Unum Insurance Company
2211 Congress Street
Portland, ME 04122
(877) 225-2712
services.unum.com

Group Accident Insurance Policy

We welcome you as the Policyholder and are committed to providing quality service. This is an Accident Policy. Accident coverage can ease the potential financial impact of unforeseen accidents by providing benefits. This Policy describes the provisions with which you, as a Policyholder, should be familiar. Please see the Certificate of Coverage for specific details on the Accident benefits.

Policyholder: Mindlance, Inc.

Policy Number: 985080 001

Policy Effective Date: August 1, 2025

Policy Anniversary: August 1

Governing Jurisdiction: California

This Policy is issued to the Policyholder in return for the payment of required premiums. The first premium payment is due on or before the Policy Effective Date. All subsequent premiums are due in accordance with the Premium Due Dates found in the Rate Schedule. We issue this Policy and Certificate of Coverage in agreement of the Policyholder's and Insured's applications and enrollment forms. We will pay benefits to eligible Insureds according to the terms and provisions outlined in this Policy and the certificate.

This is a non-participating Policy that provides limited benefits. This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Please read this Policy carefully.

This Policy is delivered in and is governed by laws of the governing jurisdiction and to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. There may be changes that impact an Insured's benefits based on the Insured's state of residence.

Glossary defined terms found within this Policy and the Certificate of Coverage have been capitalized.

Signed for Unum at Portland, Maine on the Policy Effective Date.

President

Secretary

Table of Contents

Premium Payments

Premiums must be paid to us in United States Dollars and are due on or before their due date. If we do not receive premium payment on the Premium Due Date, we will provide the Policyholder Written notice to advise Premium Payments must be made by the last day of the Grace Period, otherwise the Policy will end.

The amount of Premium due on any Premium Due Date is calculated by using the total amount of insurance provided by this Policy on such date, multiplied by the applicable rates in effect, subject to any Premium Adjustments.

The rates and Premium Due Dates are stated in the Rate Schedule and have been agreed to by us and the Policyholder. We may use any reasonable method to calculate Premium due using the rates.

Premium Adjustments

Premium adjustments resulting from changes made in insurance after a Premium Due Date are due on the Premium Due Date following the effective date of the change. Changes will not be pro-rated daily.

Premium Due Dates that do not occur on a monthly basis will result in a monthly pro-rated adjustment due on the next Premium Due Date.

Premium adjustments will only be made for the current Policy Year and the prior Policy Year. In the event of Fraud, premium adjustments will be made for all Policy Years.

Grace Period

The Grace Period is 60 days following a Premium Due Date during which a premium payment may be made. The Policyholder is liable for all premium due during the Grace Period. During the Grace Period this Policy will remain in force, unless we have received Written notice from the Policyholder to cancel this Policy.

Right to Change Rates

We will not change rates before the later of the first Policy Anniversary or the end of any Rate Guarantee Period as stated in the Rate Schedule. However, if changes occur for reasons which affect the risk assumed for the insurance we are providing under this Policy, we can change the rates at any time. These reasons include, but are not limited to:

- a change occurs in this Policy design;
- a division, subsidiary, or affiliated company is added or deleted;
- the number of Insureds changes by 25% or more; or
- a change in federal or state law, regulation, or regulatory process that substantially impacts this Policy, the benefits payable, or the risk insured.

In any event, we will provide Written notice to the Policyholder at least 45 days prior to the effective date of a rate change. A rate change may take effect on an earlier date if agreed to by us and the Policyholder.

When Days Begin and End

For the purpose of all dates under this Policy, all days begin at 12:01 a.m. and end at 12:00 midnight.

Entire Contract; Changes

Policy Contents

This Policy constitutes the entire contract between the parties and consists of:

- all Policy provisions, and any riders, amendments and endorsements, and other attachments to this Policy;
- the Certificate of Coverage, and any riders, amendments and endorsements, and other attachments to the Certificate of Coverage;
- the Policyholder's application for group insurance; and
- Employee's signed applications, if applicable.

