) set forth below at the times and in the manner set forth in the Premiums section of the Policy.

Employee Dental Expense Coverage

Option A All Classes

Rate per Employee with no Insured Dependents	**per Insured Family (excluding Employee)**
$ 27.46	$ 50.09

P030.0124

Option A

ATTACHED TO AND MADE PART OF GROUP INSURANCE POLICY NO. G -00026640-

issued by

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(herein called Guardian)

to

SANGAMON COUNTY

(herein called the Policyholder)

This Rider amends the Policy as follows and is effective on its issue date:

- The "Non-Participating - No Dividends Payable" notice on the Policy face page is replaced with "Dividends Apportioned Annually, if Payable".
- The Dividends provision is added or replaced in its entirety within the General Provisions as shown below.

Dividends

The portion, if any, of the divisible surplus of Guardian allocable to this Policy at each Policy Anniversary will be determined annually by the Board of Directors of Guardian and will be credited to this Policy as a dividend on such anniversary, provided this Policy is continued in force by the payment of all premiums to such anniversary.

Any dividend under this Policy will be paid to the Policyholder in cash, or at the option of the Policyholder it may be applied to the reduction of the premiums then due.

In the event that the Employees are contributing toward the cost of the coverage under any group policy issued to the Policyholder and the aggregate dividends under this Policy and any other group policy or policies issued to the Policyholder are in excess of the Policyholder's share of the aggregate cost, such excess will be applied by the Policyholder for the sole benefit of the Employees.

Finally, please note that it is not expected that any dividends will be payable under this Policy.

This Rider is part of this Policy. Except as stated in this Rider, nothing contained in this Rider changes or affects any other terms of this Policy.

Dated at Bethlehem, PA This 10th Day of January , 2022

Harris Oliner, Senior Vice President,
Corporate Secretary

Michael Prestileo,
Senior Vice President

P070.0043

The Guardian Life Insurance Company of America

A Mutual Company - Incorporated 1860 by the State of New York
10 Hudson Yards, New York, New York 10001

GROUP INSURANCE POLICY

Group Vision Insurance Coverage

Employer: SANGAMON COUNTY

GROUP POLICY NUMBER	DELIVERED IN	POLICY DATE
G-00026640	Illinois	January 1, 2022

POLICY ANNIVERSARIES: January 1st of each year, beginning in 2023

GUARDIAN AGREES to pay benefits in accordance with, and subject to, the terms of this Policy. This promise is based on the Employer's application and payment of the required premiums.

This Policy is delivered in the jurisdiction shown above and is governed by its laws.

This Policy takes effect on the Policy Date shown above.

IN WITNESS OF WHICH, GUARDIAN has caused this Policy to be executed as of January 10, 2022 which is its date of issue.

Michael Prestileo, Senior Vice President

Harris Oliner, Senior Vice President
and Corporate Secretary

Dividends apportioned annually, if payable

Please read this Policy carefully.

P030.2505

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Option A

GENERAL PROVISIONS

Incontestability

This Policy will be incontestable after two years from its Policy Date, except for non-payment of premiums.

No statement in any application, except a fraudulent statement, made by a Covered Person will be used to contest the validity of his or her insurance or to deny a claim for a loss incurred, after his or her insurance has been in force for two years during his or her lifetime.

This Policy may replace the group policy of another insurer. In that case, We may rescind this Policy based on intentional misrepresentations made in Your or a Covered Person's signed application for up to two years from the Policy Date.

In the event a Covered Person's insurance is rescinded due to a fraudulent statement made in his or her application, We will refund premiums paid for the periods such insurance is void. The premium paid by the Covered Person will be sent to his or her last known address on file with You or Us. If You pay all or part of the cost of a Covered Person's insurance Your part of the premium will be paid to You.

P030.2701

Option A

Associated Companies

An associated company is a business entity affiliated with You through common ownership of stock or assets.

If You ask Us in writing to include such a company under this Policy, We will treat Employees of that company like Your Employees. We must give Our written approval. Our approval will show the starting date of the company's coverage under this Policy. Each eligible Employee of that company must still meet all of the terms and conditions of this Policy before he or she will be insured.

You must notify Us in writing when a company ceases to be an associated company. On the date a company ceases to be such a company, this Policy will end for all of that company's Employees, except those covered by You or another associated company as Employees on such date.

