YOUR BENEFIT PLAN

GEORGIA INTERLOCAL RISK MANAGEMENT AGENCY

GROUP CRITICAL ILLNESS INSURANCE CERTIFICATE

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

Policyholder: Georgia Interlocal Risk Management Agency
Policy Number: 681159
Policy Effective Date: January 1, 2018
Policy Anniversary Date: January 1
Participating Department's Effective Date**:** See applicable Application/Agreement

We have issued The Policy to the Policyholder to extend coverage to the eligible Firefighters of each Participating Department. Our name, the Policyholder's name and the Policy Number are shown above. The provisions of The Policy, which are important to You, are summarized in this Certificate consisting of this form and any additional forms which have been made a part of this Certificate. This Certificate replaces any other Certificate We may have given to You earlier under The Policy. The Policy alone is the only contract under which payment will be made. Any difference between The Policy and this Certificate will be settled according to the provisions of The Policy on file with Us at Our Home office. The Policy may be inspected at the office of the Policyholder.

Signed for the Company

Lisa Levin, *Secretary*

Michael Concannon, *President*

THIS IS A LIMITED BENEFIT CERTIFICATE: This Certificate provides limited or supplemental coverage. It pays benefits ONLY upon the occurrence and Diagnosis of a Critical Illness. This Certificate does not provide benefits for any other disease, sickness or incapacity. Benefits provided are supplemental and are not intended to substitute for medical coverage or disability insurance.

THIS IS NOT A MEDICARE SUPPLEMENT CONTRACT. If You are eligible for Medicare, review the Guide to Health Insurance for People With Medicare available from Us.

A note on capitalization in this Certificate:
Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in the Policy or refers to a specific provision contained herein.

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BENEFIT SCHEDULE

Eligible Class(es) for Coverage: All Active Firefighters of a Participating Department

Eligibility Waiting Period: 12 months

Cost of Coverage: You do not contribute toward the cost of coverage.

Coverage Amount: $25,000

Lifetime Benefit Maximum: $50,000

Guaranteed Issue Amount: $25,000

CRITICAL ILLNESS BENEFITS

Critical Illness:	**Percentage of Coverage Amount:**
Invasive Cancer	100%
Non-Invasive Cancer	25%
Benign Brain Tumor	100%

Recurrence Benefit:	**Percentage of Coverage Amount:**
Invasive Cancer	100%
Benign Brain Tumor	100%

ADDITIONAL CRITICAL ILLNESS BENEFITS

Benefit:	**Benefit Amount:**
Lodging Benefit	$100 per night
Transportation Benefit	$100 per round trip

DEFINITIONS

Benign Brain Tumor means a condition Diagnosed as a non-malignant tumor or cyst in the brain, cranial nerves or meninges within the skull with a minimum size of 1 cm, resulting in either surgical removal or permanent neurological deficit with persisting clinical symptoms. The Diagnosis must be made by a Physician who is board certified in the medical specialty that is appropriate for the type of tumor involved. The tumor, including its size, should be documented on an MRI of the brain (with and without contrast) or by pathological diagnosis. If the Covered Person is unable to undergo an MRI of the brain (the study is deemed inappropriate for safety reasons such as the presence of metallic foreign bodies; mechanical reasons such as body habitus; or unavailability), then the tumor should be documented by a CT scan of the head, with and without contrast. Benign Brain Tumor does not include tumors in the pituitary gland or angiomas.

Cancer means any of the following cancers: bladder, blood, brain, breast, cervical, esophageal, intestinal, kidney, lymphatic, lung, prostate, rectum, respiratory tract, skin, testicular or thyroid. This definition also includes leukemia, multiple myeloma, non-Hodgkin's lymphoma, sarcoma or any other cancer.

Certificate means this document, which explains the insurance benefits provided, to whom and how benefits are payable and exclusions and limitations that apply to coverage.

Coverage Amount is the dollar amount for which You are covered for a Critical Illness.

Covered Person means a Firefighter who is currently insured under the Policy and this

Certificate. **Critical Illness** means any of the conditions shown in the Benefit Schedule.

Diagnosed, Diagnosis means the definitive establishment of a Critical Illness through the use of clinical or laboratory findings.

Eligibility Waiting Period means the consecutive period of time a Firefighter must be in active service with the Firefighter’s current Participating Department before the Firefighter is eligible for insurance through that Participating Department. The eligibility waiting period is shown in the Benefit Schedule.

Service with one Participating Department cannot be combined with service for another Participating Department to meet the eligibility waiting period requirement. A Firefigher must satisfy the eligibility waiting period to become eligible for insurance with any Participating Department the Firefighter is in service for.

