

# Dearborn Life Insurance Company

Administrative Office:  
701 E. 22nd Street  
Lombard IL 60148

(A stock life insurance company, herein called "We" "Us" or "Our")

**Policyholder:** Rusty's Weigh Scales and Services, Inc.  
**Policy Number:** VF030598-0001  
**Policy Effective Date:** January 1, 2026  
**Anniversary Date:** January 1

We agree with the *Policyholder* to insure certain eligible *Employees* of the *Policyholder*. We promise to pay benefits for loss covered by the *Policy* in accordance with its provisions. The *Policyholder* should read this *Policy* carefully and contact Dearborn Life Insurance Company promptly with any questions.

*Policyholder* means the *Employer* to whom the *Policy* is issued and who sponsored the coverage for its *Employees*.

*Employer* means the *Policyholder* and includes any division, subsidiary, or affiliated company named in the *Policy*.

## ***POLICY EFFECTIVE DATE AND TERM***

The *Policy* takes effect on the *Policy* Effective Date stated above subject to any participation requirement stated in the *Policy*. All insurance periods will be computed from that date. The *Policy* remains in force for the period for which premium has been paid. It may be renewed for further successive periods by payment of premium as stated in the *Policy*.

All periods of insurance begin and end at 12:01 A.M., Standard Time, at the *Policyholder*'s address as stated in the *Policy*, and on the *Application*.

Signed for Dearborn Life Insurance Company



Secretary



President

**Basic & Supplemental Group Term Life Insurance Policy**  
with  
Accidental Death & Dismemberment and Dependent Life Insurance  
with Dependent Accidental Death and Dismemberment Benefits  
**Non-Participating**

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**ATTACHMENTS:**

- Master Application
- Certificate of Insurance

## ***PREMIUM***

### ***How is the initial premium calculated?***

Initial Life and AD&D and Dependent Life insurance premium is calculated in accordance with the rates set forth on the attached Rate Addendum.

### ***When is premium paid?***

The *Policy* is issued in consideration of the payment in advance of premium on the premium due date indicated on the *Application*. Payment must be made by the premium due date as shown on the *Application*.

If an addition, termination or change in insurance takes place other than on a regular due date, any premium adjustment will take effect on the next due date.

### ***Is premium payable while an Insured receives benefits?***

We will waive premium for an *Insured Employee* in accordance with the *Waiver of Premium* provision of the *Policy*.

### ***Is there a grace period for premium payment?***

We will allow a grace period of 31 days for the payment of any premiums due except the first. Insurance coverage shall continue in force during the grace period unless the *Policyholder* has given *Us* advance written notice of cancellation in accordance with the terms of this *Policy*. If premium is not received by the end of the grace period, this *Policy* will terminate as of the last date for which premium was paid.

The *Policyholder* is liable for premium due on coverage provided during the grace period.

If *We* receive written notice during the grace period that the *Policy* is to be canceled, *We* will cancel it as of the later of:

1. the date requested in the cancellation notice; or
2. the date *We* receive such notice. The *Policyholder* must pay a pro rata premium for any coverage provided during the grace period.

## ***PREMIUM RATE GUARANTEE***

### ***What is the initial premium rate guarantee?***

A change in premium rates will not take effect before January 1, 2029. However, *We* may change premium rates if the risk assumed changes. Premium rates may change if the following occurs:

1. a change in the *Policy* design;
2. a change in the terms of the *Policy*;
3. addition or deletion of a division, subsidiary or affiliated company;
4. a change in the number of *Insureds* by 10% or more from the number of *Insureds* on the initial Effective Date;
5. a change in the laws or regulations or other government action which applies to the *Policy*;
6. for reasons other than 1-5 above such as but not limited to a change in factors bearing on the risk assumed.

The *Policyholder* must furnish notice and documentation satisfactory to *Us* within 31 days of the occurrence of any event which would cause a change in rates as described above. If the *Policyholder* fails to provide such timely notice, *We* will apply new rates retroactively to the date of the event.