P030.0011

Option A

Premiums

Premiums are payable by You as follows:

- The first premium is due on the Policy Date; and
- Later premiums are, during the time this Policy remains in force, due on the 1st of each month.

Premiums due under this Policy must be paid by You:

- At a Guardian office; or
- To a representative that We have authorized.

The premiums must be paid as shown above, unless by agreement between You and Us, the interval of payment is changed. In that event, adjustment will be made for payment annually, semi-annually, or quarterly.

The premium due under this Policy on each due date will be the sum of the premium charges for the insurance provided under this Policy.

We may change such rates:

- On the first day of any Policy month;
- On any date the extent or terms of coverage for You are changed by amendment of this Policy; or
- On any date Our obligation under this Policy with respect to You is changed because of statutory or other regulatory requirements; or
- On any date that a change in federal or state laws, insurance programs or retirement benefits would impact Our liability.

We must give You 31 days written notice of the rate change. Such change will apply to any premium due on and after the effective date of the change stated in such notice.

Adjustment Of Premiums Payable Other Than Monthly Or Quarterly

A premium rate may be changed after an annual or semi-annual premium became payable with respect to insurance on and after the date of such change. In that case, the premium will be adjusted by a pro rata change for the rest of the period for which the premium became payable. If the adjustment results in a decrease, the amount of the decrease will be paid to You by Us. If the adjustment results in an increase, the amount of the increase will be considered a premium due on the date of the rate change. This Policy's grace period will apply to any such premium due.

Grace In Payment Of Premiums - Termination Of Policy

A grace period of 31 days, without interest charge, will be allowed for each premium payment except the first. The Policy remains in force during the grace period. If any premium with respect to the Employees is not paid before the end of the grace period, this Policy ends with respect to all Employees at the end of the grace period. If You give Us advance written notice of an earlier termination date during the grace period, this Policy will end as of such earlier date.

If this Policy ends during or at the end of the grace period, You will still owe Us premium for all the time this Policy was in force during the grace period.

This Policy ends immediately on any date insurance coverage under this Policy ends, and as a result, no benefits remain under this Policy.

P030.2703

Reinstatement

If Your Policy lapses, You may reinstate it by sending in Your premium within 60 days of the Policy lapse. Our acceptance of a premium payment without requiring an application for reinstatement will reinstate this Policy.

P030.2519

Option A

Term of Policy - Renewal Privilege

This Policy is issued for a term of one year from the Policy Date shown on face page. All Policy years and Policy months will be calculated from the Policy Date. All periods of insurance will begin and end at 12:01 A.M. Standard Time at Your place of business.

You may renew this Policy for a further term of one year on the first and each subsequent Policy Anniversary. All renewals are subject to the payment of premiums then due, computed as shown in the Premiums section of this Policy.

We have the right to decline to renew this Policy on any Policy Anniversary or premium due date, if, on that date:

- Less than two Employees are insured; or
- With respect to non-contributory insurance, all of those Employees eligible, are not insured; or
- With respect to contributory insurance, less than 75% of those Employees Eligible are insured.

With respect to dependent insurance, We may decline to renew such insurance on any Policy Anniversary or premium due date, if:

- With respect to non-contributory insurance, all eligible dependents are not enrolled for such insurance; or
- With respect to contributory insurance, less than 75% of those Employees eligible for dependent insurance are insured for such.

You may cancel this Policy at any time by giving Us 31 days advance written notice. This notice must be sent to Our Home Office. You will owe Us all unpaid premiums for the period this Policy is in force. We may cancel this Policy by giving You 31 days advance written notice.

P030.1500

The Contract

The entire contract between You and Us consists of:

- This Policy;
- The Schedule of Premium Rates;
- The Certificate(s) which describe(s) the insurance for which the Covered Persons are insured;
- Any attached riders, schedule of benefits or amendments; and
- Your application.

We can amend this Policy at any time, without the consent of the insured Employees or any other person having a beneficial interest in it:

- Upon written request made by You and agreed to by Us;
- On any date Our obligation under this Policy with respect to You is changed because of statutory or other regulatory requirements; or
- On any date on which Our contractual relationship with any vendor supplying services or supplies with respect to this Policy changes.

We must give You 31 days advance written notice of any amendments We make to this Policy.

Any amendments to this Policy will be without prejudice to any claim arising prior to the date of the change.