Family Member means the Covered Person’s parent, spouse, domestic partner (or equivalent), children, siblings, grandparent, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

Firefighter means means a trained individual who is a full-time employee, part-time employee, or volunteer for a Participating Department and as such has duties of responding to mitigate a variety of emergency and nonemergency situations where life, property, or the environment is at risk, as further defined in Georgia Code Section 25-4-2 (as amended).

Home Office means Our office at One Hartford Plaza, Hartford, CT 06155.

Hospital means an institution:

1) licensed to operate as a Hospital pursuant to law;
2) primarily and continuously engaged in providing or operating either on its premises or in facilities available to the Hospital on a prearranged basis and under the supervision of a staff of licensed physicians, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made; and
3) providing twenty-four hour nursing service by or under the supervision of registered nurses (RNs).

Hospital does not include:

1) convalescent homes, or convalescent, rest or nursing facilities;
2) facilities affording primarily custodial, educational or rehabilitory care; or
3) facilities primarily for the aged, drug addicts or alcoholics.

Inpatient means treatment received by the Covered Person as a resident patient using and being charged for the room and board facilities of a Hospital.

Invasive Cancer means Diagnosis of Cancer involving any malignant tumor or neoplasm characterized by the uncontrolled growth of malignant cells and invasion of tissue beyond the initial tissue. The term malignant tumor includes leukemia, lymphoma and sarcoma. Malignant melanoma or other skin malignancies that have been histologically classified as having caused invasion beyond the epidermis (the outer layer of skin) with a Clark's level III or greater, Breslow's depth of .75mm or greater, or AJCC TNM stage II or greater, are included in this definition.

The Diagnosis must be made by a Physician who is board certified in the medical specialty that is appropriate for the type of cancer involved.

Conditions which are not considered invasive cancer are not included in this definition. Such conditions include, but are not limited to:

1) any condition defined as Non-Invasive Cancer;
2) all cancers which are histologically classified as pre-malignant, non-invasive/carcinoma in situ, having borderline malignancy or having low malignant potential;
3) benign tumors or polyps;
4) early prostate cancer that is histologically classified as T1N0M0 or equivalent staging;
5) chronic lymphocytic leukemia that is histologically classified as Rai Stage 0 or Binet Stage A; and
6) any skin cancer not previously incorporated in this definition, including:
    a. cutaneous lymphoma; and
    b. melanoma that is histologically classified as Clark Level I or II, Breslow Thickness of less than .75mm, or AJCC TNM Stage 0 or I.

Medically Necessary means:

1) recommended by a Physician acting within the scope of his or her license; and
2) consistent with currently accepted medical practice.

Non-Invasive Cancer means a Diagnosis of Cancer in which the tumor or cells still lie within the tissue of origin without having invaded neighboring tissue or regional lymph nodes. Non-invasive cancer includes, but is not limited to:

1) early prostate cancer that is histologically classified as AJCC TNM Stage T1N0M0 or equivalent staging;
2) chronic lymphocytic leukemia that is histologically classified as Rai Stage 0 or Binet Stage A;
3) cutaneous lymphoma; and
4) melanoma not invading the reticular (lower) dermis that is histologically classified as:
    a. Clark Level I or II;
    b. Breslow Thickness of less than .75mm; or
    c. AJCC TNM Stage 0 or I.

The Diagnosis must be made by a Physician who is board certified in the medical specialty that is appropriate for the type of cancer involved.

Lesser skin malignancies (basal cell and squamous cell carcinomas, for example), pre-malignant lesions (intraepithelial neoplasia, for example), and benign tumors or polyps are not included in this definition.

Participating Department means an entity that participates in the Policy through a Georgia Interlocal Risk Management Agency (GIRMA) Firefighter Cancer Coverage Application and Participation Agreement with the Policyholder.

Participating Department's E**ffective Date** means the date coverage for the Participating Department becomes effective under the Policy as stated in the Participating Department's Georgia Interlocal Risk Management Agency (GIRMA) Firefighter Cancer Coverage Application and Participation Agreement (the "Application/Agreement") with the Policyholder.

Physician means a person who is:

1) a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of healing art that We recognize or are required by law to recognize;
2) licensed to practice in the jurisdiction where care is being given;
3) operating within the scope of his or her license; and
4) not the Covered Person or a Family Member.

Policy means the policy which We issued to the Policyholder under the Policy Number shown on the face page, this Certificate and all other riders, amendments and endorsements that make up the contract of insurance.

We, Us, Our means Hartford Life and Accident Insurance

Company. **You** or **Your** refers to the Covered Person.

