

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

POLICYHOLDER: CHATTAHOOCHEE FLINT REGIONAL EDUCATION SERVICE
AGENCY

GROUP POLICY NUMBER	DELIVERED IN	POLICY DATE
G-00539796	Georgia	July 1, 2018

POLICY ANNIVERSARIES: July 1st of each year, beginning in 2019

Important Notice: This is a limited plan of Critical Illness insurance. It is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance. Please read this Policy carefully to fully understand what it covers, limits, and excludes.

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 May 28, 2020 which is its date of issue.

Stuart J Shaw
Vice President, Risk Mgt. & Chief Actuary

GROUP INSURANCE POLICY
Providing
Critical Illness Insurance

Dividends Apportioned Annually

Please read this Policy carefully. If any error or omission is found, send full details with the number of the Policy to Guardian.

P020.1077

TABLE OF CONTENTS

GENERAL PROVISIONS

Definitions	1
Incontestability	1
Associated Companies	1
Premiums	2
Adjustment Of Premiums Payable	
Other Than Monthly Or Quarterly	2
Grace In Payment Of Premiums - Termination Of Policy	2
Term of Policy - Renewal Privilege	3
The Contract	3
Clerical Error - Misstatements Of Age	3
Statements	4
Assignment	4
Dividends	4
Employees Certificate	4
Employee Notice	4
Claims Of Creditors	5
Records - Information To Be Furnished	5
Examination and Autopsy	5
Conformity With Law	5
New Entrants	5
Critical Illness Claims Provisions	6
When An Employee's Active Service Ends	7

SCHEDULE OF OPTION PACKAGES

Class Description	8
Benefit Option Packages	9

ATTACHED CERTIFICATES	10
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All Options

GENERAL PROVISIONS

Definitions

The terms shown below have the meanings shown below.

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

Critical Illness Insurance: This term means Critical Illness Insurance provided by the Plan.

Employee: This term means a person: (1) who works for You or an associated company at Your or such company's place of business; and (2) whose income is reported for tax purposes using a W-2 or 1099 form.

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

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

Policy: This term means the Guardian group Critical Illness Insurance Policy purchased by You.

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.

P020.0820

All Options

Incontestability

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

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.

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.

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.

P020.1078

All Options

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.

P020.0034

All Options

Premiums

Premiums are payable by You as follows: (1) the first premium is due on the Policy Date; and (2) later premiums are, during the time this Policy remains in force, due on the the 1st of each month.

Premiums due under this Policy must be paid by You: (1) at a Guardian office; or (2) 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. The premium charges are based on the rates set forth in the Schedule Of Premium Rates.

We may change such rates: (1) on the first day of any Policy month; (2) on any date the extent or terms of coverage for You are changed by amendment of this Policy; or (3) on any date Our obligation under this Policy with respect to You is changed because of statutory or other regulatory requirements.

We must give You 60 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 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 on any date when a coverage under this Policy ends and, as a result, no benefits remain in effect under this Policy.

P020.1763

All Options

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.

If this Policy provides coverage on a non-contributory basis, all of the Employees eligible for such insurance must be enrolled. If dependent insurance is provided, on a non-contributory basis, all dependents eligible for such insurance must be enrolled.

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 Premiums.

We have the right to decline to renew this Policy, or any coverage under it, on any Policy Anniversary or premium due date, if, on that date the number of Employees is below Our minimum group size requirements.

P020.1081

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.

The Contract

The entire contract between You and Us consists of: (1) this Policy; (2) the Schedule of Premium Rates; (3) the Certificate(s) which describe(s) the insurance for which the Covered Persons are insured; (4) any attached riders, schedule of benefits or amendments; and (5) Your application, a copy of which is attached. In the event of a conflict, the Policy shall reign.

We can amend this Policy at any time, without the consent of the insured Employee or any other person having a beneficial interest in it: (1) upon written request made by You and agreed to by Us; (2) on any date Our obligation under this Policy with respect to You is changed because of statutory or other regulatory requirements; or (3) on any date on which Our contractual relationship with any vendor supplying services or supplies with respect to this Policy changes.

If We amend this Policy, except upon request made by You, We must give You written notice of such change.

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: (1) determine whether any contract, policy or certificate is to be issued; (2) waive or alter any provisions of any contract or policy, or any of Our requirements; (3) bind Us by any statement or promise relating to the contract issued or to be issued; or (4) accept any information or representation which is not in a signed application.