No person, except by a writing signed by the President, a Vice President or a Secretary of Guardian, has the authority to act for Us to:

- Determine whether any contract, Policy or Certificate is to be issued;
- Waive or alter any provisions of any contract or Policy, or any of Our requirements;
- Bind Us by any statement or promise relating to the contract issued or to be issued; or
- Accept any information or representation which is not in a signed application.

Agents and brokers do not have the authority to change the Policy or Certificate, or waive any of its provisions.

P030.2509

Option A

Clerical Error - Misstatements Of Age

Neither clerical error by You or Us in keeping any records on the insurance under this Policy, nor delays in making entries, will invalidate insurance otherwise validly in force or continue insurance otherwise validly terminated. On discovery of such error or delay, an equitable adjustment of premiums will be made.

Premium adjustments involving return of unearned premium to You will be limited to the period of 90 days before the date of Our receipt of satisfactory evidence that such adjustments should be made.

The age of the Employee, or any other relevant facts, may be found to have been misstated. If premiums are affected due to this, an equitable adjustment of premiums will be made. If such misstatement involves whether or not an insurance risk would have been accepted by Us, or the amount of insurance, the true facts will be used to determine whether insurance is in force under the terms of this Policy, and in what amount.

Statements

No statement will void the insurance under this Policy, or be used in defense of a claim unless:

- In Your case, it is contained in the application signed by You; or
- In the case of a Covered Person, it is contained in a written instrument signed by him or her.

All statements will be deemed representations and not warranties.

P030.0031

Option A

Assignment

No provision of the Illinois Insurance Code, or any other law, prohibits the Covered Person from making an assignment of all or any part of his/her rights and privileges under the Policy.

P030.2706

Dividends

The portion, if any, of the divisible surplus of Guardian allocable to this Policy at each Policy Anniversary will be determined annually by the Board of Directors of Guardian and will be credited to this Policy as a dividend on such anniversary, provided this Policy is continued in force by the payment of all premiums to such anniversary.

Any dividend under this Policy will be paid to the Employer in cash, or at the option of the Employer it may be applied to the reduction of the premiums then due.

In the event that the Employees are contributing toward the cost of the coverage under any group policy issued to the Employer and the aggregate dividends under this Policy and any other group policy or policies issued to the Employer are in excess of the Employer's share of the aggregate cost, such excess will be applied by the Employer for the sold benefit of the Employees.

Finally, please note that it is not expected that any dividends will be payable under this Policy.

P030.2520

Option A

Certificate

We will issue a Certificate to You for delivery to each insured Covered Person. It will state the essential features of the insurance to which the Covered Person is entitled and to whom the benefits are payable. In the event this Policy is amended, and such amendment affects the material contained in the Certificate, a rider or revised Certificate reflecting such amendment will be issued to You for delivery to affected Employees.

Notice

From time to time We may provide You with notices that are needed due to state or federal requirements. You must deliver copies of these notices to each of Your Employees.

Claims Of Creditors

Except when prohibited by the laws of the jurisdiction in which this Policy was issued, the insurance and other benefits under this Policy will be exempt from execution, garnishment, attachment, or other legal or equitable process, for the debts or liabilities of the Covered Persons or their beneficiaries.

Records - Information To Be Furnished

You must keep a record of the insured Employees containing, for each Employee, the essential details of the insurance which apply to him or her. You must periodically forward to Us, on Our forms, such information concerning the Employees in the classes eligible for insurance under this Policy as may reasonably be considered to have a bearing on:

- The administration of the insurance under this Policy; and
- The determination of the premium rates.

For benefits which are based on the Employee's salary, changes in his or her salary must promptly be reported to Us. Your payroll and other such records which have a bearing on the insurance must be furnished to Us at Our request at any reasonable time.

P030.0033

Option A

Examination

We have the right to have a doctor of Our choice examine the person for whom a claim is being made under this Policy as often as We feel reasonably necessary. We will pay for all such examinations.

P030.1614

Option A

Conformity With Law

If the provisions of this Policy do not conform to the requirements of any state or federal law or regulation that applies, any such provision is changed to conform with the requirements of that law or regulation.

P030.0035

Option A

New Entrants

Eligible new Employees may be added to the group originally insured in accordance with the terms of this Policy. Eligible new dependents may be added to the group of dependents originally insured in accordance with the terms of this Policy.