*We* will notify the *Policyholder* in writing at least 31 days in advance of any premium rate changes. A change may take effect on an earlier date if both the *Policyholder* and *We* agree.

## ***POLICY TERMINATION***

### ***Who may cancel the Policy or a plan under the Policy?***

The *Policy* or a plan under the *Policy* can be canceled by the *Policyholder* with 31 days written notice delivered to *Us*. This *Policy* will terminate for any of the following reasons:

1. If the *Policyholder* fails to pay any premium within the 31-day Grace Period, this *Policy* will terminate in accordance with the terms set forth in the Grace Period provision.
2. We may terminate this *Policy* on any premium due date if:
  - a. coverage is *Contributory* and less than 25% of the eligible *Employees* participate; or
  - b. coverage is *Noncontributory* and less than 100% of the eligible *Employees* participate; or
  - c. the *Policyholder* fails to perform any of its obligations that relate to the *Policy*; or
  - d. the *Policyholder* does not promptly provide *Us* with information that is reasonably required; or
  - e. fewer than 2 *Employees* are *Insured* under the *Policy*.

If *We* cancel the *Policy*, for reasons other than the *Policyholder's* failure to pay premium, a written notice will be delivered to the *Policyholder* at least 31 days prior to the cancellation date.

## ***ADDITIONAL PROVISIONS***

### ***What happens if an inadvertent error occurs?***

Clerical error or omission by *Us* to the *Policyholder* will not:

1. Prevent an *Employee* from receiving coverage, if he is entitled to coverage under the terms of the *Policy*; or
2. Cause coverage to begin or coverage to continue for an *Employee* when the coverage would not otherwise be effective.

If the *Policyholder* gives *Us* information about an *Employee* that is incorrect, *We* will:

1. Use the facts to decide whether the *Employee* has coverage under the *Policy* and in what amounts; and
2. Make a fair adjustment of the premium.

### ***Will certificates be issued?***

*We* will deliver *Certificates* of insurance to the *Policyholder* for issuance to each *Insured Employee*. The *Certificates* will describe the benefits, to whom they are payable, the *Policy* limitations and where the *Policy* may be inspected.

### ***What is considered to be the entire contract?***

This entire *Policy* consists of:

1. all *Policy* provisions and any amendments and/or attachments issued;
2. the *Certificate* of Coverage;
3. the *Policyholder's* signed *Application*; and
4. the *Employee's* signed enrollment forms.

## ***RATE ADDENDUM***

*(All Rates Per \$1,000 Per Month unless otherwise stated)*

**Class 01 Basic Term Life: \$0.176**

**Class 01 Accidental Death & Dismemberment: \$0.020**

**Class 01 Supplemental Accidental Death & Dismemberment: \$0.020**

**Class 01 Supplemental Spouse Accidental Death & Dismemberment: \$0.020**

**Class 01 Supplemental Child Accidental Death & Dismemberment: \$0.020**

**Class 01 Supplemental Child Life: \$0.100**

**Class 01 Supplemental Employee and Spouse Life:**

<b>Age Range</b>	<b>Rate</b>
Under 25	\$0.070
25 to 34	\$0.080
35 to 39	\$0.110
40 to 44	\$0.160
45 to 49	\$0.250
50 to 54	\$0.400
55 to 59	\$0.630
60 to 64	\$0.860
65 to 69	\$1.400
70 to 74	\$2.340
75 and Over	\$6.930

## ***STATE SUPPLEMENT***

The following policies apply only to those individuals in your group insurance program who reside in the referenced states.

### ***Arizona and Maine***

Except as otherwise permitted by law, we will not disclose collected personal information about an individual to a nonaffiliated third party with whom we jointly offer products without giving the individual an opportunity to tell us that he or she does not want us to share his or her personal information.

### ***Minnesota and Montana***

Except as otherwise permitted by law, we will not disclose collected personal information about an individual to a nonaffiliated third party with whom we jointly offer products without obtaining the individual's written authorization.

### ***Montana***

Upon written request, an individual who has authorized the collection of health information is entitled to receive a record of *Our* disclosure of any of his medical record information made within the preceding 3 years.

