



Car Toys, Inc. and Wireless Advocates, LLC.

Group Hospital Confinement Indemnity - Voluntary

Policy No. R0662460

All Employees

Underwritten by Unum Life Insurance Company of America

December 6, 2016

CERTIFICATE OF COVERAGE

THIS CERTIFICATE PROVIDES LIMITED BENEFITS WHICH ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES AND DOES NOT PROVIDE COMPREHENSIVE COVERAGE.

Notice to Buyer: This policy does not constitute comprehensive health insurance coverage. It does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Failure to purchase comprehensive health insurance coverage may result in penalties. Such penalties shall be the result of persons not obtaining comprehensive health insurance coverage required by the Federal Patient Protection and Affordable Care Act.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Unum Life Insurance Company of America (referred to as Unum) welcomes you as a client.

This is your **Certificate of Coverage** as long as you are eligible for coverage and you become insured. You will want to read it carefully and keep it in a safe place.

Unum has written your certificate of coverage in plain English. However, a few terms and provisions are written as required by insurance law. If you have any questions about any of the terms and provisions, please consult Unum. Unum will assist you in any way to help you understand your benefits.

If the terms and provisions of this certificate of coverage (issued to you) are different from the policy (issued to the policyholder), the certificate will govern. The policy may be changed in whole or in part. Only an officer of Unum can approve a change. The approval must be in writing and endorsed on or attached to the policy. Any other person, including a producer, may not change the policy or waive any part of it.

The policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

For purposes of effective dates and ending dates under the policy, all days begin at 12:01 a.m. and end at 12:00 midnight at the policyholder's address.

Unum Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

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BENEFITS AT A GLANCE

This hospital confinement indemnity policy provides financial protection for you by paying a benefit if you are confined in a hospital. Depending on the coverage chosen, Unum may also pay you a benefit if you receive treatment for a covered accident or covered sickness. The amount you receive is based on the amount of coverage in effect on the date of the covered loss according to the terms and provisions of the policy. You also have the opportunity to purchase coverage for your spouse and dependent child(ren).

EMPLOYER'S ORIGINAL POLICY

EFFECTIVE DATE: January 1, 2017

POLICY NUMBER: R0662460 GRP_HSP_VOL_12-01

ELIGIBLE GROUP(S):

All Employees in **Active Employment** in the United States with the **Employer**.

MINIMUM HOURS REQUIREMENT:

Employees must be in active employment at least 30 hours per week.

PAYING FOR COVERAGE:

For You:

You must make contributions for **Your** coverage.

For Your Spouse:

You must make contributions for coverage for your **Spouse**.

For Your Dependent Child(ren):

You must make contributions for coverage for your **Dependent Child(ren)**.

COVERAGE FOR: EMPLOYEE, SPOUSE AND DEPENDENT CHILD(REN)

Your confirmation of coverage will indicate those covered for benefits under this policy.

If a benefit amount below does not indicate an amount for the spouse and dependent child(ren), the benefit amount will be the same as the employee benefit amount.

For descriptions of benefits and limitations regarding the number of benefit payments refer to the BENEFIT INFORMATION section of the policy.

BENEFITS:

Daily Hospital Confinement

\$100
Maximum of 15 days per insured per calendar year

Hospital Admission

\$1,500
Maximum of one day per insured per calendar year

SOME LOSSES MAY NOT BE COVERED UNDER THIS POLICY. BENEFIT MAXIMUMS MAY APPLY.

OTHER FEATURES:

Portability

The above items are only highlights of this policy. For a full description of your coverage, continue reading your certificate of coverage and if you make contributions for your coverage, refer to your confirmation of coverage. The plan includes enrollment, risk management and other support services related to your employer's benefit program.

CLAIM INFORMATION

Notice of Claim. Notice of claim should be sent to Unum within 90 days after the date of **Covered Loss** for which a benefit is claimed, or as soon as is reasonably possible. If notice is not reasonably possible to provide within 90 days, it must be given no later than one year after the time notice of claim is required. These time limits will not apply during any time period you or your authorized representative lacks the legal capacity to give Unum notice of claim. Notice should be sent to Unum at **Our** home office. If you submit a claim before notification of Unum's decision on any coverage requiring **Evidence of Insurability**, the amount of coverage applicable to the claim will be determined as if Unum's final underwriting decision had been made prior to the date of covered loss.

Claim Forms. When Unum receives a notice of claim, claim forms will be sent for filing proof of claim within 15 days. If claim forms are not sent within 15 days, the proof of claim requirements will be met if **We** receive a written statement of the nature and extent of the loss as required in the proof of claim section. Claim forms are also available from your employer.

Proof of Claim. Proof of claim must include documentation furnished by a **Physician** or medical facility. It may include one or more of the following: a physician's bill, a **Hospital** bill, or other proof of services.

If it is not reasonably possible to give proof of claim within 90 days after the date of covered loss for which a benefit is claimed, it must be given no later than one year after the time proof of claim is required. These time limits will not apply during any time period the **Insured** or the insured's authorized representative lacks the legal capacity to give Unum proof of claim.

Time of Payment of Claims. After Unum receives, evaluates and processes proof of claim, Unum will immediately pay any benefits due.

