

**SCHOOLS INSURANCE FUND OF WISCONSIN
JOINDER AGREEMENT FOR
LONG-TERM DISABILITY INSURANCE**

Grand Haven Area Public Schools (the "Employer") hereby requests application for participation in Schools Insurance Fund of Wisconsin (the "Trust") for group long-term disability insurance benefits under a master group policy underwritten by Madison National Life Insurance Company, Inc. (the "Insurer"). The "Group Policy" means only the provisions of the master group policy that apply to the Employer, based upon the coverage requested under this Joinder Agreement.

A. Administrative

1. Employer:	Grand Haven Area Public Schools 1415 Beechtree St Grand Haven, MI 49417-2899
2. Plan Number:	6510
3. Nature of Business:	Public Education
4. Frequency of Billing:	Monthly
5. Original Plan Effective Date:	December 1, 2006
6. Revised Joinder Effective Date:	August 1, 2015

B. Class and Benefit Summary

Class Number:	01	02	03
Eligible Class:	Cabinet	Bargaining Administrators	Directors
Employer Premium Contribution:	100%	100%	100%
Initial Premium Rate:	0.512% of covered payroll	0.512% of covered payroll	0.512% of covered payroll
Initial Premium Rate Guarantee:	28 months until December 1, 2017	28 months until December 1, 2017	28 months until December 1, 2017
Elimination Period:	90 days modified fill	90 days modified fill	90 days modified fill
Minimum Hourly Work Requirement:	30 hours per week	30 hours per week	30 hours per week
Waiting Period:	None	None	None
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	Upon completion of the Waiting Period	Upon completion of the Waiting Period	Upon completion of the Waiting Period

Class Number:	01	02	03
Eligible Class:	Cabinet	Bargaining Administrators	Directors
Minimum Participation Required:	100%	100%	100%
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment for up to 12 months while on Paid or Unpaid Leave	Coverage with premium payment while on FMLA leave; Coverage with premium payment for up to 12 months while on Paid or Unpaid Leave	Coverage with premium payment while on FMLA leave; Coverage with premium payment for up to 12 months while on Paid or Unpaid Leave
Definition of Disability:	Total	Total	Total
Own Occupation Period:	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Recurrent Disability:	6 months	6 months	6 months
Predisability Earnings:	Base pay plus Longevity Pay	Base pay only	Base pay only
Maximum Monthly Covered Salary:	\$17,143	\$10,833	\$9,167
LTD Benefit Percentage:	70%	70%	70%
Maximum Monthly Benefit:	\$12,000	\$7,583	\$6,417
Guarantee Issue:	\$12,000	\$7,583	\$6,417
Minimum Monthly Benefit:	Greater of \$50 or 5% of Gross LTD Benefit	Greater of \$50 or 5% of Gross LTD Benefit	Greater of \$50 or 5% of Gross LTD Benefit
Social Security Integration:	Full Family	Full Family	Full Family
Freeze Type:	General Freeze	General Freeze	General Freeze
Mental Disorder Limitation:	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined

Class Number:	01	02	03
Eligible Class:	Cabinet	Bargaining Administrators	Directors
Substance Abuse Limitation:	None - Same as any Physical Disease	None - Same as any Physical Disease	None - Same as any Physical Disease
Claim Payment Method:	Bi-Weekly for the first 12 months; Monthly thereafter	Bi-Weekly for the first 12 months; Monthly thereafter	Bi-Weekly for the first 12 months; Monthly thereafter
Medical Premium Expense Benefit:	Included - Benefit payable to the Employer	Included - Benefit payable to the Employer	Included - Benefit payable to the Employer
Rehabilitation Benefit:	Included	Included	Included
Class Number:	04	05	06
Eligible Class:	Central Office Staff	Teaching Assistants and Paraprofessionals	Child and Family Services Staff
Employer Premium Contribution:	100%	100%	100%
Initial Premium Rate:	0.512% of covered payroll	0.512% of covered payroll	0.512% of covered payroll
Initial Premium Rate Guarantee:	28 months until December 1, 2017	28 months until December 1, 2017	28 months until December 1, 2017
Elimination Period:	90 days modified fill	90 days modified fill	90 days modified fill
Minimum Hourly Work Requirement:	20 hours per week for employees hired prior to May 1, 2006, and 30 hours per week for employees hired on or after May 1, 2006	20 hours per week for employees hired prior to May 1, 2006, 31 hours per week for employees hired on or after May 1, 2006, but prior to August 1, 2015, and 30 hours per week for employees hired on or after August 1, 2015	30 hours per week
Waiting Period:	None	8 years of continuous service	8 years on continuous service for Employees hired prior to September 1, 1998; 10 years of continuous service for Employees hired on or after September 1, 1998

