



The Lincoln National Life Insurance Company
A Stock Company Home Office Location: Fort Wayne, Indiana
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066
(800) 423-2765 Online: www.LincolnFinancial.com

Group Policyholder: The County of Granville
Group Policy No: STD-0000202032
Group Policy Delivered In: North Carolina

In Consideration of the Group Policyholder's application for this Policy and payment of all premiums when due, The Lincoln National Life Insurance Company agrees to make the payments provided in this Policy to the persons entitled to them.

The provisions and conditions set forth on the following pages are a part of this Policy, as fully as if recited over the signatures below. This Policy replaces any other policy for the benefits described inside.

The Lincoln National Life Insurance Company has executed the Policy at its Group Insurance Service Office in Omaha, Nebraska.

THIS POLICY IS RENEWABLE AT THE COMPANY'S OPTION. IMPORTANT CANCELLATION INFORMATION - PLEASE READ THE PROVISIONS ENTITLED "POLICY TERMINATION," FOUND ON PAGE 9

ANY PERIOD OF DISABILITY WHICH BEGINS IN THE FIRST 12 MONTHS AFTER THE INSURED PERSON'S EFFECTIVE DATE, WHICH IS CAUSED OR CONTRIBUTED TO BY, OR RESULTS FROM A PRE-EXISTING CONDITION, WILL NOT BE COVERED BY THE POLICY.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the Company, or by calling 1-800-MEDICARE (1-800-633-4227), or online at www.medicare.gov/Publications.

SECRETARY

PRESIDENT

THIS IS A LEGAL CONTRACT BETWEEN THE GROUP POLICYHOLDER AND THE COMPANY.

READ YOUR POLICY CAREFULLY.

Insurance benefits may be subject to certain requirements, reductions, limitations, and exclusions.

GROUP WEEKLY DISABILITY INCOME INSURANCE POLICY

The Certificate(s), and any amendments which may be attached to it, contains the main provisions of the Policy.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

TABLE OF CONTENTS

Schedule of Benefits	3
Policy Schedule of Benefits.....	3
Premium Rate Schedule.....	4
Definitions	5
General Provisions	6
Entire Contract.....	6
Authority to Make or Amend Contract.....	6
Incontestability.....	6
Nonparticipation.....	6
Information to be Furnished.....	6
New Employees.....	6
Misstatements of Facts.....	7
Acts of the Policyholder.....	7
Group Policyholder’s Agency.....	7
Certificates.....	7
Conformity with State Statutes.....	7
Currency.....	7
Workers’ Compensation or State Disability Insurance.....	7
Assignment.....	7
Premiums and Premium Rates	8
Payment of Premiums.....	8
Grace Period.....	8
Premium Rate Change.....	8
Premium Amount.....	8
Policy Termination	9
Termination by the Company.....	9
Termination by the Group Policyholder.....	9
Automatic Termination.....	9
Effect of Policy Termination on Incurred Claims.....	9
Notice	10

**The County of Granville
STD-0000202032**

SCHEDULE OF BENEFITS

Benefit details are shown in the Certificate. The information provided in this Policy Schedule of Benefits pertains to the Group Policyholder.

Group Policy Effective Date: July 1, 2022

Reissued Policy Effective Date: July 1, 2023

Eligible Class:

Plan 1 - Short Term Disability

Class 1 - All Full-Time Employees

First Premium Due: Group Policy Effective Date

Subsequent Premiums Due: 1st Day of Insurance Month

Insurance Month Period: A period beginning on the first Day of any calendar month and ending on the last Day of the same calendar month.

Policy Anniversary: July 1st

Premium/Billing Mode: Monthly

Grace Period: 60 Days

Rate Change Notice: 45 Days

Minimum Number of Insureds: 10

Minimum Participation:

Employee Paid Benefits - At least 15% of those eligible for insurance must be insured.

Policy Termination Notice: 60 Days

**The County of Granville
STD-0000202032**

PREMIUM RATE SCHEDULE

Monthly Weekly Disability Income Insurance Rates

Weekly Disability Income Insurance Rates

Class: 1 - All Full-Time Employees

Plan 1

Monthly Weekly Disability Insurance Rate

Age	Monthly Premium Rate
0-19	\$0.988 per \$10 of Weekly Benefit
20-24	\$0.988 per \$10 of Weekly Benefit
25-29	\$0.988 per \$10 of Weekly Benefit
30-34	\$0.988 per \$10 of Weekly Benefit
35-39	\$0.988 per \$10 of Weekly Benefit
40-44	\$1.030 per \$10 of Weekly Benefit
45-49	\$1.059 per \$10 of Weekly Benefit
50-54	\$1.078 per \$10 of Weekly Benefit
55-59	\$1.103 per \$10 of Weekly Benefit
60-64	\$1.196 per \$10 of Weekly Benefit
65-69	\$1.238 per \$10 of Weekly Benefit
70-200	\$1.292 per \$10 of Weekly Benefit

Premium will be calculated as of the Insured Person's age on each Policy anniversary.