ELIGIBILITY AND EFFECTIVE DATES

Eligibility for Coverage:
A Firefighter will become eligible for coverage on the later of:
1) the Firefigher's current Participating Department's Effective Date; or
2) the date the Firefighter completes the Eligibility Waiting Period (as shown in the Benefit Schedule).

Coverage Effective Date:
Coverage will start on the day the Firefighter becomes eligible.

TERMINATION OF INSURANCE

Termination of Coverage:
Coverage will end on the earliest of the following:
1) the last day of the month during which You are no longer an eligible Firefighter with any Participating Department;
2) the date the required premium is due but not paid;
3) the date that all Participating Departments for whom You are active as a Firefighter cease to participate in the Policy; or
4) the date the Policy terminates;

unless continued in accordance with one of the Continuation Provisions.

CONTINUATION PROVISIONS

Continuation:
You may be able to continue coverage in certain circumstances when You are no longer actively serving as a Firefighter. The Continuation Options are explained below.

Any coverage continued under this provision through any of the Continuation Option(s) is subject to the following conditions:
1) We must continue to receive premium payment when due (whether paid by You or paid on Your behalf);
2) the Policyholder or Participating Department must approve the continuation; and
3) if You are eligible for more than one Continuation Option:
   a. the continuation time periods will not be applied consecutively; and
   b. the longest applicable continuation time period from the date You were last active as a Firefighter will apply.

Coverage continued under this provision will end on the last day of the month on or next following the earliest of the day:
1) the applicable continuation time period has expired, as described in the Continuation Options; or
2) You are again active as a Firefighter and become eligible for coverage as a result of active Firefighter status.

Coverage continued under this provision will also end in accordance with the Termination of Coverage provision. Except as described in this provision, coverage continued under this provision is subject to all other terms and provisions of the Policy.

Continuation Option(s)

Federal and/or State Laws: The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain circumstances for medical leaves of absence, military leaves of absence, other leaves of absence, layoff or termination of employment.

If You are not active as a Firefighter and are eligible to continue insurance under one of these laws, coverage may be continued for up to the time period allowed by the law that enables the continuation. Contact the Policyholder or Participating Department for additional information regarding continuation options that may be available through federal and/or state laws.

Illness or Injury: If You are not actively serving as a Firefighter due to illness or injury, coverage may be continued for up to 12 weeks from the date You ceased active service as a Firefighter.

Military Leave of Absence: If You enter active full-time military service and are granted a military leave of absence in writing, coverage may be continued for up to 12 weeks. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

EXTENDED CONTINUATION

Extended Continuation
You may continue coverage under the Policy when insurance would otherwise end under the Termination of Coverage provision.

You may be able to continue coverage under this provision when You are no longer active as a Firefighter and are not eligible for coverage under any other Continuation provision in this Certificate.

Requesting Extended Continuation
When coverage under the Policy would otherwise end, You have the right to continue coverage under this provision. To elect Extended Continuation, You must send a request to Us.

The request and the initial premium due must be received within 91 days after insurance under the Policy would otherwise end. In no event will a request be accepted by Us if received more than 91 days after the date coverage under the Policy would otherwise end.

Coverage continued under this provision:

1) will become effective on the first day of the month following the date coverage under the Policy would otherwise end, so that there is no interruption in coverage; and
2) is subject to continued payment of premium as due, including any portion of the premium that was previously paid for by the Participating Department.

Coverage continued under this provision will end on the last day of the month during which You are again active as a Firefighter and become eligible for coverage under the Policy as a result of active Firefighter status. Coverage continued under this provision will also end in accordance with the Termination of Coverage provision. Except as described in this provision, coverage continued under this provision is subject to all other terms and provisions of the Policy.

When coverage continued under this provision ends due to termination of the Policy, You may be eligible to continue coverage under the Portability provison.

PORTABILITY

Portability
If You are age 79 or younger, You may request portability coverage under a group portability policy if You were insured under the Extended Continuation provision in this Certificate and the Policy has terminated. The terms, conditions and premium rates of the portability coverage will be governed by the portability policy and may not be the same as those under this Certificate.

Electing Portability
When coverage under the Policy ends, notice of the right to request portability coverage will be given by Us. To elect coverage under a group portability policy, You must send a request to Us. The benefits and premium rates of the portability policy are described on Our portability request form, which can be obtained by contacting Us.

The request and the initial premium due must be received within 31 days after insurance under the Policy ends. If timely notice is not given, an extension of the period of time in which to request portability coverage will be allowed. You will have 15 days from the date notice is received to submit the request and initial premium. However, in no event will a request be accepted by Us if received more than 91 days after the date coverage under the Policy would otherwise end, even if notice is not received.