P030.1574

Option A

When Active Work Ends

If the Employee's Active Work ends or he or she is disabled, You may continue his or her Vision Insurance Coverage during a temporary layoff, leave of absence, vacation, military leave, retirement. Eligibility for benefits will be governed by all of the terms described in the Certificate under Eligibility For Vision Coverage.

If You continue the Employee's insurance as set forth above, it must be on a policy which prevents individual selection.

Any such continuation is subject to the payment of premiums and to all of the other terms and conditions of this Policy.

The amount of the Employee's insurance during any such continuation will be the insurance amount in force on his or her last day of Active Work, subject to any reductions that would have otherwise applied if he or she had remained an active Employee.

P030.1479

Option A

Right To Continue Vision Insurance Coverage During A Family Leave Of Absence

Important Notice: This section may not apply to Your Policy. The Employee must contact You to find out if You must allow for a family leave of absence under federal law. In You must allow for such leave, this section applies.

If The Employee's Coverage Would End: Coverage would normally end because the Employee ceases work due to an approved leave of absence. But, the Employee may continue coverage if the leave has been granted:

- To allow the Employee to care for a seriously injured or ill spouse, child, or parent;
- After the birth or adoption of a child;
- Due to the Employee's own serious health condition; or
- Because of a Serious Injury Or Illness arising out of the fact that the Employee's spouse, child, parent, or Next Of Kin, who is a Covered Service Member is on Active Duty, or has been notified of an impending call or order to Active Duty, in the Armed Forces in support of a Contingency Operation.

To continue coverage, the Employee will be required to pay the same share of the premium as paid before the leave of absence.

When Continuation Ends: Continued coverage will end on the earliest of the following:

- The date the Employee returns to Active Work.
- In the case of a leave granted to the Employee to care for a Covered Service member, the end of a total leave period of 26 weeks in one 12 month period. This 26 week total leave period applies to all leaves granted to the Employee under this section for all reasons. If the Employee takes an additional leave of

absence in a subsequent 12 month period, continued coverage will cease at the end of a total leave period of 12 weeks;

- In any other case, the end of a total leave period of 12 weeks in any 12 month period;
- The date on which the Policy is terminated or the Employee is no longer eligible for coverage under this Policy; or
- The end of the period for which the premium has been paid.

Definitions: As used in this section, the terms listed have the meanings shown below:

- **Active Duty:** This term means duty under a call or order to Active Duty in the Armed Forces of the United States.
- **Contingency Operation:** This term means a military operation that:
  - Is designated by the Secretary of Defense as an operation in which members of the Armed Forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force; or
  - Results in the call or order to, or retention on, Active Duty of members of the uniformed services under any provision of law during a war or during a national emergency declared by the President or Congress.
- **Covered Service Member:** This term means a member of the Armed Forces, including a member of the National Guard or Reserves, who for a Serious Injury Or Illness is:
  - Undergoing medical treatment, recuperation, or therapy;
  - Otherwise in Outpatient Status; or
  - Otherwise on the temporary disability retired list.
- **Next Of Kin:** This term means the Employee's nearest blood relative.
- **Outpatient Status:** This term means, in the case of a Covered Service Member, that he or she is assigned to:
  - A military medical treatment facility as an outpatient; or
  - A unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.
- **Serious Injury Or Illness:** This term means, in the case of a Covered Service Member, an injury or illness incurred by him or her in line of duty on Active Duty in the Armed Forces that may render him or her medically unfit to perform the duties of his or her:
  - Office;
  - Grade;
  - Rank; or
  - Rating.

P030.1480

Option A

DEFINITIONS

The terms used in this Policy have the meanings shown below.

Active Work: This term means the Employee is able to perform, and is performing, all of the regular duties of his or her work for the Employer at:

- One of the Employer's usual places of business;
- Some place where the Employer's business requires the Employee to travel; or
- Any other place the Employee and the Employer have agreed on for the Employee's work.

P030.0044

Option A

Covered Person: This term means the Employee or dependent insured by this Policy.

P030.0048

Option A

Employee: This term means a person who works for You at Your place of business and whose income is reported to the United States Internal Revenue Service, and/or a state for tax purposes. Partners and proprietors will also be treated as Employees if the eligibility requirements are met.

P030.0050

Option A

Employer: This term means the entity that purchased the Policy.