Payment of Claims. Benefits will be paid to you unless such benefits have been assigned. If you are not competent, Unum can pay up to \$2,000 to the person or institution that appears to have assumed your custody and main support. Any accrued benefits unpaid at your death will be paid to the named beneficiary, if any, otherwise to your estate. Unum will be discharged to the extent of any such payment made in good faith.

Overpayments. Unum has the right to recover any overpayments due to:

- fraud; and
- any error we make in processing a claim.

You must reimburse **Us** in full. We will determine the method by which the repayment is to be made.

Unum will not recover more money than the amount we paid you.

Unpaid Premium. Any unpaid premium due for your coverage under this policy may be recovered by us by offsetting against amounts otherwise payable to you, your beneficiary, or your legal representative(s) under this policy, or by other legally permitted means.

Assignment. The rights provided to you by the policy are owned by you, unless you assign your rights under the policy to an assignee.

We will recognize an assignee as the owner of the rights assigned only if:

- the assignment is in writing, signed by you, and acceptable to us in form; and
- a signed or certified copy of the written assignment has been received and registered by us at our home office.

We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the policy provisions before receiving and registering an assignment.

Physical Examinations and Autopsy. We can require that the insured be examined by a physician of our choice at our expense as often as it is reasonably necessary while a claim is pending. In case of death, Unum will have the right and opportunity to request an autopsy where not forbidden by law.

Legal Actions. You or your authorized representative can start legal action regarding your claim 60 days after proof of claim has been given and up to 3 years from the time proof of claim was first required to have been given; or your claim was denied; or your benefits were terminated, unless otherwise provided under federal law.

GENERAL PROVISIONS

ELIGIBILITY FOR COVERAGE

Employee

If you are working for your employer in an eligible group, you are eligible for coverage on the later of:

- the policy effective date; or
- the day after you complete any applicable **Waiting Period**.

If your employment ends and you are rehired within 12 months, your previous work in an eligible group will apply toward the waiting period. All other policy provisions apply.

Unum will apply any period of work with your employer toward the waiting period to determine your eligibility date.

Spouse

If you are covered under this policy, your spouse is eligible for coverage on the later of:

- the date your coverage begins; or
- the date you first acquire a spouse.

You may not apply for coverage for your spouse if your spouse is covered as an employee.

Dependent Child(ren)

If you are covered under this policy, your dependent child(ren) are eligible for coverage on the later of:

- the date your coverage begins; or
- the date you first acquire the dependent child.

If your spouse is an eligible employee, only one of you may apply for coverage on dependent child(ren).

COVERAGE EFFECTIVE DATE

You may apply at **Enrollment** for coverage based on the benefits available as shown in the BENEFITS AT A GLANCE section. Evidence of insurability may be required. When you apply for coverage or are covered under this policy, you are also eligible to apply for coverage on your spouse and dependent child(ren).

The insured's coverage will begin at 12:01 a.m. on the date shown on the confirmation of coverage, provided Unum has approved your application and any required evidence of insurability.

If you are absent from work on the date your coverage would normally begin due to **Injury**, or **Sickness**, temporary **Layoff** or **Leave of Absence**, the proposed insured's coverage will begin on the date you return to active employment.

Newborn Coverage. Your dependent child(ren) who are born or placed for adoption while you are covered under this policy are covered for 60 days from the moment of live birth or date of placement for adoption. If you do not have dependent child(ren) coverage at the time of the birth or placement for adoption, you must notify Unum within 60 days of the newly eligible dependent child's birth or placement for adoption and pay the required additional premium for your dependent child(ren)'s coverage to continue. If you have dependent child(ren) coverage at the time of the newly eligible dependent child's birth or placement for adoption, it is not necessary for you to notify Unum or pay any additional premium. We will not pay benefits for hospital confinement of a newborn child following his birth unless he is sick or injured.

Employer Changes to the Policy. Once your coverage begins and you are in active employment or on a covered layoff or leave of absence, any coverage changes made by your employer, consistent with the options you select, will take effect on the date agreed upon by Unum and your employer.

If you are not in active employment due to injury or sickness, any coverage changes requested by your employer will begin on the date you return to active employment.

Coverage changes will not affect a **Payable Claim** that occurs prior to the effective date of the change.

Changes You Make to Your Coverage. If changes in coverage are allowed, you may choose to:

- increase coverage based on the available benefits shown in the BENEFITS AT A GLANCE section;
- decrease coverage based on the available benefits shown in the BENEFITS AT A GLANCE section; or
- cancel coverage.

Evidence of insurability may be required.

Changes in coverage begin at 12:01 a.m. on the date shown on your confirmation of coverage. However, if you are absent from work due to injury, sickness, temporary layoff or leave of absence on the date your change in coverage would normally begin, changes in coverage that you make will begin on the date you return to active employment.

Changes in coverage will not affect a payable claim that occurs prior to the effective date of the change.

Any additional coverage will be subject to a new **Pre-existing Condition** limitation.

Termination of Employee Coverage. If you choose to cancel your coverage under the policy, your coverage will end on the first of the month following the date you provide notification to your employer.

Otherwise, your coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;

- date of your death;
- last day of the period for which you made any required contributions; or
- last day you are in active employment.

However, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the Portability provision or in accordance with the layoff, leave of absence, and absence due to injury or sickness provisions of this policy.

Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

Termination of Dependent Child(ren) Coverage. If you choose to cancel your dependent child(ren)'s coverage under the policy, coverage for your dependent child(ren) ends on the first of the month following the date you provide notification to your employer.

Otherwise, dependent child(ren) coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions;
- last day you are in active employment;
- date your coverage under the policy ends; or
- date your dependent child(ren) no longer meets the definition of dependent child(ren).

However, as long as premium is paid as required, coverage will continue if you or your spouse elects to continue coverage under the Portability provision or in accordance with the layoff, leave of absence, and absence due to injury or sickness provisions of this policy.

Unum will provide coverage for a payable claim which occurs while your dependent child(ren) is covered under the policy.

Layoff. If you are on a temporary layoff, and if premium is paid, any insured will be covered through the end of the month that immediately follows the month in which your temporary layoff begins.

Leave of Absence. If you are on a leave of absence, other than for family or medical leave, and if premium is paid, any insured will be covered through the end of the month that immediately follows the month in which your leave of absence begins.

Absence Due to Injury or Sickness. If you are not working due to injury or sickness, and if premium is paid, any insured may continue to be covered subject to the Termination of Employee Coverage provision.

Continuing Coverage while Employee is on Family and Medical Leave of Absence. Unum will continue coverage in accordance with your employer's Human Resource policy on family and medical leaves of absence if premium payments continue and your employer approved your leave in writing.

Coverage will be continued until the end of the latest of the leave period:

- required by the Federal Family and Medical Leave Act of 1993 and any amendments;
- required by applicable state law; or
- provided to you for an injury or sickness.

If your employer's Human Resource policy does not provide for continuation of your coverage during a family and medical leave of absence, your coverage will be reinstated when you return to active employment.

Unum will not:

- apply a new waiting period;
- require evidence of insurability; or
- apply a new pre-existing condition limitation.

Insurance Fraud. Unum wants to ensure you and your employer do not incur additional insurance costs as a result of the undermining effects of insurance fraud. Unum promises to focus on all means necessary to support fraud detection, investigation, and prosecution.

It is a crime if you knowingly, and with intent to injure, defraud or deceive Unum, or provide any information, including filing a claim that contains any false, incomplete or misleading information. These actions, as well as submission of materially false information, will result in denial of your claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. Unum will pursue all appropriate legal remedies in the event of insurance fraud.

Contestability of Statements in Application or Evidence of Insurability. Unum considers any statements you make in a signed application or evidence of insurability form, or that your employer makes in the application process, a representation and not a warranty. If any of the statements you or your employer make are not complete and/or not true at the time they are made, we can:

- reduce or deny any claim; or
- cancel your coverage from the original effective date.

As a basis for doing this, we will use only statements made by the employer in the application process or statements made by you in a signed application or evidence of insurability form.

Unum can take action only in the first two years any insured's coverage is in force.

If the employer gives Unum information about you that is incorrect, Unum will:

- use the facts to decide whether you have coverage under the policy and in what amounts; and
- make a fair adjustment of the premium.

Employer as Agent. For purposes of this policy, the employer acts on its own behalf or as the employee's agent. Under no circumstances will the employer be deemed the agent of Unum.

Communicating with You or Your Employer. Unum may provide notices, information and other communications to you or your employer in written, electronic or telephonic form.

Workers' Compensation or State Disability Insurance. This policy does not replace or affect the requirements for coverage by any workers' compensation or state disability insurance.

Cancellation or Modification of this Policy. This **Policyholder** provision applies to your coverage. This policy can be cancelled by:

- Unum; or
- the policyholder.

Unum may cancel or modify this policy if:

- our participation requirements are not met, as applicable;
- the policyholder does not promptly provide Unum 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 employee, or both, pay(s) the premiums;
- the policyholder does not promptly report to us the names of any employees who are added or deleted from the eligible group;
- Unum determines that there is a significant change, in the size, occupation or age of the eligible group as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the policyholder and/or its employees;
- Unum provides 45 days notice at any time after the Initial Rate Guarantee for any reason; or
- Unum is notified of a change in Federal or State Law materially affecting the policy.

If Unum cancels or modifies this policy, for any of the reasons listed above, a written notice will be delivered to the policyholder at least 45 days prior to the cancellation date or modification date. The policyholder may cancel this policy if the modifications are unacceptable.

If any premium is not paid during the 31 day **Grace Period**, this policy will cancel automatically at the end of the grace period. The policyholder is liable for premium for coverage during the grace period. The policyholder must pay us all premiums due for the full period this policy is in force. In the event of termination, this policy may be reinstated only as agreed upon by Unum and the policyholder. If Unum agrees to reinstate this policy, such reinstatement will not constitute waiver of the termination provision in the future.

The policyholder may cancel this policy by written notice delivered to Unum at least 31 days prior to the cancellation date. When both the policyholder and Unum agree, this policy can be cancelled on an earlier date. If Unum or the policyholder cancels this policy, coverage will end at 12:00 midnight on the last day of coverage.

If this policy is cancelled, the cancellation will not affect a payable claim.

