

GROUP TERM LIFE CERTIFICATE SUMMARY



This summary describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on July 2, 2020.

POLICY INFORMATION

Policyholder: Idaho Forest Group LLC
Policy Effective Date: July 1, 2020
Policy Number: GLUG-BR2D
Class(es): All Eligible Salaried Employees

Policy Anniversary: July 1
Group Number: G000BR2D

ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 60 days.

WHEN INSURANCE BEGINS

An eligible Employee will become insured on the first day of the month that follows the day the Employee becomes eligible, subject to certain conditions (as described in the When Insurance Begins provision in the Certificate).

An eligible Dependent will become insured on the latest of the day the Employee becomes insured, the Employee acquires the eligible Dependent, or the Employee submits a Written Request to enroll the Dependent for insurance (if required), subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

BENEFIT AMOUNT(S)

Insurance for You (The Employee)

Your amount of life insurance is \$50,000.

Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance.

If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

Insurance for Your Dependent(s)

Your Spouse's amount of life insurance is \$5,000.

The amount of life insurance for Your eligible Dependent child(ren) is based on the age of the Dependent, as follows:

Age of Dependent Child	Amount of Life Insurance
Six months and older	\$5,000
14 days to less than six months.....	\$5,000
Less than 14 days	\$5,000

If You have questions regarding the amount of insurance for Your Dependent(s), You may contact the Policyholder.

Benefit Reduction(s)

As You grow older, the amount of life and AD&D insurance for You will be reduced according to the following schedule:

At the Age of:

The Original Amount of Insurance Will Reduce to:

70.....	65%
75.....	50%

Insurance ends on the date of Your retirement.

FEATURE(S)

Living Benefits

In the event You incur a Terminal Condition while insured under the Policy, You, Your Spouse or Your legal representative may submit a Written Request for an advance payment of part of Your life insurance death benefit. The maximum amount of Living Benefits available is 75% of the amount of life insurance for You in effect at the time of the request or \$37,500, whichever is less.

Additional Accidental Death and Dismemberment (AD&D) Benefit(s)

In addition to basic AD&D benefits, You are protected by the following benefit(s):

- Paralysis
- Airbag
- Common Carrier
- Seat Belt
- Childcare
- Child Education
- Spouse Education

Continuation of Insurance for Layoff or Leave, Injury or Sickness, or Partial Disability

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working, subject to certain conditions.

Continuation of Insurance for Total Disability with Waiver of Premium

You may be able to continue insurance for You from the day You cease to be Actively Working due to Your Total Disability, subject to certain conditions.

Portability

In the event Your insurance under the Policy ends, You have the right to continue receiving group life and accidental death and dismemberment insurance for You and/or Your Dependent(s), subject to certain conditions.

Conversion

If group life insurance ends or the benefit reduces, You or any of Your Dependent(s) may apply for an individual policy of life insurance, subject to certain conditions.

EXCLUSION(S)

Several exclusions apply to the accidental death and dismemberment (AD&D) benefits as described in the Certificate.

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POLICY INFORMATION

Policyholder: Idaho Forest Group LLC
Policy Effective Date: July 1, 2020
Policy Number: GLUG-BR2D
Class(es): All Eligible Hourly Employees

Policy Anniversary: July 1
Group Number: G000BR2D

ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 60 days.

WHEN INSURANCE BEGINS

An eligible Employee will become insured on the first day of the month that follows the day the Employee becomes eligible, subject to certain conditions (as described in the When Insurance Begins provision in the Certificate).

An eligible Dependent will become insured on the latest of the day the Employee becomes insured, the Employee acquires the eligible Dependent, or the Employee submits a Written Request to enroll the Dependent for insurance (if required), subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

BENEFIT AMOUNT(S)

Insurance for You (The Employee)

Your amount of life insurance is \$15,000.

Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance.

If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

Insurance for Your Dependent(s)

Your Spouse's amount of life insurance is \$5,000.

The amount of life insurance for Your eligible Dependent child(ren) is based on the age of the Dependent, as follows:

Age of Dependent Child	Amount of Life Insurance
Six months and older	\$5,000
14 days to less than six months.....	\$5,000
Less than 14 days	\$5,000

If You have questions regarding the amount of insurance for Your Dependent(s), You may contact the Policyholder.

Benefit Reduction(s)

As You grow older, the amount of life and AD&D insurance for You will be reduced according to the following schedule:

At the Age of:

The Original Amount of Insurance Will Reduce to:

70.....	65%
75.....	50%

Insurance ends on the date of Your retirement.