Class Number:	04	05	06
Eligible Class:	Central Office Staff	Teaching Assistants and Paraprofessionals	Child and Family Services Staff
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	Upon completion of the Waiting Period	Upon completion of the Waiting Period	Upon completion of the Waiting Period
Minimum Participation Required:	100%	100%	100%
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment for up to 12 months while on Paid or Unpaid Leave	Coverage with premium payment while on FMLA leave; Coverage with premium payment for up to 12 months while on Paid or Unpaid Leave	Coverage with premium payment while on FMLA leave; Coverage with premium payment for up to 12 months while on Paid or Unpaid Leave
Definition of Disability:	Total	Total	Total
Own Occupation Period:	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Recurrent Disability:	6 months	6 months	6 months
Predisability Earnings:	Base pay only	Base pay only	Base pay only
Maximum Monthly Covered Salary:	\$5,833	\$3,333	\$4,286
LTD Benefit Percentage:	70%	70%	70%
Maximum Monthly Benefit:	\$4,083	\$2, 333	\$3,000
Guarantee Issue:	\$4,083	\$2, 333	\$3,000
Minimum Monthly Benefit:	Greater of \$50 or 5% of Gross LTD Benefit	Greater of \$50 or 5% of Gross LTD Benefit	Greater of \$50 or 5% of Gross LTD Benefit

Class Number:	04	05	06
Eligible Class:	Central Office Staff	Teaching Assistants and Paraprofessionals	Child and Family Services Staff
Social Security Integration:	Full Family	Full Family	Full Family
Freeze Type:	General Freeze	General Freeze	General Freeze
Mental Disorder Limitation:	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined
Substance Abuse Limitation:	None - Same as any Physical Disease	None - Same as any Physical Disease	None - Same as any Physical Disease
Claim Payment Method:	Bi-Weekly for the first 12 months; Monthly thereafter	Bi-Weekly for the first 12 months; Monthly thereafter	Bi-Weekly for the first 12 months; Monthly thereafter
Medical Premium Expense Benefit:	Included - Benefit payable to the Employer	Included - Benefit payable to the Employer	Included - Benefit payable to the Employer
Rehabilitation Benefit:	Included	Included	Included

Maximum Benefit Period:

Age at Disablement	Benefit Duration
59 or younger	To age 65
60 - 65	5 years
66	4 years
67	3 years
68	2 years
69 and over	1 year

C. Payment of Premiums

1. **Premium Due Date.** Premium is due on the 1st of the month to which coverage for such premium applies (e.g., premium for coverage in October would be due October 1st).
2. The premium due on each Premium Due Date is the sum of the premiums for all Insured Persons under the Group Policy. Premium rates for each Employer covered under the Group Policy are shown in the Employer's Joinder Agreement.
3. The Employer determines the amount, if any, of each Insured Person's contribution toward the cost of insurance.
4. Each premium is payable on or before its Premium Due Date directly to the Insurer at their home office.