BENEFIT INFORMATION

Daily Hospital Confinement

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for each day an insured is confined in a hospital or a hospital sub-acute intensive care unit due to a covered accident or covered sickness. Unum will pay the benefit shown for each day, to a maximum of 15 days per insured per calendar year.

Unum will not pay this benefit for:

- emergency room treatment;
- outpatient treatment;
- a confinement of less than 20 hours; or
- a confinement in a hospital intensive care unit.

If an insured is confined in a hospital due to a covered accident, the benefit will be paid if the insured is initially confined in a hospital within 180 days of the covered accident.

Hospital Admission

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is initially **Confined** in a hospital or a **Hospital Sub-Acute Intensive Care Unit** for a minimum of 20 hours due to a **Covered Accident** or **Covered Sickness**.

Unum will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- a **Confinement** of less than 20 hours.

Unum will pay this benefit for a maximum of one day per insured per **Calendar Year**.

If an insured is confined in a hospital due to a covered accident, the benefit will be paid if the insured is initially confined in a hospital within 180 days of the covered accident.

LIMITATIONS AND EXCLUSIONS

Unum will not pay any benefits for a claim that is caused by, contributed to by or occurs as a result of:

- participating in war or act of war, whether declared or undeclared; services in the armed forces or auxiliary unit thereto;
- committing acts of terrorism;
- treatment for dental care or dental procedures, unless treatment is the result of a covered accident;
- elective procedures and/or cosmetic surgery or reconstructive surgery, unless it is a result of trauma, infection or other diseases;
- participating or attempting to participate in a felony, riot or insurrection;
- any pregnancy of a dependent child, including services rendered to her child after birth;
- committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- hospital confinement caused by, contributed to by, or resulting from **Mental Illness**. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease

- or other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this policy;
- any hospital confinement of a newborn following the birth unless the newborn is sick or injured.

Pre-existing Condition Limitation. Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of a pre-existing condition or any medical or surgical treatment for that condition for which the date of covered loss is in the first 12 months after the insured's coverage effective date.

OTHER FEATURES

Your Right to Continue Coverage (Portability)

If, while you are covered under the policy, your employment with the policyholder ends, you are no longer in an eligible group or the policy is being terminated by the policyholder and is not being replaced, you may have the right to apply to continue coverage for **Yourself**, your spouse, and your dependent child(ren). You must apply for coverage under this portability provision and pay the first premium within 31 days after the date your employment ends, you are no longer in an eligible group or the date the policy is terminated by the policyholder and is not being replaced.

You are not eligible to apply for continuing coverage under this provision if the policy is closed to new enrollments or your coverage under the policy ends for any of the following reasons:

- the policy is cancelled by Unum; or
- the policy is being terminated by the policyholder and is being replaced.

Except as provided in this section, your continuing coverage will be the same coverage provided you under the policy as of the date your employment ends, the policy is terminated by the policyholder and is not replaced, or you are no longer in an eligible group. Any subsequent change to the policy will not apply to your continuing coverage.

Your continuing coverage is subject to all of the provisions, exclusions and limitations of the policy, except that:

- premiums will be billed directly to you;
- initial premium rates will be based on the portability rates in effect at the time you apply to continue your coverage; and
- premium rates can be changed by Unum at any time upon 45 days notice to you so long as the change is not due to any change in your age or health or the age or health of your spouse or your dependent child(ren).

Your continuing coverage and any coverage of your spouse and dependent child(ren), will end on the earliest to occur of:

- your failure to pay the required premium within the 31 day grace period;
- unless your spouse applies for continuing coverage under the following provision, the date you die; or
- the coverage under this portability provision is cancelled by Unum for any reason upon 45 days notice.

Once continuing coverage is cancelled it cannot be reinstated.

In the event the policyholder's coverage under the policy is cancelled or closed to new enrollments, the policy will remain in effect for the benefit of those who have continued their coverage under this provision prior to the policy cancellation date or the date the policy was closed to new enrollments.

The Right of Your Spouse to Continue Coverage if You Die or are Divorced (Spouse Portability)

If you die or divorce your spouse, your spouse may have the right to apply to continue coverage.

Your spouse must apply for coverage under this portability provision and pay the first premium within 31 days after the date of your death or divorce.

Your spouse is not eligible to apply to continue coverage under this provision if your spouse was not insured under this policy on the date of your death or divorce.

Except as provided in this section, your spouse's continuing coverage will be the same coverage provided your spouse under the policy as of the date of your death or divorce, and any subsequent change to the policy will not apply to your spouse's continuing coverage.

If you die or divorce your spouse, your spouse may also apply to continue the same coverage for dependent child(ren), provided:

- the dependent child(ren) are insured under the policy at the time of your death, or divorce; and
- you are not continuing coverage for dependent child(ren).

Your spouse's continuing coverage is subject to all of the provisions, exclusions and limitations of the policy, except that:

- premiums will be billed directly to your spouse;
- initial premium rates will be based on the portability rates in effect at the time your spouse applies to continue coverage; and
- premium rates can be changed by Unum at any time upon 45 days notice to your spouse.