P020.1346

All Options

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 an 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: (1) in Your case, it is contained in the application signed by You; or (2) 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.

P020.0052

All Options

Assignment

For Critical Illness Insurance, the Employee's Certificate and his or her right to benefits under this Policy are not assignable.

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

P020.0956

All Options

Dividends

The portion, if any, of the divisible surplus of the Guardian allocable to this Policy at each Policy Anniversary will be determined annually by Our Board of Directors. It 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 such dividend will be: (1) paid to You in cash; or (2) at Your option it may be applied to the reduction of the premiums then due.

If the Employees contribute toward the cost of the insurance under any other group policy issued to You by Us and the aggregate dividends under this Policy and any other such group policy or policies are in excess of Your share of the aggregate cost, such excess will be applied by You for the sole benefit of the Employees.

Payment of any dividend to You will completely discharge Our liability with respect to the dividend so paid.

P020.0053

All Options

Employees Certificate

We will issue to You, for delivery to each insured Employee, a certificate of insurance. It will state the essential features of the insurance to which the employee 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.

Employee 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: (1) on the administration of the insurance under this Policy; and (2) on the determination of the premium rates. For benefits which are based on an 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.

P020.0054

All Options

Examination and Autopsy

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 have the right to have an autopsy performed in the case of death, where allowed by law. We will pay for all such examinations and autopsies.

P020.0057

All Options

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 Our interpretation of the requirements of that law or regulation.

P020.0058

All Options

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 originally insured in accordance with the terms of this Policy.

P020.0060

All Options

Critical Illness Claims Provisions

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

Notice: The Employee must send Us written notice of an injury or sickness for which a claim is being made within 20 days of the date the injury occurs or the sickness starts. This notice should include his or her name and 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 10 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 or sickness 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. This proof must be sent within 90 days of the end of each period for which We are liable. In the case of claim for loss of time for disability, written proof of the loss must be furnished to Us within 30 days after the commencement of the period for which We are liable, and that subsequent written proof of the continuance of the disability must be furnished to Us at such intervals as We may reasonably require.

Failure to provide proof within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such proof and the proof was provided as soon as reasonably possible.

Late Notice or Proof: 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 and proof as soon as reasonably possible.

Payment of Benefits: The Employee must submit periodic written proof of loss as shown above. Any balance remaining unpaid at the end of Our liability will be paid as soon as We receive written proof.

We will pay all Critical Illness benefits as soon as We receive written proof of loss.

Unless otherwise required by law or regulation, We pay all Critical Illness benefits to the Employee if he or she is living. If he or she is not living, We have the right to pay all Critical Illness benefits to one of the following, the Employee's: (1) estate; (2) spouse; (3) parents; (4) children; or (5) brothers and sisters. See the section in the applicable Certificate describing Critical Illness benefits for how Critical Illness benefits are paid.

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 written proof of loss is required to be given.

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

P020.1766

All Options

When An Employee's Active Service Ends

Critical Illness Coverage: You may continue an Employee's Critical Illness coverage after his or her active service with You ends only as follows:

- If an Employee's active service ends because he or she is disabled, You may continue his or her coverage subject to all of the terms of this Policy.
- If an Employee's active service ends because he or she goes on a leave of absence You have approved or is laid off, You may continue his or her coverage for the rest of the policy month in which the leave or temporary layoff starts, plus 1 more full policy month(s). But, if the Employee joins any armed force before this period ends, You may continue his or her coverage until the later of: (1) the date he or she becomes a member of such armed force; or (2) the date the Employee's optional continuance ends as provided under the federal Uniformed Services Employment and Reemployment Rights Act (USERRA), as amended.

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

P020.1340

SCHEDULE OF OPTION PACKAGES

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

Class Description

- Class 0001** ALL ELIGIBLE EMPLOYEES ELECTING CRITICAL ILLNESS WITHOUT CANCER BENEFITS
- Class 0002** ALL OTHER ELIGIBLE EMPLOYEES ELECTING CRITICAL ILLNESS WITH CANCER BENEFITS

P020.0087

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 Covered Person satisfies the eligibility requirements. Coverage for a benefit that requires payment from the Employee will not become effective until the Employee: (1) elects it in a form acceptable by Us; and (2) agrees to make any required payments. The benefits are described in the applicable Certificate(s) attached to and made a part of this Policy.

