USAble Life
P.O. Box 1650
Little Rock, Arkansas 72203

Voluntary Group Term Life Trust Participation Agreement

Office Use Only	
Policy #	
Effective Date	

This Participation Agreement relates to participation in the following group insurance trust policy:

1. **Name of Policyholder:** The Trustee of the USAble Life Group Insurance Trust
   Situs of Trust: Little Rock, Arkansas
2. **Group Policy Number:** 12595
3. **Effective Date of Policy:** November 1, 2006
4. **Name of Insurance Company:** USAble Life

Request for Participation:

The undersigned employer or other eligible membership organization ("Participating Employer") hereby applies to become a Participant in the group insurance Trust identified above. The undersigned Participating Employer acknowledges that a copy of the group insurance policy is maintained in USAble Life's principal business office in Little Rock, Arkansas, and is subject to examination by participating employers and employees. The undersigned Participating Employer acknowledges that participation in the Trust will not commence until this Participation Agreement has been accepted by USAble Life.

Agreement Concerning Participation:

The Participating Employer agrees that, upon its acceptance by the Trustee for participation in the Trust, and subject to approval by USAble Life for insurance purposes, it will, so long as such participation continues, fully comply with all obligations applicable to participating employers under the Trust, as set forth therein. The Participating Employer understands that the insurance coverages under the group insurance policy will be only as provided for under the policy issued to the Trustee as the Policyholder. It is further understood and agreed that unless and until otherwise changed, all premiums payable on account of insurance under the policy shall be paid solely from contributions from insured persons, to be billed directly to such persons by USAble Life. The undersigned acknowledges that the Trustee is not an insurer, and has no obligations regarding payment of premiums or handling of claims for the insurance provided under the group insurance policy issued to it as policyholder.

Acceptance by Participating Employer

Employer Name

Street Address | City | State | Zip

Signature

Title | Date

Representative's Name (please print)

Representative's Signature (Must be resident licensed agent)

Acceptance by USAble Life

Signature

Title | Date