Your spouse's and any dependent child(ren)'s continuing coverage will end on the earliest to occur of:

- your spouse's failure to pay the required premium within the 31 day grace period;
- the date your spouse dies; or
- the coverage under this portability provision is cancelled by Unum for any reason upon 45 days notice.

Once continuing coverage is cancelled it cannot be reinstated.

In the event the policyholder's coverage under the policy is cancelled or closed to new enrollments, the policy will remain in effect for the benefit of those who have continued their coverage under this provision prior to the policy cancellation date or the date the policy was closed to new enrollments.

GENERAL DEFINITIONS

Additional definitions may be contained in other policy provisions, amendments or riders.

Active Employment means you are working for your employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation. You must be regularly scheduled to work on average at least the minimum number of hours as described under Minimum Hours Requirement shown in the BENEFITS AT A GLANCE section.

Your work site must be:

- your employer's usual place of business;
- an alternative work site at the direction of your employer; or
- a location to which your job requires you to travel.

Normal vacation is considered active employment.

Calendar Year means the period beginning on the insured's coverage effective date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Certificate of Coverage means a written statement prepared by Unum and may include attachments. It tells you:

- the coverage to which the insured may be entitled;
- to whom benefits are payable; and
- limitations, exclusions and/or requirements that apply within this policy.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a physician or confinement in an **Observation Unit** within a hospital for a period of no less than 20 continuous hours on the advice of a physician.

Covered Accident means an unforeseen occurrence resulting in a bodily injury which:

- occurs on or after the coverage effective date;
- occurs while coverage is in force; and
- is not excluded by name or specific description in the certificate.

Covered Loss means a covered treatment for an accident or sickness as provided by the terms and provisions of the policy, as shown in the BENEFITS AT A GLANCE section, and as applied for by you and approved by Unum.

Covered Sickness means an illness, infection, disease or any other abnormal physical condition which:

- occurs on or after the coverage effective date;
- occurs while coverage is in force; and
- is not excluded by name or specific description in the certificate.

Dependent Child(ren) means your child(ren) from live birth to age 26. Dependent child(ren) include your own natural offspring, lawfully adopted child(ren) and

stepchild(ren). They also include foster child(ren) and other child(ren) who are dependent on you for main support and living with you in a regular parent-child relationship. A child will be considered adopted on the date of placement for adoption.

After attainment of age 26 dependent child(ren) also includes dependent child(ren) who became incapable of self-sustaining employment, prior to age 26, due to mental or physical handicap. Such child will continue to be an insured subject to the following: (1) the employee must furnish proof of such incapacity and dependency to Unum within 31 days of the child's 26th birthday; and (2) proof of continued incapacity and dependency must be furnished at our request, but not more than annually, after the two year period following the child's 26th birthday.

No dependent child can be covered as both an employee and a dependent child.

Employee means a person who is in active employment in the United States with the employer.

Employer means the policyholder and includes any division, subsidiary or affiliated company.

Enrollment means a period of time determined by Unum and your employer during which you are eligible to enroll for or change your coverage. This period of time may be limited.

Evidence of Insurability means a statement of your or your spouse's medical history which Unum will use to determine if you or your spouse are approved for coverage. Evidence of insurability will be at Unum's expense.

Grace Period means the period of time following the premium due date during which premium payment may be made.

Hospital means a place that:

- is an institution licensed as a hospital and operated pursuant to law on a full-time basis;
- provides overnight care of injured and sick people;
- is supervised by a physician;
- has full-time nurses on duty or on call supervised by a registered nurse; and
- has at its locations or uses on a pre-arranged basis: x-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a rehabilitation center;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Hospital Sub-Acute Intensive Care Unit means a place which:

- is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and
- is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

Injury or Injuries means a bodily injury which is the direct result of a covered accident and not related to any other cause.

Insured means any person covered under the policy.

Layoff or Leave of Absence means that you are temporarily absent from active employment for a period of time that has been agreed to in advance in writing by your employer.

Your normal vacation time is not considered a temporary layoff or leave of absence.

Mental Illness means a psychiatric or psychological condition classified in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) published by the American Psychiatric Association, most current as of the start of a hospital confinement. Such disorders include, but are not limited to, psychotic, emotional or behavioral disorders, or disorders relatable to stress. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the start of a hospital confinement.

Observation Unit is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a physician and which:

- is under the direct supervision of a physician or registered nurse;
- is staffed by nurses assigned specifically to that unit; and
- provides care seven days per week, 24 hours per day.

Payable Claim means a claim for which Unum is liable under the terms of the policy.

Physician means a person performing tasks that are within the limits of his or her medical license and is:

- licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

Unum will not recognize you, your spouse, dependent child(ren), parents or siblings, a business or professional partner, or any person who has a financial affiliation or business interest with you, as a physician for a claim that you send to us.

Policyholder means the employer to whom the policy is issued.

Pre-existing Condition means a sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which the insured received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine or had been prescribed drugs or medicine to be taken during the 12 months just prior to the insured's coverage effective date or effective date of a change in coverage.

Sickness means an illness, infection, disease or any other abnormal physical condition not caused by an accident. Sickness includes complications of pregnancy.

Spouse means your lawful spouse, including a legally separated spouse, residing in the United States. You may not cover your spouse if your spouse is enrolled for coverage as an employee.