CRITICAL ILLNESS BENEFITS

In the event a Firefighter is simultaneously providing firefighting services for more than one legally organized fire department in the state of Georgia at the time of Diagnosis, the Firefighter is only entitled to receive benefits under one Certificate/from one department. In the event a Firefighter is an employee of one department and is a volunteer for another, benefits are only payable under the Certificate offered by the Firefighter's employer.

Critical Illness Benefit:
If a Covered Person is Diagnosed with a Critical Illness while covered under the Policy, We will pay a Critical Illness Benefit. The Critical Illness Benefit is equal to the Coverage Amount multiplied by the Percentage of Coverage Amount for the Critical Illness, as shown in the Benefit Schedule.

Each benefit shown in the Benefit Schedule will be paid once for each Covered Person, unless a Recurrence Benefit is available. Following the payment of any benefit at 100% of the Coverage Amount, a period of 30 days must be satisfied before payment of any other benefit under the Policy. Following the payment of any benefit at 25% of the Coverage Amount, there is no period of time to be satisfied before payment of any other benefit.

In no event will the total Critical Illness Benefits or Recurrence Benefits paid under the Policy or this Certificate, or under any similar policy or certificate issued to another legally organized fire department in the state of Georgia, exceed the Lifetime Benefit Maximum shown in the Benefit Schedule.

Recurrence Benefit:
We will pay a Recurrence Benefit as shown in the Benefit Schedule if a Covered Person receives a Diagnosis of a recurrence of a Critical Illness previously paid under the Policy. For a Recurrence Benefit to be paid:

1) the condition must be listed as a Recurrence Benefit in the Benefit Schedule; and
2) the Diagnosis of recurrence must be made 6 months or more following the initial Critical Illness Diagnosis for that same condition.

In no event will the total Critical Illness Benefits or Recurrence Benefits paid under the Policy or this Certificate, or under any similar policy or certificate issued to another legally organized fire department in the state of Georgia, exceed the Lifetime Benefit Maximum shown in the Benefit Schedule.

Lodging Benefit:
We will pay the Lodging Benefit Amount shown in the Benefit Schedule for a companion to accompany a Covered Person while the Covered Person is confined in a Hospital due to a Critical Illness. The Covered Person must be confined in a Hospital located more than 100 miles from the Covered Person's residence. This benefit will be payable for one room if the companion incurs a charge for staying in an appropriately licensed establishment (such as a hotel, inn, lodge, motel or other facility) that provides sleeping accommodations to the general public in exchange for a fee that is not owned or operated by a Covered Person or a Family Member while the Covered Person is confined. This benefit includes lodging for:

1) the 24 hour period prior to admission; and
2) the 24 hour period after the Covered Person is discharged.

This benefit is subject to a calendar year maximum of 5 nights per Covered Person. This benefit is not subject to the Lifetime Benefit Maximum.

Transportation Benefit:
We will pay the Transportation Benefit Amount shown in the Benefit Schedule if, as a result of Critical Illness, a Covered Person must travel more than 100 miles from his or her residence to receive special treatment or be confined in a Hospital. Treatment must be Medically Necessary and occur within 365 days of the Diagnosis of a Critical Illness. This benefit is payable for up to 5 round trips for each Critical Illness.

This benefit is not payable for transportation by ambulance (air or ground). This benefit is not subject to the Lifetime Benefit Maximum.

EXCLUSIONS

Exclusions:
Unless otherwise required by applicable law, no benefits are payable under this Certificate for Critical Illness that results from or is caused by:

1) suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane;
2) war or act of war, declared or undeclared;
3) a Covered Person's participation in a felony, riot or insurrection;
4) a Covered Person's engaging in any illegal occupation; or
5) a Covered Person's service in the armed forces or units auxiliary to them.

CLAIM PROVISIONS

Notice of Claim:
Notice of claim may be given to Us within 20 days after the start of any loss covered by the Policy, or as soon as reasonably possible. Notice given by or on behalf of a Covered Person to Us, or to Our authorized agent, with information sufficient to identify the Covered Person, shall be notice to Us. Failure to give notice within this time frame will not invalidate nor reduce any claim.

Claim Forms:
When We receive Notice of Claim, We will send claim forms. If the claimant does not receive the forms within 15 days after Notice of Claim is sent, Proof of Loss may be sent to Us without waiting to receive the claim forms.

Proof of Loss:
The claimant must send proof of loss to Us. This proof must be provided within 90 days after the date of the loss. If it is not reasonably possible to give proof in this time, proof must be provided as soon as reasonably possible. Proof of loss may not be given more than one year after the time proof is otherwise required, unless the claimant is legally incapacitated.