5. Premium is due for an Insured Person for each month in which such employee is covered under the Group Policy. The Employer must notify the Insurer immediately whenever an employee becomes eligible or ceases to be eligible for coverage. Effective dates of coverage or termination dates which occur mid-month will be billed as follows:

- a) If the effective date of coverage is between the 1st of the month and 15th of the month, premium for an entire month will be due to the Insurer. If the effective date of coverage is between the 16th of the month and the end of the month the Employer will be billed for the next full month of coverage. The Insurer does not prorate premium.
- b) If the date coverage ends is between the 1st of the month and the 15th of the month, no premium will be due for that month. If the date of termination is between the 16th of the month and the end of the month the Employer will be responsible for an entire month's premium.

6. All premiums will be based upon information provided by the Employer in the Census Reports.

D. Changes in Premium Rates.

- 1. Special Circumstances. The Insurer may change premium rates, to be effective on the next Premium Due Date, if any of the following occur:
 - a) A change or clarification in a law or governmental regulation affects the amount payable under the Group Policy. Any such change in premium rates will reflect only the change in the Insurer's obligations.
 - b) One or more changes occur in the factors material to the underwriting risk the Insurer assumed under the Group Policy with respect to the Employer, including, but not limited to, the number of persons insured, age, Predisability Earnings, gender and occupational classification.
 - c) The premium contribution arrangement for insured employees changes or varies from that stated in the Employer's Joinder Agreement when issued or last renewed.
 - d) Plan design changes are requested by the Employer.
 - e) The Insurer and the Employer mutually agree to change premium rates.
- 2. In all other cases, and subject to a period for which the Insurer has provided the Employer with a written rate guarantee, the Insurer may change premium rates upon 60 days advance written notice to the Employer. Any such change in premium rates may be made effective on any Premium Due Date, but no such change will be made more than once in any Contract Year. Contract Years means successive 12-month periods computed from the end of the initial rate guarantee period, or from a time agreed to in writing by the Employer and Insurer.

E. Premium Adjustments. Premium adjustments involving a return of unearned premiums to an Employer will be limited to the 12 months just before the date the Insurer receives a request for premium adjustment.

F. Information Required from Employer

- 1. The Employer will furnish all information reasonably necessary to administer the Group Policy, including but not limited to the following:

- a) At least one Census Report during each plan year, no later than six months prior to the next plan renewal date. The Census Report means a written report providing the following information for each Employee insured under the Group Policy: name, social security number, date of birth, gender, occupational class, annual Pre-disability Earnings as defined under the Group Policy and the amount of coverage.
 - b) A list of all eligible employees and documentation supporting employee eligibility under the Group Policy.
 - c) Information about employees who become eligible, whose amounts of coverage change and/or whose coverage ends.
 - d) Occupational information and any other information that may be required to manage a claim.
 - e) Notification of an Employer's change in legal status, expansion of business, dissolution, merger, buyout or any other significant business operational change.
 - f) Notice of any additional eligible employee segment(s).
 - g) Any other information that may be reasonably required.
2. The Employer must provide such information to the Insurer or its agents in a regular and timely manner as may be reasonably specified by the Insurer and/or its agents. The Insurer and its agents have the right at all reasonable times to inspect the payroll and other records of the Employer which relate to insurance under the Group Policy.

G. Grace Period and Termination for Nonpayment

1. If a premium is not paid on or before its Premium Due Date, it may be paid during the Grace Period. The coverage under the Group Policy will remain in force during the Grace Period.
2. Grace Period means the 31 days following the Premium Due Date.
3. If the premium for coverage is not paid during the Grace Period, the coverage under the Group Policy will terminate automatically at the end of the Grace Period.
4. The Employer is liable for premium for coverage during the Grace Period. The Insurer may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.