Representations in Applications

In the absence of Fraud, any statements made by the Employee or Policyholder will be considered a representation and not a warranty. No such statement shall avoid the insurance or reduce the benefits under this Policy or the certificate or be used in defense to a claim hereunder unless it is contained in a Written application, nor shall any such statement of the Policyholder, except a fraudulent misstatement, be used at all to void this Policy after it has been in force for three years from the Policy Effective Date, nor shall any such statement of any Employee eligible for coverage under the certificate, except a fraudulent misstatement, be used at all in defense to a claim for loss incurred as defined in the certificate commencing after the Policy Effective Date with respect to which claim is made, has been in effect for three years from the Policy Effective Date.

Policy Change Authority

No change in this Policy shall be valid unless approved by an executive officer of Unum and the Policyholder and unless such approval be endorsed on or attached to this Policy. No agent or broker has authority to change this Policy or waive any of its provisions.

Employee's Certificate of Coverage

We will provide the Policyholder with a Certificate of Coverage for distribution to each Insured Employee. The Employee's certificate describes:

- the coverage to which the Insured may be entitled;
- to whom we will make a payment; and
- the limitations, exclusions, and requirements that apply to an Insured's coverage.

Communicating with an Insured or the Policyholder

We may provide notices, information, and other communications to an Insured or the Policyholder in Written form.

To protect our customers, we will abide by all applicable privacy laws and regulations.

Information Required from the Policyholder

The Policyholder must provide us with the following on a regular basis:

- information about Employees:
  - who are eligible to become insured;
  - whose amounts of coverage change; and
  - whose coverage ends;
- occupational information and any other information that may be required to manage a claim; and
- any other information we may reasonably require.

Policyholder records must be available for our review at any reasonable time.

Clerical Error or Omission

If a clerical error is made by us, the Policyholder, or an Insured in keeping or providing information, any premiums and benefits will be adjusted according to the correct information. An error will not end coverage that is validly in effect and will not reinstate coverage that was validly ended.

Agency

For purposes of this Policy, the Employer acts on its and its Employees behalf. Under no circumstances will the Employer be deemed our agent.

Conformity with

If the terms and provisions of this Policy are subject to and contrary to the laws of

Law California, such terms and provisions are hereby amended to conform to the minimum requirements of those laws.

Cancellation of this Policy by the Policyholder

The Policyholder may cancel this Policy by providing us Written notice at anytime. In any event of cancellation, coverage will continue through the end of the day the cancellation takes effect.

If the Policyholder provides notice of intention to cancel the Policy during the Grace Period, we will only collect premium for the period beginning on the first day of the Grace Period, until the later of:
- the date on which the notice is received; or
- the date of termination stated in the notice.

Cancellation due to Non-Payment of Premium

This Policy will automatically be cancelled on the last day of the Grace Period if premium has not been paid. The Policyholder is liable for all premium due while this Policy remains in force, including premium that becomes due during the Grace Period.

Cancellation or Modification of this Policy by Us

We may cancel or modify this Policy if:
- our participation requirements are not met, as applicable;
- the Policyholder does not promptly provide us with information that is reasonably required;
- the Policyholder fails to perform any of its obligations that relate to this Policy;
- the premium is not paid in accordance with the provisions of this Policy that specify whether the Policyholder, the Insured, or both, pay(s) the premiums;
- the Policyholder does not promptly report to us the required information about any Employees who are added or removed from an Eligible Group;
- we determine that there is a significant change in the Policyholder or its Employees as a result of a corporate transaction such as a merger, divestiture, acquisition, sale, or reorganization that impacts the size, occupation, or age of any Eligible Groups;
- we provide the Policyholder with 31 days Written notice at any time after any rate guarantee period for any reason; or
- any change occurs in federal or state law, regulation, or regulatory process that substantially impacts this Policy, the benefits payable, or the risk insured.