Waiting Period means the continuous period of time that you must be in active employment in an eligible group before you are eligible for coverage as determined by Unum and your employer.

We, Us and **Our** means Unum Life Insurance Company of America.

You, Your and **Yourself** means an employee who is eligible for Unum coverage.

THE FOLLOWING NOTICES AND CHANGES TO YOUR COVERAGE ARE REQUIRED BY THE STATE OF ALASKA. PLEASE READ CAREFULLY.

State variations apply and are subject to change. Consult your employer or plan administrator for the most current state provisions that may apply to you.

If you have a complaint about your insurance you may contact Unum at 1-800-321-3889, or the department of insurance in your state of residence. Links to the websites of each state department of insurance can be found at www.naic.org.

Si usted tiene alguna queja acerca de su seguro puede comunicarse con Unum al 1-800-321-3889, o al departamento de seguros de su estado de residencia. Puede encontrar enlaces a los sitios web de los departamentos de seguros de cada estado en www.naic.org.

The states of **Florida** and **Maryland** require us to advise residents of these states that if your Certificate was issued in a jurisdiction other than the state in which you reside, it may not provide all of the benefits required by the laws of your residence state.

If you are a resident of Alaska and the provisions referenced below appear in your Certificate in a form less favorable to you as an insured, they are amended as follows:

For residents of Alaska

The **Time of Payment of Claims** provision in the **CLAIM INFORMATION** section of the policy is amended to include the following: "Claim payments must be made within 30 days of receipt of a clean claim, or within 15 days of receipt of additional information for other than a clean claim. If claims are not paid within the time limit, interest accrues at an interest rate of 15% per year."

The **Overpayments** provision in the **CLAIM INFORMATION** section of the policy is amended by limiting the right to request reimbursement of overpayments to 12 months from the date of the overpayment.

ERISA

Additional Summary Plan Description Information

If this policy provides benefits under a Plan which is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the following provisions apply. These provisions, together with your certificate of coverage, constitute the summary plan description. The summary plan description and the policy constitute the Plan. Benefit determinations are controlled exclusively by the policy, your certificate of coverage and the information contained in this document.

Name of Plan:

Car Toys Inc. Flexible Benefits Plan Plan

Name and Address of Employer:

Car Toys, Inc. and Wireless Advocates, LLC.
400 FAIRVIEW AVE N STE 900
SEATTLE, WASHINGTON
98109-5315

Plan Identification Number:

- a. Employer IRS Identification #: 91-1361695
- b. Plan #: 501

Type of Welfare Plan:

Hospital Indemnity

Type of Administration:

The Plan is administered by the Plan Administrator. Benefits are administered by the insurer and provided in accordance with the insurance policy issued to the Plan.

ERISA Plan Year Ends:

June 30

Plan Administrator, Name, Address, and Telephone Number:

CAR TOYS INCORPORATED AND WIRELESS ADVOCATES LLC.
400 FAIRVIEW AVE N STE 900
SEATTLE, WASHINGTON
98109-5315
(206) 428-2400

CAR TOYS INCORPORATED AND WIRELESS ADVOCATES LLC. is the Plan Administrator and named fiduciary of the Plan, with authority to delegate its duties. The Plan Administrator may designate Trustees of the Plan, in which case the Administrator will advise you separately of the name, title and address of each Trustee.

Agent for Service of Legal Process on the Plan:

CAR TOYS INCORPORATED AND WIRELESS ADVOCATES LLC.
400 FAIRVIEW AVE N STE 900

SEATTLE, WASHINGTON
98109-5315

Service of legal process may also be made upon the Plan Administrator, or a Trustee of the Plan, if any.

Funding and Contributions:

The Plan is funded by insurance issued by Unum Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122 (hereinafter referred to as "Unum") under policy number R0662460 GRP_HSP_VOL_12-01. Contributions to the Plan are made as stated under "PAYING FOR COVERAGE" in the Certificate of Coverage.

EMPLOYER'S RIGHT TO AMEND THE PLAN

The Employer reserves the right, in its sole and absolute discretion, to amend, modify, or terminate, in whole or in part, any or all of the provisions of this Plan (including any related documents and underlying policies), at any time and for any reason or no reason. Any amendment, modification, or termination must be in writing and endorsed on or attached to the Plan.

EMPLOYER'S RIGHT TO REQUEST POLICY CHANGE

The Employer can request a policy change. Only an officer of Unum can approve a change. The change must be in writing and endorsed on or attached to the policy.

HOW TO FILE A CLAIM

If you wish to file a claim for benefits, you should follow the claim procedures described in your insurance certificate. To complete your claim filing, Unum must receive the claim information it requests from you (or your authorized representative) and your attending physician. If you or your authorized representative has any questions about what to do, you or your authorized representative should contact Unum directly.

CLAIMS PROCEDURES

In the event that your claim is denied, either in full or in part, Unum will notify you in writing within 90 days after your claim was filed. Under special circumstances, Unum is allowed an additional period of not more than 90 days (180 days in total) within which to notify you of its decision. If such an extension is required, you will receive a written notice from Unum indicating the reason for the delay and the date you may expect a final decision. Unum's notice of denial shall include:

- the specific reason or reasons for denial with reference to those Plan provisions on which the denial is based;
- a description of any additional material or information necessary to complete the claim and why that material or information is necessary; and
- a description of the Plan's procedures and applicable time limits for appealing the determination, including a statement of your right to bring a lawsuit under Section 502(a) of ERISA following an adverse determination from Unum on appeal.