H. Termination for Other Reasons

1. The Policyowner may terminate the Group Policy and the Employer may terminate coverage under the Group Policy by giving the Insurer at least 31 days written notice. The effective date of termination will be the later of:
 - a) The date stated in the notice; or
 - b) The Premium Due Date immediately following date the Insurer receives the notice.
2. The Insurer may terminate coverage under the Group Policy as follows:
 - a) On any Premium Due Date if the number of persons insured is less than the minimum participation number or less than the minimum participation percentage provided for under Employer's Joinder Agreement.
 - b) On any Premium Due Date if the Insurer determines that the Employer has failed to promptly furnish any necessary information requested or has failed to perform any other obligations relating to the Group Policy or coverage under the Group Policy.

- c) On any Premium Due Date by giving the Employer at least 31 days advance written notice.
 - d) On the date the Employer breaches any part of the Entire Contract.
- I. Certificates. The Insurer will prepare Group Long Term Disability Certificates of Coverage setting forth the main features of the Group Policy applicable to each Insured Person. The Insurer and Employer may agree to distribute the Certificates to Insured Persons in paper format, or to make the document available and accessible for review by Insured Persons on the Employer's website. The Employer will be responsible for providing sufficient notice to the Insured Person of the existence and availability of the Certificate, including instructions on how to view the document, and a statement that a paper copy of the document will be made available upon request. Upon receiving such a request from either the Employer or Insured Person, the Insurer will provide a written copy of the Certificate to the Employer for distribution to the Insured Person. If the terms of the Certificate of Coverage differ from the terms of the Employer's coverage under the Group Policy, the latter will govern.
- J. Agency and Release. Individuals selected by the Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them and do not represent or act on behalf of Madison National Life Insurance Company. The Policyowner, Employer and such individuals have no authority to alter, expand or extend the Insurer's liability or to waive, modify or compromise any defense or right the Insurer may have under the Group Policy. The Policyowner and Employer hereby release, hold harmless and indemnify Madison National Life Insurance Company from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of the Policyowner or Employer respectively, or any of their respective representatives, agents or employees.
- K. Notice of Suit. The Policyowner and Employer shall promptly give the Insurer written notice of any lawsuit or other legal proceedings arising under the Group Policy.
- L. Entire Contract and Changes
- 1. The Group Policy, the Group Long Term Disability Insurance Certificate of Coverage, the Employer Joinder Agreement, the applications of the Policyowner, Employers and employees and any applicable riders, addenda and/or amendments constitute the Entire Contract.
 - 2. The Group Policy may be changed in whole or in part. No change in the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Policyowner for attachment to the Group Policy. No change in an Employer's coverage under the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Employer for attachment to their Joinder Agreement. No agent has authority to change the Group Policy or an Employer's coverage under the Group Policy or to waive any provisions thereof.
- M. Effect on Workers' Compensation, State Disability Insurance. The coverage provided under the Group Policy is not a substitute for coverage under a Workers' Compensation or state disability income benefit law and does not relieve the Employer of any obligation to provide such coverage.
- N. The undersigned Employer adopts and agrees to be bound by the terms and conditions of Schools Insurance Fund of Wisconsin Trust Agreement, as amended from time to time (the "Trust Agreement") and master group policy. Copies of these documents are available for employer review at Madison National Life Insurance Company, 1241 John Q. Hammons Drive, Madison, WI 53717.

- O. The Trust is a vehicle for obtaining group insurance plans in which employers join together as a single policyholder for the purchase and maintenance of group insurance policies.
- P. The Trust's Administrator shall provide participating employers the necessary information for applicable State and Federal compliance reporting requirements.
- Q. The signatures below constitute acceptance of the undersigned employer as a participating member of the Trust.

Signed into effect this 3 day of Sept, 2015.

Scott C. Grimes
Signature of Authorized Employee of Employer

Scott C. Grimes, Asst. Supt.
Printed Name & Title of Authorized Employee

Signature of Authorized Employee of Employer

Printed Name & Title of Authorized Employee

Administrator:
National Insurance Services of Wisconsin, Inc.

By: Bruce A. Miller
Bruce A. Miller, President
August 12, 2015