FEATURE(S)

Living Benefits

In the event You incur a Terminal Condition while insured under the Policy, You, Your Spouse or Your legal representative may submit a Written Request for an advance payment of part of Your life insurance death benefit. The maximum amount of Living Benefits available is 75% of the amount of life insurance for You in effect at the time of the request or \$11,250, whichever is less.

Additional Accidental Death and Dismemberment (AD&D) Benefit(s)

In addition to basic AD&D benefits, You are protected by the following benefit(s):

- Paralysis
- Airbag
- Common Carrier
- Seat Belt
- Childcare
- Child Education
- Spouse Education

Continuation of Insurance for Layoff or Leave, Injury or Sickness, or Partial Disability

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working, subject to certain conditions.

Continuation of Insurance for Total Disability with Waiver of Premium

You may be able to continue insurance for You from the day You cease to be Actively Working due to Your Total Disability, subject to certain conditions.

Portability

In the event Your insurance under the Policy ends, You have the right to continue receiving group life and accidental death and dismemberment insurance for You and/or Your Dependent(s), subject to certain conditions.

Conversion

If group life insurance ends or the benefit reduces, You or any of Your Dependent(s) may apply for an individual policy of life insurance, subject to certain conditions.

EXCLUSION(S)

Several exclusions apply to the accidental death and dismemberment (AD&D) benefits as described in the Certificate.



GROUP VOLUNTARY TERM LIFE CERTIFICATE SUMMARY

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POLICY INFORMATION

Policyholder: Idaho Forest Group LLC
Policy Effective Date: July 1, 2020
Policy Number: GVTL-BR2D
Class(es): All Eligible Employees

Policy Anniversary: July 1
Group Number: G000BR2D

ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 60 days.

WHEN INSURANCE BEGINS

An eligible Employee will become insured on the first day of the month that follows the day the Employee becomes eligible, subject to certain conditions (as described in the When Insurance Begins provision in the Certificate).

An eligible Dependent will become insured on the latest of the day the Employee becomes insured, the Employee acquires the eligible Dependent, or the Employee submits a Written Request to enroll the Dependent for insurance (if required), subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

BENEFIT AMOUNT(S)

Insurance for You (The Employee)

You may elect to be insured for an amount of life insurance from \$10,000 to \$500,000, in increments of \$10,000. In no event shall Your amount of life insurance exceed 5 times Your Annual Earnings, rounded to the next higher multiple of \$10,000.

Provided You have elected some amount of life insurance, Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance.

Your Guarantee Issue Amount is 5 times Your Annual Earnings or \$200,000, whichever is less. If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

Insurance for Your Dependent(s)

You may elect to have Your Spouse insured for an amount of life insurance from \$5,000 to \$250,000, in increments of \$5,000, provided the amount elected does not exceed 100% of Your amount of life insurance.

Provided You have elected some amount of life insurance for Your Spouse, Your Spouse's amount of accidental death and dismemberment (AD&D) insurance is equal to Your Spouse's amount of life insurance.

You may elect to have Your eligible Dependent child(ren) insured for an amount of life insurance from \$2,000 to \$10,000, in increments of \$1,000, provided the amount elected does not exceed 100% of Your amount of life insurance. Each eligible Dependent child must have the same amount of insurance.

Provided You have elected some amount of life insurance for Your Dependent child(ren), the amount of accidental death and dismemberment (AD&D) insurance for Your Dependent child(ren) is equal to the amount of life insurance for Your Dependent child(ren).

The Guarantee Issue Amount for Your Spouse is 100% of Your elected amount of life insurance or \$30,000, whichever is less. The Guarantee Issue Amount for Your Dependent child(ren) is 100% of Your elected amount of life insurance or \$10,000, whichever is less. If You have questions regarding the amount of insurance for Your Dependent(s), You may contact the Policyholder.

Benefit Reduction(s)

As You grow older, the amount of life and AD&D insurance for You and Your Spouse will be reduced according to the following schedule:

At the Age of:	The Original Amount of Insurance Will Reduce to:
70.....	65%
75.....	50%

Insurance ends on the date of Your retirement.

FEATURE(S)

Annual Increase Option

You may submit a Written Request to increase the amount of insurance once a year, provided the new amount of insurance does not exceed the maximum benefit amount shown in the Schedule. You may increase Your amount of insurance by up to \$20,000, in increments as shown in the Schedule, subject to certain conditions.