Notice of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

APPEAL PROCEDURES

If you or your authorized representative appeal a denied claim, it must be submitted within 90 days after you receive Unum's notice of denial. You have the right to:

- submit a request for review, in writing, to Unum;
- upon request and free of charge, reasonable access to and copies of, all relevant documents as defined by applicable U.S. Department of Labor regulations; and
- submit written comments, documents, records and other information relating to the claim to Unum.

Unum will make a full and fair review of the claim and all new information submitted whether or not presented or available at the initial determination, and may require additional documents as it deems necessary or desirable in making such a review. A final decision on the review shall be made not later than 60 days following receipt of the written request for review. If special circumstances require an extension of time for processing, you will be notified of the reasons for the extension and the date by which the Plan expects to make a decision. If an extension is required due to your failure to submit the information necessary to decide the claim, the notice of extension will specifically describe the necessary information and the date by which you need to provide it to us. The 60-day extension of the appeal review period will begin after you have provided that information.

The final decision on review shall be furnished in writing and shall include the reasons for the decision with reference, again, to those policy provisions upon which the final decision is based. It will also include a statement describing your access to documents and describing your right to bring a lawsuit under Section 502(a) of ERISA if you disagree with the determination.

Notices of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

Unless there are special circumstances, this administrative appeal process must be completed before you begin any legal action regarding your claim.

YOUR RIGHTS UNDER ERISA

As a participant in this Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the Plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S.

Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your Employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, if, for example, it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W.,

Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

PROTECTION FOR YOU AND YOUR INSURANCE POLICY THE WASHINGTON LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION

PREFACE

This brochure briefly describes the coverage provided through the Washington Life & Disability Insurance Guaranty Association ("Association").

The Association is a nonprofit unincorporated legal entity created by the Washington Life and Disability Insurance Guaranty Association Act, Chapter 48.32A RCW ("Act"). Every life and disability insurance company authorized to do business in Washington is a member of the Association. A Board of Directors ("Board"), composed of representatives from member insurers, and the Insurance Commissioner, ex officio, oversee the operation of the Association.

The expenses of the Association are paid by assessments made against each member insurer. Persons covered by the Act are not charged for the expenses of the Association or the protection provided under the Act.

Coverage is provided for certain life and disability insurance. However, the Association does not cover all such insurance. Coverage that is provided is subject to the limitations and exclusions provided by the Act.

The purpose of this brochure is to help you understand the general nature and the conditions of the protection provided under the Act. It is only a summary, however, and if you have specific questions that are not discussed here you may contact either the Association or the Office of the Insurance Commissioner.

Washington Life and Disability Insurance
Guaranty Association Company
P.O. Box 2292
Shelton, WA 98584
360-426-6744

Supervision Division
Office of the Insurance Commissioner
P.O. Box 40259
Olympia, WA 98504-0259
360-725-7214

QUESTIONS AND ANSWERS

1. WHAT INSURANCE POLICIES ARE COVERED UNDER THE ACT?

The Act applies to life insurance policies, disability insurance policies, and annuity contracts issued by an insurance company authorized to do business in Washington. The term "disability insurance," as used in the Act, includes not only disability income insurance, but also policies commonly referred to as "health insurance" (which includes long term care policies). Together, all of these policies and contracts are sometimes referred to as "covered policies," a term used in this brochure.

2. ARE THERE POLICIES OR INSURERS NOT COVERED BY THE ACT?

The Act specifically excludes certain types of policies or portions of policies, including, but not limited to: The portion of a policy not guaranteed by the insurer; the portion of a policy to the extent the interest rate or crediting rate exceeds the limits in the Act; policies of reinsurance, unless assumption certificates have been issued; policies issued in Washington by an insurer at a time when the insurer was not licensed or did

not have a certificate of authority; policies issued to a self-insured plan or program; certain unallocated employee benefit plan annuities protected by federal law; and unallocated annuity contracts not issued to or in connection with a benefit plan or a government lottery.

The Act also does not apply to policies or contracts issued by health care service contractors, health maintenance organizations, fraternal benefit societies, self funded multiple employer welfare arrangements, mandatory state pooling plans, mutual assessment companies, insurance exchanges, or an organization that has a certificate or license limited to issuance of certain charitable gift annuities.

3. WHO IS PROTECTED UNDER THE ACT?

You are covered by the Act if you are an owner of or certificate holder under a policy or contract (other than an unallocated annuity contract or structured settlement annuity), and:

- You are a Washington resident; or
- You are not a Washington resident, but only if: the insurer is domiciled in Washington; there is an association similar to the Washington Association in your state of residency; and you are not covered in your state of residency, because the insurer was not licensed in that state; or
- You are a beneficiary, assignee, or payee of one of the above, regardless of where you reside (except for nonresident certificate holders under group policies).

Owners of unallocated annuity contracts are covered if the contract was issued to or in connection with a specific benefit plan whose plan sponsor has its principal place of business in Washington, or the contract was issued to or in connection with a government lottery and the owner is a Washington resident.