Provided insurance is in effect, the above rates are guaranteed until July 1, 2024, unless an exception listed in the Premium Rate Change section applies. After that, any premium rate increase will be provided in a renewal notice.

DEFINITIONS
For
Group Policyholder

CERTIFICATE means the Group Weekly Disability Income Certificate which contains the main provisions of the Policy. The Certificate includes any amendments which may be attached to it.

COMPANY means The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

DAY, DAYS OR DATE means the period of time that begins at 12:01 a.m. and ends at 12:00 midnight when used with regard to eligibility dates and effective dates. When used with regard to termination dates, it means 12:00 midnight. Day or Date is based on the time at the Group Policyholder's place of business.

EMPLOYER means the Group Policyholder. It includes any division, subsidiary or affiliated company named in the Application or Participation Agreement.

GROUP POLICYHOLDER means the person, partnership, corporation, trustee, or other organization, as shown on the Title Page of the Policy.

INSURANCE MONTH means that period of time shown in the Schedule of Benefits:

- (1) beginning at 12:01 a.m.; and
- (2) ending at 12:00 midnight;

at the Group Policyholder's primary place of business.

INSURED PERSON means a Person for whom Policy insurance is in effect.

PERSON means an Employee of the Group Policyholder:

- (1) who is a member of a class that is eligible for insurance under the Policy; and
- (2) who has enrolled for insurance.

POLICY means the group Weekly Disability Income Insurance Policy issued by the Company to the Group Policyholder. The Certificate(s), and any amendments which may be attached to it, contains the main provisions of the Policy.

PREMIUM means the amount charged for the insurance provided by the Policy.

WEEKLY DISABILITY INCOME INSURANCE means the group weekly disability income (short-term disability) insurance provided by the Policy for Employees.

WORKERS' COMPENSATION OR SIMILAR INSURANCE means insurance under a law that compensates for job related Injury or Sickness. It includes (but is not limited to):

- (1) insurance under any Workers' Compensation or occupational disease law;
- (2) insurance under the Jones Act; the Federal Employers Liability Act (FELA); the Longshore and Harbor Workers' Compensation Act; the Maritime Doctrine of Maintenance, Wages or Cure; or
- (3) any plan provided in place of one of those plans.

GENERAL PROVISIONS
For
Group Policyholder

ENTIRE CONTRACT. The entire contract between the parties shall consist of:

- (1) the Policy and any amendments to it;
- (2) the Group Policyholder's application, if any;
- (3) any individual applications of the Insured Persons; and
- (4) the Certificate for each class of Insured Persons and any amendments to it.

If there is a conflict between the Policy and the Certificate, the Policy will control.

AUTHORITY TO MAKE OR AMEND CONTRACT. Only a Company officer located in the Company's Group Insurance Service Office has the authority to:

- (1) determine the insurability of a group or any individual within a group;
- (2) make a contract in the Company's name;
- (3) amend or waive any provision of the Policy; or
- (4) extend the time for payment of any Premium.

No change in the Policy will be valid, unless it is made in writing and signed by such Company officer.

INCONTESTABILITY. Except for the non-payment of Premiums, the Company will not contest the validity of the Policy after it has been in force for two years from its date of issue; and as to any Insured Person, after his or her insurance has been in force for two years during his or her lifetime. This clause does not preclude, at any time, the assertion of defenses based upon:

- (1) the Policy's eligibility requirements, exclusions and limitations; and
- (2) other Policy provisions unrelated to the validity of insurance.

In the absence of fraud, all statements made by the Group Policyholder are representations and not warranties.

NONPARTICIPATION. The Policy is a non-participating Policy. It will not share in the divisible surplus of the Company.

INFORMATION TO BE FURNISHED. The Group Policyholder is required to furnish any information needed to administer the Policy, including:

- (1) information about Persons:
 - (a) who become eligible for insurance;
 - (b) whose amounts of insurance change; or
 - (c) whose eligibility or insurance ends; or
 - (d) needed for underwriting purposes;
- (2) occupational information and other facts that may be needed to manage a claim; and
- (3) any other information that the Company may reasonably require.

The Company may inspect the Group Policyholder's records that relate to the Policy, at any reasonable time.