Living Benefits

In the event You incur a Terminal Condition while insured under the Policy, You, Your Spouse or Your legal representative may submit a Written Request for an advance payment of part of Your life insurance death benefit. The maximum amount of Living Benefits available is 75% of the amount of life insurance for You in effect at the time of the request or \$375,000, whichever is less.

Additional Accidental Death and Dismemberment (AD&D) Benefit(s)

In addition to basic AD&D benefits, You are protected by the following benefit(s):

- Paralysis
- Seat Belt
- Spouse Education
- Airbag
- Childcare
- Common Carrier
- Child Education

Continuation of Insurance for Layoff or Leave, Injury or Sickness, or Partial Disability

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working, subject to certain conditions.

Continuation of Insurance for Total Disability with Waiver of Premium

You may be able to continue insurance for You from the day You cease to be Actively Working due to Your Total Disability, subject to certain conditions.

Portability

In the event Your insurance under the Policy ends, You have the right to continue receiving group life and accidental death and dismemberment insurance for You and/or Your Dependent(s), subject to certain conditions.

Conversion

If group life insurance ends or the benefit reduces, You or any of Your Dependent(s) may apply for an individual policy of life insurance, subject to certain conditions.

EXCLUSION(S)

We will not pay benefits for a death which results from suicide, while sane or insane, within two years from the date insurance begins (under the Policy or any Prior Plan). Instead, We will refund the total of the premiums paid for insurance under the Policy.

If death results from suicide, while sane or insane, within two years from the effective date of any increase in the amount of insurance under the Policy, benefits in the amount of the increase will not be paid. Instead, We will refund the total of the premiums paid under the Policy for said increase in insurance.

Several exclusions apply to the accidental death and dismemberment (AD&D) benefits as described in the Certificate.

GROUP VOLUNTARY LONG-TERM DISABILITY CERTIFICATE SUMMARY



This summary describes some of the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on July 2, 2020.

POLICY INFORMATION

Policyholder:	Idaho Forest Group LLC
Policy Effective Date:	July 1, 2020
Policy Anniversary:	July 1
Policy Number:	GUPR-BR2D
Group Number:	G000BR2D
Classification:	All Eligible Employees
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	60 days
Eligibility Future Waiting Period:	60 days
When Insurance Begins:	the first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	The later of: <ul style="list-style-type: none"> a) 180 calendar days; or b) the date Your short-term Disability ends.

BENEFITS

Monthly Benefit Percentage:	50%	
Maximum Monthly Benefit:	\$5,000	
Minimum Monthly Benefit:	\$100/10%	
Maximum Benefit Period:	Age at Disability	Maximum Benefit Period
	61 or less.....	to age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;
	62.....	Your SSNRA, or 3 years and 6 months, whichever is longer;
	63.....	Your SSNRA, or 3 years, whichever is longer;
	64.....	Your SSNRA, or 2 years and 6 months, whichever is longer;
	65.....	2 years;
	66.....	1 year and 9 months;
	67.....	1 year and 6 months;
	68.....	1 year and 3 months;
	69 or older.....	1 year.
Own Occupation Definition:	2 years	
Family Care Benefit:	Included	
Portability:	Included	
Survivor Benefit:	3 months	

Vocational Rehabilitation Benefit:

Voluntary 10%

LIMITATIONS/EXCLUSIONS

Alcohol/Drug Abuse/Substance Abuse Limitation: 24 months

Mental Disorder Limitation: 24 months

Pre-existing Condition Exclusion: 12/12

GROUP VOLUNTARY SHORT-TERM DISABILITY CERTIFICATE SUMMARY



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POLICY INFORMATION

Policyholder:	Idaho Forest Group LLC
Policy Effective Date:	July 1, 2020
Policy Anniversary:	July 1
Policy Number:	GUC-BR2D
Group Number:	G000BR2D
Classification:	All Eligible Employees Earning 40K or More
Minimum Work Hours Required:	30 hours per week
Eligibility Present Waiting Period:	60 days
Eligibility Future Waiting Period:	60 days
When Insurance Begins:	the first day of the month that follows the day the Employee becomes eligible. Additional eligibility conditions apply as described in the Certificate.
Elimination Period:	
Injury:	7 calendar days
Sickness:	7 calendar days

BENEFITS

Weekly Benefit Percentage:	30%
Maximum Weekly Benefit:	\$1,000
Minimum Weekly Benefit:	\$25
Maximum Benefit Period:	27 weeks
Portability:	Included
Vocational Rehabilitation Benefit:	Voluntary 10%

EXCLUSION

Pre-existing Condition Exclusion:	3/6
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