### ***Oregon***

An individual has the right to authorize disclosure of his or her personal information to an insurance company. An Oregon resident can exercise this right by requesting an authorization form in writing. Our address is:

Dearborn Life Insurance Company  
701 E. 22nd Street  
Lombard, IL 60148

## How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). This notice summarizes your protections.

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

### For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

- **Accident, accident and health, or health insurance (including HMOs):**
  - Up to \$500,000 for health benefit plans, with some exceptions.
  - Up to \$300,000 for disability income benefits.
  - Up to \$300,000 for long-term care insurance benefits.
  - Up to \$200,000 for all other types of health insurance.
- **Life insurance:**
  - Up to \$100,000 in net cash surrender or withdrawal value.
  - Up to \$300,000 in death benefits.
- **Individual annuities:** Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.
- **Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.
- **Individual aggregate limit:** Up to \$300,000 per person, regardless of the number of policies or contracts. A limit of \$500,000 may apply for people with health benefit plans.
- **Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:

For questions about insurance, contact:

#### **Texas Life and Health Insurance Guaranty Association**   **Texas Department of Insurance**

1717 West 6th Street, Suite 230  
Austin, Texas 78703-4776  
1-800-982-6362 or [www.txlifega.org](http://www.txlifega.org)

P.O. Box 12030  
Austin, Texas 78711  
1-800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)

**Note:** You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.

## Cómo estar protegido si su compañía de seguro de vida o de salud falla

La Asociación de Garantía de Seguros de Vida y Salud de Texas lo protege pagando sus reclamos cubiertos si su compañía de seguro de vida o salud es insolvente (no puede pagar sus deudas). **Este aviso resume sus protecciones.**

La Asociación pagará sus reclamos, con algunas excepciones requeridas por la ley, si su compañía de seguros tiene licencia en Texas y un tribunal la ha declarado insolvente. Debe vivir en Texas cuando su compañía de seguros falla. Si no vive en Texas, aún puede tener algunas protecciones.

### Por cada compañía insolvente, la Asociación pagará los reclamos de una persona solo hasta estos límites en dólares establecidos por ley:

- **Seguros de accidentes, accidentes y salud, o salud (incluidos los HMO):**
  - Hasta \$500,000 para planes de beneficios de salud, con algunas excepciones.
  - Hasta \$300,000 para beneficios de ingresos por discapacidad.
  - Hasta \$300,000 para beneficios de seguro de cuidado a largo plazo.
  - Hasta \$200,000 para todos los demás tipos de seguro de salud.
- **Seguro de vida:**
  - Hasta \$100,000 en valor neto de rescate o retiro de efectivo.
  - Hasta \$300,000 en beneficios por muerte.
- **Anualidades individuales:** hasta \$250,000 en el valor presente de los beneficios, incluidos los valores de rescate en efectivo y retiro neto de efectivo.
- **Otros tipos de pólizas:** los límites para pólizas grupales, planes de jubilación y anualidades de liquidación estructurada se encuentran en el Capítulo 463 del Código de Seguros de Texas.
- **Límite agregado individual:** hasta \$300,000 por persona, independientemente de la cantidad de pólizas o contratos. Se puede aplicar un límite de \$500,000 para personas con planes de beneficios de salud.
- **Es posible que partes de algunas pólizas no estén protegidas:** por ejemplo, no hay protección para partes de una póliza o contrato que la compañía de seguros no garantiza, como algunas adiciones al valor de las pólizas de vida o anualidades variables.

Para obtener más información sobre la Asociación y sus protecciones, comuníquese con:

Para preguntas sobre seguros comuníquese con:

**Texas Life and Health Insurance Guaranty Association**  
1717 West 6th Street, Suite 230  
Austin, TX 78703-4776  
1-800-982-6362 [www.txlifega.org](http://www.txlifega.org)

**Texas Department of Insurance**  
P.O. Box 12030  
Austin, Texas 78711  
1-800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)

**Nota:** usted recibió este aviso porque la ley de Texas requiere que su compañía de seguros le envíe un resumen de sus protecciones bajo la Ley de Asociación de Garantía de Seguro de Vida y Salud de Texas (Código de Seguro, Capítulo 463). **Puede haber otras excepciones que no están incluidas en este aviso.** Al elegir una compañía de seguros, no debe confiar en la cobertura de la Asociación. La ley de Texas prohíbe a las compañías y agentes utilizar la Asociación como incentivo para comprar cobertura de seguro o HMO.