Clerical error by the Group Policyholder:

- (1) will not void or terminate insurance that otherwise would be in effect;
- (2) will not result in insurance that otherwise would not be in effect; and
- (3) will not continue insurance that otherwise would be terminated.

Once an error is discovered, an appropriate adjustment in Premium will be made. If a Premium adjustment involves the return of unearned Premium, the amount of the return will be limited to the 12-month period that precedes the date the Company receives proof such an adjustment should be made.

NEW EMPLOYEES. Employees who become eligible after the Policy takes effect may be enrolled, in accord with the terms of the Certificate. (See the Eligibility and Effective Dates section of the Certificate.)

GENERAL PROVISIONS
For
Group Policyholder
(Continued)

MISSTATEMENTS OF FACTS. If relevant facts about any Person were misstated:

- (1) a fair adjustment of the premium will be made; and
- (2) the true facts will decide if and in what amount insurance is valid under the Policy.

If an Insured Person's age has been misstated, any benefits shall be in the amount the paid premium would have purchased at the correct age.

ACTS OF THE POLICYHOLDER. In administering the Policy, the Group Policyholder must:

- (1) treat Employees the same in like situations; and
- (2) allow the Company, without inquiry, to rely on its acts.

GROUP POLICYHOLDER'S AGENCY. For all purposes of the Policy, the Group Policyholder acts on its own behalf or as an agent of the Insured Person. Under no circumstances will the Group Policyholder be deemed the agent of the Company.

CERTIFICATES. The Group Policyholder will be furnished with individual Certificates for delivery to each Insured Person. The Group Policyholder is responsible for distributing a Certificate to each Insured Person. The Certificate for each class of Insured Persons is incorporated into and made a part of the Policy. The Certificate provisions will apply as fully as if they were included in the Policy.

CONFORMITY WITH STATE STATUTES. If, on its effective Date, any provision of the Policy conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

CURRENCY. In administering the Policy:

- (1) all Predisability Income will be expressed in U.S. dollars; and
- (2) all Premium and benefit amounts must be paid in U.S. dollars.

WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE. The Policy does not replace or provide benefits required by:

- (1) Workers' Compensation laws; or
- (2) any state temporary disability insurance plan laws.

ASSIGNMENT. The rights and benefits under the Policy may not be assigned.

PREMIUMS AND PREMIUM RATES

PAYMENT OF PREMIUMS. The Group Policyholder is responsible for paying all Premiums as they become due. Payment of any Premium will not keep insurance in effect beyond the due Date of the next Premium, except as stated in the Grace Period.

GRACE PERIOD. A Grace Period will be allowed for the payment of each Premium. The Grace Period is shown on the Schedule of Benefits. The Policy will remain in effect during the Grace Period, unless the Group Policyholder gives the Company advance written notice of termination. The Group Policyholder will remain liable for payment of the pro rata Premium for the time the Policy remained in force during the Grace Period.

PREMIUM RATE CHANGE. The Company may change any Premium rate on any of the following Dates:

- (1) the Date the Policy's terms are changed;
- (2) the Date the Company's liability is changed due to a change in federal, state, or local law, regulation, or administration of such law or regulation;
- (3) the Date the Company's liability is changed because the Group Policyholder (or any covered division, subsidiary or affiliated company):
 - (a) relocates, dissolves or merges, or is added to or removed from the Policy; or
 - (b) ceases to be covered by the state Workers' Compensation program or any other program of like intent; or
 - (c) ceases to provide or reduces Sick Leave or Salary Continuance Plan benefits;
- (4) the Date any insurance for one or more classes ceases to be provided under the Policy;
- (5) the Date the number of Insured Persons changes by 15% or more from the enrollment on the Date the Policy took effect, or the most recent Rate Guarantee Date expired, if later; or
- (6) on any Premium due Date on or after the Policy's first anniversary, or any later rate guarantee Date agreed upon by the Company, provided such rate change is based upon at least 12 months of experience and is not made more often than once every 6 months.

We will apply any experience rating refund payable under the Policy to reduce the Group Policyholder's contribution to Premium, and will pay any excess amount to the Group Policyholder. The Group Policyholder will apply the excess amount for the sole benefit of Insured Persons.

The Company will give the Group Policyholder advance written notice of any increase in Premium rates. The rate change notice period is shown on the Schedule of Benefits. The notice period will apply unless the Company and the Group Policyholder agree otherwise.

PREMIUM AMOUNT. The amount of Premium due on each due Date will be the sum of the products obtained by multiplying each rate shown in the Premium Rate Schedule by the amount of insurance to which the rate applies.