P020.0089

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

P020.0090

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

P020.0090

Option A Employee and Dependent Critical Illness insurance.

P020.1084

Option B Employee and Dependent Critical Illness insurance.

P020.1084

ATTACHED CERTIFICATES

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

Class 0001 Option(s) A

P024.0662

Class 0002 Option(s) B

P024.0663

P024.0663

The Certificate(s) describe the Critical Illness Insurance 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 rider or amendments to this Policy.

P020.0938

All Options

The Guardian Life Insurance Company of America
Schedule of Premium Rates
Critical Illness Insurance

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 premiums rates(s) set forth below at the times and in the manner set forth in the Premiums section of the Policy.

P020.0969

All Options

Premium Rates
Voluntary Critical Illness Coverage

P020.1110

Option A Class 0001

The following set of rates represents the rate per \$1,000.00 of coverage.

Age		Rate per Employee
From	Through	
15	29	\$ 0.25
30	39	\$ 0.47
40	49	\$ 1.10
50	59	\$ 2.12
60	69	\$ 3.28
70	99	\$ 7.15

P020.1119

Option B Class 0002

The following set of rates represents the rate per \$1,000.00 of coverage.

Age		Rate per Employee
From	Through	
15	29	\$ 0.62
30	39	\$ 1.08
40	49	\$ 2.30
50	59	\$ 4.31
60	69	\$ 6.66
70	99	\$ 12.66

P020.1119

All Options

"Age" means the Employee's age in years as of the Policy Issue Date.

P020.1330

All Options**Premium Rates****Dependent Spouse Voluntary Critical Illness Coverage**

P020.1194

Option A Class 0001

The following set of rates represents the rate per \$1,000.00 of coverage.

Age		Rate per Insured Spouse
From	Through	
15	29	\$ 0.25
30	39	\$ 0.47
40	49	\$ 1.10
50	59	\$ 2.12
60	69	\$ 3.28
70	99	\$ 7.15

P020.1208

Option B Class 0002

The following set of rates represents the rate per \$1,000.00 of coverage.

Age		Rate per Insured Spouse
From	Through	
15	29	\$ 0.62
30	39	\$ 1.08
40	49	\$ 2.30
50	59	\$ 4.31
60	69	\$ 6.66
70	99	\$ 12.66

P020.1208

All Options

"Age" means the Employee's age in years as of the Policy Issue Date.

P020.1330

All Options**Premium Rates****Dependent Child Voluntary Critical Illness Coverage**

P020.1301

All Options All Classes

The following set of rates represents the rate per \$1,000.00 of coverage.

Rate Per Child(ren) \$.00

P020.1303

All Options

ATTACHED TO AND MADE PART OF GROUP INSURANCE POLICY NO. G -00539796-

issued by

The Guardian Life Insurance Company of America

(herein called the Insurance Company)

to

CHATTAHOOCHEE FLINT REGIONAL EDUCATION SERVICE AGENCY

(herein called the Policyholder)

This Rider amends this Policy by replacing the Grace In Payment Of Premiums - Termination Of Policy provision as shown below and is effective on its issue date.

Grace In Payment Of Premiums - Termination Of Policy

A grace period of 60 days, without interest charge, will be allowed for each premium payment except the first. If any premium with respect to the Employees of any Employer is not paid before the end of the grace period, this Policy ends with respect to all Employees of such Employer 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.

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.



Harris Oliner, Senior Vice President,
Corporate Secretary



Raymond Marra, Senior Vice President,
Group and Worksite Markets

GP-1-A-GRACE-18

P055.0176

All Options

ATTACHED TO AND MADE PART OF GROUP INSURANCE POLICY NO. G -00539796-

issued by

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(herein called Guardian)

to

CHATTAHOOCHEE FLINT REGIONAL EDUCATION SERVICE AGENCY

(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.

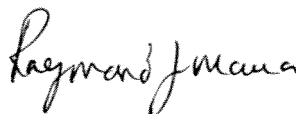
Finally, please note that it is not expected that any dividends will be payable under this Policy.

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 New York, NY This 28th Day of May, 2020



Harris Oliner, Senior Vice President,
Corporate Secretary



Raymond Marra, Senior Vice President,
Group and Worksite Markets

P070.0043

END OF POLICY DOCUMENT