P030.0052

Option A

Guardian, Our, Us and **We:** These terms mean The Guardian Life Insurance Company of America.

P030.0051

Option A

Policy: This term means the Guardian group Vision Insurance Coverage Policy purchased by You.

P030.1481

Option A

You and **Your:** As used in this Policy, these terms mean the Employer who purchased this group Policy. As used in the Certificate(s) attached to this Policy, these terms mean an insured Employee.

P032.0441

SCHEDULE OF OPTION PACKAGES

This Policy's classes are shown below. The benefit option packages which are available to Employees who are members of each class are also shown below.

	Class Description
Class 0001	ALL ELIGIBLE EMPLOYEES
Class 0002	ALL ELIGIBLE RETIREES

P030.0068

Benefit Option Packages

Employees may choose from the benefit packages available to members of their class. Coverage for a benefit will not become effective until the Employee satisfies the eligibility requirements. Coverage for a benefit that requires payment from the Employee will not become effective until the Employee:

- Elects it in a form acceptable by Us; and
- Agrees to make any required payments.

The benefits are described in the applicable Certificate(s) attached to and made a part of this Policy.

P030.0069

Members of Class 0001 may choose from benefits in option package(s) A.

P030.0063

Members of Class 0002 may choose from benefits in option package(s) A.

P030.0063

Group Vision Insurance Coverage

P030.1482

ATTACHED CERTIFICATES

The Certificate(s) shown below are added to and made part of this Policy.

P030.0065

Class 0001 Option(s) A

P030.0066

Class 0002 Option(s) A

P030.0066

The Certificate(s) describe the Group Vision Insurance Coverage benefits for which each class of Employees is eligible.

Each Employee's eligibility, effective date of insurance, plan of insurance, and termination date is determined by the option he or she has elected on his or her enrollment form, or other suitable document approved by Guardian, and the provisions of the Certificate that apply to that option.

Certificate(s) will include any changes made by amendments to this Policy.

P030.1556

The Guardian Life Insurance Company of America

Schedule Of Premium Rates

Group Vision Insurance Coverage

The monthly premium rates, in U.S. dollars, for the benefits provided under the Policy are listed below. Guardian has the right to change any premium rate(s) set forth below at the times and in the manner set forth in the Premiums section of the Policy.

Employee Vision Insurance Coverage

Option A All Classes

Rate per Employee with no Insured Dependents	**per Insured Family (excluding Employee)**
$ 4.46	$ 6.36

P030.2533

Option A

ATTACHED TO AND MADE PART OF GROUP INSURANCE POLICY NO. G -00026640-

issued by

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
10 Hudson Yards
New York, New York 10001

to

SANGAMON COUNTY

(herein called the Policyholder)

Effective the later of (i) January 1, 2015, (ii) your first renewal date thereafter or (iii) the effective date of this amendment requested by the Policyholder and approved by Guardian, this rider amends *your plan* as follows:

ADDITIONAL SERVICES

Guardian has arranged to make available selected services for eligible Guardian policyholders and/or covered persons who may be entitled to receive certain services and supplies from various companies.

The additional services and supplies identified below, and agreed to by the providers of these services, are not provided by Guardian. Guardian assumes no liability for the services or supplies provided under these programs, nor for the amounts charged by the companies providing such service and supplies.

Policyholders and/or covered persons will be provided with complete details regarding available services and supplies; associated fees or charges; discounts; eligibility requirements; and conditions, terms and limitations and a telephone number to call with questions about the service.

The policyholder and/or covered persons may be eligible for the following service(s) and/or discounts:

- College Tuition Benefit.

When this plan ends, access to the services ends for the policyholder and for all persons covered under the plan. When a policyholder no longer meets the conditions for eligibility for a service, access to that service ends for the policyholder and for all persons covered under the plan.

When a covered person's coverage under this plan ends, access to the services ends for that person. When a covered person no longer meets the conditions for eligibility for a service, access to that service ends for the covered person.

Guardian reserves the right to terminate, modify or replace any service at any time.

Dated at _____ This _____ Day of _____ , ____

SANGAMON COUNTY
Full or Corporate Name of Policyholder

_____ BY: _____
Witness Signature and Title

The Guardian Life Insurance Company of America

Michael Prestileo, Senior Vice President

P531.0477

END OF POLICY DOCUMENT