In any event, we will provide Written notice to the Policyholder at least 31 days prior to any cancellation or modification date. The Policyholder may cancel this Policy if they choose not to accept the Policy modifications made by us.

Notice to Insured Employees of Cancellation of this Policy

The Policyholder is responsible for giving Insured Employees Written notice of the cancellation of this Policy as soon as reasonably possible.

Cancellation of this Policy will not affect a Payable Claim for an Insured.

Premium Received After Cancellation of this Policy

Premium accepted after the date this Policy is cancelled will not act to reinstate this Policy. We will refund any premium paid that was in excess of what was owed.

Active Employment

An Employee who is working for the Employer for earnings that are paid regularly and is performing the Material and Substantial Duties of their Regular Occupation. The Employee must be regularly scheduled to work at least the minimum number of hours as determined by the Employer.

The Employer's work site must be:
- the Employer's usual place of business in the United States;
- an alternative work site in the United States at the direction of the Employer; or
- a location in the United States to which the Employee's job requires them to travel.

Normal vacation, holidays, or temporary business closures are considered Active Employment provided the Employee is in Active Employment on the last scheduled work day preceding such time off.

For purposes of this policy, temporary business closures that meet the Glossary definition of Active Employment include:
- inclement weather;
- power outage; and
- public health agency orders.

Temporary and seasonal workers are excluded from coverage.

Certificate of Coverage

The document issued to the Employee, also referred to as the "certificate," describing an Insured's benefits and rights under this Policy, including any riders, amendments and endorsements, and other attachments to this Policy and the certificate.

Employee

A person who is in Active Employment in the United States with the Employer.

Employer

The Policyholder, including all United States divisions, subsidiaries, and affiliated companies of the named Policyholder for whose Employees premium is being paid.

Grace Period

The period of time following a Premium Due Date when premium payment must be made in order for coverage to remain in force.

Insured

Any person who has coverage under this Policy.

Payable Claim

A claim for which we are liable under the terms of this Policy.

Policy

The Group Accident Insurance Policy issued to the Policyholder, including the Certificate of Coverage and any riders, amendments and endorsements, and other attachments to this Policy and the certificate.

Policyholder

The master Policyholder to which this Policy is issued.

Policy Year

August 1, 2025 to August 1, 2026 and each following August 1 to August 1.

Unum Insurance Company

Referred to as "Unum" and "we," "us," or "our."

Writing or **Written**

A record on or transmitted by paper, electronic, or telephonic means consistent with applicable law.

CALIFORNIA CONTACT NOTICE:

GENERAL QUESTIONS: If you have any general questions about your insurance, you may contact the Insurance Company by:

CALLING:
1-800-421-0344 (Customer Information Call Center)

-OR-

WRITING TO:
Unum Insurance Company
2211 Congress Street
Portland, Maine 04122

COMPLAINTS: If a complaint arises about your insurance, you may contact the Insurance Company by:

CALLING:
(Customer Relations Complaint Line)
Toll free: 1-800-321-3889, Option 2

-OR-

WRITING TO:
[Deborah J. Jewett], Manager, Customer Relations
Unum Insurance Company
2211 Congress Street
Portland, Maine 04122

WHEN CALLING OR WRITING TO THE INSURANCE COMPANY, PLEASE PROVIDE YOUR INSURANCE POLICY NUMBER.

If the Policy or Certificate of Coverage was issued or delivered by an agent or broker, please contact your agent or broker for assistance.

You also can contact the California Department of Insurance. However, the California Department of Insurance should be contacted only after discussions with the Insurance Company or its agent or other representative, or both, have failed to produce a satisfactory resolution to the problem.

Department of Insurance
Consumer Communications Bureau
300 South Spring Street - South Tower
Los Angeles, California 90013
www.insurance.ca.gov
In-State Toll Free Hotline Telephone Number: 1-800-927-4357
Local Telephone Number: 213-897-8921
Office Hours: 8:00 a.m. - 5:00 p.m.

This form is for contact information only, and it is not to be considered a condition for the Policy or Certificate of Coverage.