El Capítulo 463 controla si hay diferencias entre la ley y este resumen.

# Dearborn Life Insurance Company

<b>FACTS</b>	<b>WHAT DOES DEARBORN LIFE INSURANCE COMPANY DO WITH YOUR PERSONAL INFORMATION?</b>
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<b>Why?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>■ Social Security number and payment history</li> <li>■ Transaction history and employment information</li> <li>■ Medical information and insurance claim history</li> </ul> <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
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<b>How?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Dearborn Life Insurance Company chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does Dearborn Life Insurance Company share?	Can you limit this sharing?
<b>For our everyday business purposes</b> — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> — to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

<b>Who we are</b>	
<b>Who is providing this notice?</b>	<p>Dearborn Life Insurance Company marketing products and services as:</p> <ul style="list-style-type: none"> <li>■ Blue Cross and Blue Shield of Illinois</li> <li>■ Blue Cross and Blue Shield of Montana</li> <li>■ Blue Cross and Blue Shield of New Mexico</li> <li>■ Blue Cross and Blue Shield of Oklahoma</li> <li>■ Blue Cross and Blue Shield of Texas</li> </ul>

<b>Questions</b>	Go to <a href="http://www.bcbstx.com/ancillary">www.bcbstx.com/ancillary</a>
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**What we do**

<b>How does Dearborn Life Insurance Company protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
<b>How does Dearborn Life Insurance Company collect my personal information?</b>	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> <li>■ apply for insurance or pay insurance premiums</li> <li>■ file an insurance claim or provide employment information</li> <li>■ give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>■ sharing for affiliates' everyday business purposes—information about your creditworthiness</li> <li>■ affiliates from using your information to market to you</li> <li>■ sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>

**Definitions**

<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ Our affiliates include Health Care Service Corporation, a Mutual Legal Reserve Company; DenteMax<sup>®</sup>, LLC</li> </ul>
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ We do not share with nonaffiliates so they can market to you</li> </ul>
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

**Other important information**

**For Insurance Customers in AZ, CA, CT, GA, IL, ME, MA, MN, MT, NC, NJ, NV, OH, OR and VA only:** The term "information" as used in this part means personal information that is obtained in an insurance transaction. We may give your information to government officials, including insurance officials, law enforcement, and to group policy holders about claim experience, or to auditors, or as you may authorize, or as the law allows or requires. We may give your information to insurance support entities that may keep it or give it to others. We may share medical information and other information so we can learn if you qualify for coverage, to process claims, or to prevent fraud, or if you authorize us to do so.

To see your information, write to Dearborn Life Insurance Company, Administrative Office, 701 E. 22nd St., Lombard, IL 60148. You must state your full name, address, the name of the insurance company, policy number (if applicable), and the information you want. If you think any information we have is wrong, you may ask us to correct it. We then will let you know what actions we will take. If you do not agree with the actions we take, you may send us a concise statement explaining the basis for your concern or dispute about the information, and we will place that statement in our file with the information.

**Additional California Consumers only:** "Personal Information" can include information that can identify, relate to, describe, be associated with, or be reasonably capable of being associated with a particular consumer or household. We will share information about you only as permitted by California law. We do not sell your Personal Information. We will only use your Personal Information as is necessary to effectuate the purpose for which it was collected.

**For MA Insurance Customers only:** You may ask in writing for the specific reasons we made an adverse underwriting decision.

**For VT Insurance Customers only:** We will share information about you only as permitted by Vermont law. We will not share personal information we collect about you with affiliated or nonaffiliated third parties except if permitted by law, or with your consent, or to the extent necessary to administer your insurance coverage.