Premium adjustments will not be pro-rated daily. Instead, Premium will be adjusted as follows:

- (1) when an Insured Person's insurance or an increase takes effect, Premium will be charged from the monthly due Date coinciding with or next following that change;
- (2) when all or part of an Insured Person's insurance terminates, the applicable Premium will cease on the monthly due Date coinciding with or next following that termination; and
- (3) when Premiums are paid other than monthly, increases or decreases will result in adjustment from the Premium due Date coinciding with or next following that change.

The above manner of charging Premium is for accounting purposes only. It will not extend coverage beyond a Date it would have otherwise terminated. Each Premium payment will include any adjustments in past Premiums, which are needed due to changes that have not yet been taken into account. If a Premium adjustment involves a return of unearned Premium, the refund will be limited to the prior 12-month period.

POLICY TERMINATION

TERMINATION BY THE COMPANY. The Company may terminate the Policy on the due Date of any Premium if:

- (1) the total number of Insured Persons is less than the minimum number of Insured Persons shown in the Schedule of Benefits;
- (2) part of the Premium is paid by Insured Persons and the minimum participation is less than what is shown in the Schedule of Benefits (this part 2 will not apply to any voluntary, optional or supplemental insurance provided under the Policy);
- (3) the Group Policyholder, without good cause, fails to:
 - (a) promptly furnish any information the Company reasonably requires; or
 - (b) perform its duties pertaining to the Policy in good faith;
- (4) the Company terminates all policies that provide Weekly Disability Income Insurance in the same state in which the Policy was issued; or
- (5) federal, state, or local law otherwise requires the Policy to be terminated.

To terminate the Policy, the Company must give the Group Policyholder advance written notice of its intent to do so. The Policy termination notice period is shown in the Schedule of Benefits.

TERMINATION BY THE GROUP POLICYHOLDER. The Group Policyholder may terminate the Policy at any time, by giving the Company advance written notice. Insurance will then terminate:

- (1) on the Date the Company receives the notice; or
- (2) any later Date the Company and the Group Policyholder have agreed upon.

The Group Policyholder remains responsible for the payment of Premiums to the Date of termination.

AUTOMATIC TERMINATION. If any Premium remains unpaid at the end of the Grace Period, the Policy will automatically terminate, without any action on the Company's part, on the last Day of the Grace Period. The Group Policyholder remains responsible for the payment of Premiums to the last Day of the Grace Period.

EFFECT OF POLICY TERMINATION ON INCURRED CLAIMS. Termination of the Policy will not affect benefits otherwise payable for a claim incurred while the Policy is in force.

**NOTICE CONCERNING COVERAGE
LIMITATIONS AND EXCLUSIONS UNDER THE NORTH CAROLINA
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health insurance should know that the insurance companies and Health Maintenance Organizations (HMOs) licensed in this state to write these types of insurance are members of the North Carolina Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer or HMO becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted *in the box* below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The North Carolina Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in North Carolina. You should not rely on coverage by the North Carolina Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The North Carolina Life and Health Insurance Guaranty Association
Post Office Box #10218
Raleigh, North Carolina 27605-0218

North Carolina Department of Insurance
Consumer Services Division
1201 Mail Service Center
Raleigh, North Carolina 27699-1201

The state law that provides for this safety-net coverage is called the North Carolina Life and Health Insurance Guaranty Association Act. *On the back of this page* is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

Coverage

Generally, individuals will be protected by the life and health insurance guaranty association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer or HMO. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

Exclusions From Coverage

However, persons holding such policies are not protected by this association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy was issued by a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange;
- They acquired rights to receive payments through a structured settlement factoring transaction.

The association also does not provide coverage for:

- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed the average rate specified in the law;
- Dividends;
- Experience or other credits given in connection with the administration of a policy for a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals), unless they fund a government lottery or a benefit plan of an employer, association or union, except that unallocated annuities issued to employee benefit plans protected by the Federal Pension Benefit Guaranty Corporation are not covered; or
- A policy or contract commonly known as Medicare Part C, Medicare Part D, Medicaid or any regulations issued pursuant thereto.

Limits On Amount Of Coverage

The act also limits the amount the association is obligated to pay out as follows:

- (1) The guaranty association cannot pay more than what the insurance company would owe under the policy or contract.
- (2) Except as provided in (3), (4) and (5) below, the guaranty association will pay a maximum of \$300,000 per individual, per insolvency, no matter how many policies or types of policies issued by the insolvent company.
- (3) The guaranty association will pay a maximum of \$500,000 with respect to a health benefit plan.
- (4) The guaranty association will pay a maximum of \$1,000,000 with respect to the payee of a structured settlement annuity.
- (5) The guaranty association will pay a maximum of \$5,000,000 to any one unallocated annuity contract holder.