

4 Ever Life Insurance Company

2 Mid America Plaza, Suite 200
Oakbrook Terrace, Illinois 60181
(800) 621-9215

Administrative Office: c/o Worldwide Insurance Services, LLC, 933 First Avenue, King of Prussia, PA 19406

Blue Cross Blue Shield Global Traveler Companion

POLICYHOLDER: Massachusetts Bankers Association
POLICY EFFECTIVE DATE: January 1, 2025
POLICY NUMBER: 4EL-4949-25 ("the Policy")
STATE OF DELIVERY: Massachusetts
ADMINISTRATOR: Worldwide insurance Services, LLC

This Policy is a legal contract between the Policyholder and 4 Ever Life Insurance Company (Insurer). The consideration for this contract is the application and the payment of premiums as provided hereinafter.

AGREEMENT

This Policy, the Certificates issued under the policy, the application(s) form the entire contract between the Policyholder and the Insurer. Oral statements made by the Policyholder, by an Insured Person, by the Insurer's Agent, or by any other person are not part of this Policy. Only the Insurer's President or a Vice President may make changes for the Insurer. These changes must be in writing and attached to this Policy. The Insurer reserves the right to amend the Policy from time to time. The Insurer will pay, with respect to each Insured Person, the insurance benefits provided in this Policy. Payment is subject to the conditions, limitations and exceptions of this Policy. This Policy is governed by the laws of the jurisdiction shown above. The sections set forth on the following pages are a part of this Policy and take effect on the Policy Effective Date.

POLICY TERM

Policy Effective Date: January 1, 2025

Policy End Date: December 31, 2025

Policy Termination Date: The Policy will continue in force for the while the required premiums are paid until the Policy End Date or the Policy is terminated by either the Policyholder or by the Insurer

Cancellation of Coverage under the Policy

If the Insurer cancels the Policy, the Insurer will mail or deliver 60 days advance written notice to the Policyholder at the last address stated in the Insurer's records. If the Insurer cancels coverage under the Policy, cancellation takes effect at 11:59:59 p.m. on the date stated in the written notice or, if later, at 11:59:59 p.m. on the 45st day after the Insurer mails or delivers the written notice.

If the Policyholder cancels the Policy, cancellation becomes effective at 11:59:59 p.m. on the date the Insurer receives the written notice or, if later, at 11:59:59 p.m. on the date stated on the written notice.

Cancellation does not affect any claim for loss covered under the Policy which occurs during the Insured Person's period of coverage. No benefit is payable for charges incurred after the effective date of cancellation of coverage under the Policy, except as provided in the Policy's benefit provisions.

Cancellation of Insured Person's Coverage: An Insured Person may cancel coverage by mailing to the Insurer written notice stating the date of cancellation. The effective date of any cancellation is 11:59:59 p.m. on the date stated in the written notice or, if later, 11:59:59 p.m. on the date the Insurer receives the written notice.

PREMIUM

Payment: Coverage is provided in return for payment of the required premium. Premiums may be paid daily, weekly, monthly, quarterly, semi-annually, annually, or for a specified term less than one year. Coverage will terminate if the required premium is not paid to the Insurer. Premium is charged from the date insurance for each Insured Person takes effect. Premium is payable to the Insurer or one of its authorized agents. If payment of a premium is not honored by the bank or credit card drawn upon, the insurance is deemed to have not been purchased and not to be in effect.

Premium Due Dates: The Insured Person's first premium is due and payable on the Insured Person's Effective Date of Coverage.

Change in Premium: The Insurer may change the premiums due on or after the first Policy Anniversary Date but not more often than once in any 12 month period. The Insurer shall give written notice of such change at least 60 days in advance. The premium rates applicable to the Policy are on file with the Policyholder, the Administrator and the Insurer. The Insurer further reserves the right to re-determine the premium rate on any date on which the Policy is amended. If the Insurer changes rates, the change will apply only to coverage starting on or after the effective date of the change. The Insurer will give the Group at least 60 days advance written notice of any change.

INDIVIDUAL CERTIFICATES

The Insurer will furnish to the Group for delivery to each Eligible Participant, an individual certificate setting forth in substance the essential features of the insurance coverage of such Eligible Participants and to whom benefits thereunder are payable.

INCORPORATION PROVISION

The provisions of the attached Certificate, all endorsements and riders, and all endorsements and riders issued to amend this Policy after its effective date are made a part of this Policy.

This Policy was signed by the Policyholder on the application. The President and Secretary sign below on behalf of 4 Ever Life Insurance Company.


PRESIDENT


SECRETARY

**SUPPLEMENTAL BLANKET TRAVEL INSURANCE POLICY
PROVIDING ACCIDENT AND SICKNESS INSURANCE
Non-participating - Dividends are not payable**