A payee under a structured settlement annuity (or beneficiary of a deceased payee) is also covered, if the payee is a Washington resident, or the payee is not a Washington resident, but the contract owner is a resident; or the insurer that issued the annuity is domiciled in Washington and coverage is not available in the state in which the payee resides.

Residency is generally determined at the time of entry of an order of liquidation against the insurer. If you move to another state and reside there when such an order is entered, you may still have protection under the law of that state. You should contact the insurance department in your new state of residence to find out about guaranty act protection there.

4. HOW DOES THE ASSOCIATION PROTECT COVERED PERSONS AGAINST LOSS?

After an order of liquidation is entered against a company, the Association begins its work of carrying out the purpose of the Act, which is to assure the performance of insurance obligations of that company. The Association is authorized to carry out its duties by working with insurance companies in good standing to assume or take over the covered policies. The association may also directly provide benefits and coverage as authorized by the Act. The Association has the authority to collect the funds necessary to provide protection to covered persons against losses on their covered policies.

5. WHERE DOES THE ASSOCIATION GET THE MONEY TO PROVIDE THIS PROTECTION?

The Association is authorized to collect money from all life and disability insurance companies doing business in Washington. The funds collected from an assessment are used to pay claims to covered persons and/or to fund the assumption of covered policies by another insurer.

6. DOES THE ASSOCIATION PAY OUT THE MONEY IT COLLECTS RIGHT AWAY OR DO COVERED PERSONS HAVE TO WAIT?

The Association generally cannot make an assessment for covered policies issued by a company until after an order of liquidation has been entered against the company, and a reasonable estimate can be made of the amount of money needed. Insurance companies receiving an assessment notice must make their payments within thirty days.

Because it takes time for an action to be commenced against a financially impaired insurer, for a Court to issue an order, and for funds to be collected to satisfy the obligations of that insurer, some delay, hopefully short, is unavoidable before payments can be made. Although it is impossible to predict how long this process will take in any given case, an average time period of twelve to eighteen months is not unusual.

When necessary, the Association may borrow money to make payments more promptly, particularly in cases that will take an unusual amount of time to be resolved.

7. WHAT IS THE AMOUNT OF PROTECTION PROVIDED BY THE ACT?

The Act provides the following maximum amounts of protection:

Life Insurance Death Benefits	\$500,000
Disability Benefits and Health Benefits (including Long Term Care Benefits)	\$500,000
Present Value of Individual Annuities	\$500,000
Unallocated Annuity Contracts, other certain government retirement plans (limit is per contract owner or plan sponsor)	\$5,000,000
Government Retirement Plans in Unallocated Annuities established under Internal Revenue Code § § 401, 403(b), or 457 (limit is per participant)	\$100,000

This protection becomes effective at the time of entry of a Court order of liquidation against the insurer. Of course, if the amount owed under the contract or policy is less than the maximum benefit under the Act, the covered person will be entitled to protection only up to the actual amount owed.

Furthermore, the maximum protection available to each covered person remains the same, regardless of the number of contracts through which he or she has a claim.

8. IF A HUSBAND AND WIFE EACH INDIVIDUALLY OWN A COVERED POLICY, IS THE PROTECTION UNDER THE ACT PROVIDED TO EACH OF THEM?

Yes. As long as the residency requirements are met, both would be entitled to the protection provided by the Act, up to the maximum amount.

9. WHY DOESN'T MY INSURANCE COMPANY ADVERTISE THE FACT THAT ITS POLICIES AND CONTRACTS ARE PROTECTED UNDER THE ACT?

Under Washington law, insurance companies are prohibited from advertising that their policies or contracts may be covered under the Act.

You should not rely on coverage under the Act when selecting an insurance company.

10. WHY HASN'T MY AGENT TOLD ME ABOUT THE GUARANTY ACT?

Your insurance agent is subject to the same prohibitions as your insurance company. As a representative of the company, an agent must exercise great care when soliciting business and consequently, will generally not discuss the subject of a guaranty act with clients.

11. WHO SHOULD I CONTACT IF I BELIEVE THERE HAS BEEN A VIOLATION OF THE ACT?

You should contact the Association if you believe your rights have been violated under the Act. If you are dissatisfied with the actions of the Association, you may also contact the Office of the Insurance Commissioner.

CONCLUSION

This notice has been prepared by the Washington Life and Disability Insurance Guaranty Association. Its purpose is to inform the public in a general way of the protections that are available in this state on insurance policies and annuity contracts issued by companies authorized to do business in Washington. The Association does not, by this notice, endorse any company or its products, but rather seeks to address some of the concerns that you may have regarding the security of insurance policies and annuity contracts.

For more information or answers to specific questions you may contact the Washington Life and Disability Insurance Guaranty Association or the Office of the Insurance Commissioner, whose addresses and telephone numbers are shown in the Preface.

This notice is prepared by and made available through the Washington Life and Disability Insurance Guaranty Association, which has granted member insurance companies permission to reproduce and distribute the notice. It is the responsibility of the company, or any representative of a company, reproducing this notice, to ensure that the use thereof does not violate applicable laws or regulations.