Physical Examinations and Autopsy
We, at our own expense, shall have the right and opportunity to have:

1) a Covered Person for whom a claim is made examined by a Physician of Our choice during the pendency of a claim as often as reasonably required; and
2) an autopsy conducted for a Covered Person for whom a claim is made in case of death, where not prohibited by law.

Time of Payment of Claims:
Benefits payable under this Certificate will be paid within 30 days after Our receipt of due written proof of loss.

Payment of Claims:
All payments are payable to You. Any benefits unpaid at the time of Your death will be paid to:

1) Your designated beneficiary(ies); or if none, then to
2) Your estate.

Beneficiary Designation:
In the event of Your death, You should designate one or more beneficiaries to receive any benefits under the Policy that are unpaid at the time of Your death. Beneficiary records will be kept by the Policyholder, Participating Department, plan administrator or the office/system where beneficiary records for the Policy are kept.

Change of Beneficiary:
The beneficiary may be changed at any time by You or Your assignee (if You assigned this insurance). To make a change, a request should be provided to the Policyholder, Participating Department, plan administrator or to the office/system where beneficiary records for the Policy are kept. If it is not known where the records are kept, then the request may be provided to Us. When received by the Policyholder, Participating Department, plan administrator, office/system where beneficiary records for the Policy are kept or Us, the change will take effect as of the date the request is signed. The change will not apply to any payments or other action taken by Us before the request was received.

The right to change of beneficiary is reserved to You, and the consent of the beneficiary or beneficiaries shall not be requisite to any change in beneficiary, unless the current beneficiary designation is irrevocable.

Claim Denial:
If a claim for benefits is wholly or partly denied, You will be furnished with written notification of the decision. This written notification will:

1) give the specific reason(s) for the denial;
2) make specific reference to the Policy provisions on which the denial is based;
3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
4) provide an explanation of the review procedure.

Claim Appeal:
On any claim, the claimant or his or her representative may appeal to Us for a full and fair review. To do so he or she:

1) must request a review upon written application within:
    a) 180 days of receipt of claim denial if the claim requires Us to make a determination of a Critical Illness; or
    b) 60 days of receipt of claim denial if the claim does not require Us to make a determination of a Critical Illness or other loss; and
2) may request copies of all documents, records, and other information relevant to the claim; and
3) may submit written comments, documents, records and other information relating to the claim.

We will respond in writing within 45 days with Our final decision on the claim.

Overpayment Recovery:
We have the right to recover from the recipient of benefits any amount that We determine to be an overpayment. The recipient of benefits has the obligation to refund to Us any such amount. If benefits are overpaid on any claim, the recipient must reimburse Us within 90 days.

If reimbursement is not made in a timely manner, We have the right to:

1) recover such overpayments from:
    a) the Covered Person;
    b) any other person to or for whom payment was made; and
    c) the Covered Person's estate;
2) reduce or offset against any future benefits payable to the Covered Person or his/her survivors until full reimbursement is made;
3) refer the Covered Person's unpaid balance to a collection agency; and
4) pursue and enforce all legal and equitable rights in court.

GENERAL PROVISIONS

Statements:
In the absence of fraud, all statements made by the Policyholder, Participating Department or any Covered Person will be considered representations and not warranties. No statement made by a Covered Person will be used to deny a claim or rescind coverage unless a copy of the statement is furnished to the Covered Person or personal representative.

Time Limit on Certain Defenses:
After a Covered Person has been insured under the Policy for 2 years during his or her lifetime, no statement made by a Covered Person, except fraudulent misstatements, will be used to reduce or deny a claim beginning after the 2 year period. In order to be used, the statement must be in writing and signed by You.

Legal Actions:
No legal action may start:

1) until 60 days after proof of loss has been given;
2) more than 3 years after the time proof of loss is required to be given.

Policy Interpretation:
We have discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Policy.

Insurance Fraud:
Insurance fraud occurs when You, the Policyholder or the Participating Department provide Us with false information or

file a claim for benefits that contains any false, incomplete or misleading information with the intent to injure, defraud or deceive Us. It is a crime to commit insurance fraud. We will use all means available to Us to detect, investigate, deter and prosecute those who commit insurance fraud. We will pursue all available legal remedies against those who perpetrate insurance fraud.

Conformity with State Statutes:
Any provision of the Policy which, on its effective date, conflicts with any applicable law is amended to meet the minimum requirements of the law.

Time Periods:
All periods begin and end at 12:01 A.M., Standard Time at the place where the Policy is delivered.