

UNITED of OMAHA LIFE INSURANCE COMPANY

Home Office: Mutual of Omaha Plaza, Omaha, Nebraska 68175

A Stock Company

(herein called the Company)

has issued this Policy to **JEA**

(herein called Policyholder)

This Policy is issued in consideration of:

- (a) the terms, conditions and limitations of this Policy; and
- (b) the application for this Policy, a copy of which is attached.

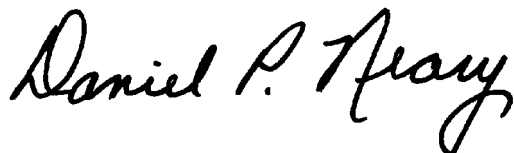
This Policy is effective January 1, 2012, at 12:01 a.m., Standard Time, at the main office of the Policyholder.

The Company agrees to pay the Insured Persons the benefits to which they are entitled, subject to the terms, conditions and limitations of this Policy.

The Certificate of Insurance, Form 7000CI-U-EZ No. 6, is made a part of this Policy.

This Policy is issued in and is subject to Florida law.

UNITED OF OMAHA LIFE INSURANCE COMPANY



Chairman of the Board and Chief Executive Officer



Corporate Secretary

GROUP POLICY NO. GLUG-AKKC

(herein called Policy)
(As Revised January 1, 2015)



Mutual of Omaha

(**)

GENERAL PROVISIONS

Capitalized terms not defined in these GENERAL PROVISIONS are defined in the Certificate or any other document made a part of this Policy.

1. CHANGE IN PREMIUM RATES

The Company has issued this Policy based upon current information regarding:

- (a) the industry of the Policyholder and the age, gender, occupation, earnings, location, and size of the Policyholder's employee population; and
- (b) laws, regulations and judicial and administrative orders and decisions affecting benefits and the cost of administration.

Accordingly, the Company reserves the right to change premium rates on or after the date there is a change in any of the factors described in (a) or (b) above resulting from or relating to:

- (1) an increase in premium tax, guarantee or uninsured fund assessment, or other governmental charge based upon or related to premium;
- (2) a merger or consolidation, or an acquisition or divestiture (through stock, assets or exchange) of all or part of a business enterprise affecting the Policyholder's employee population; or
- (3) the enactment, issuance, amendment, or enforcement of any law, regulation, judicial or administrative order or decision.

In addition to the right to change premium rates in accordance with the preceding paragraphs, the Company may change premium rates:

- (a) any time after the most recent Rate Guarantee Date shown in this Policy, provided the Company has given at least 90 days advance written notice of the premium rate increase;
- (b) on or after the date there is a change in benefits or eligibility for benefits under the Policy; or
- (c) on or after the date there is an increase or a decrease of 10% or more in the number of employees insured under the Policy.

The Company must give at least 60 days advance notice of any premium rate increase.

2. PAYMENT OF PREMIUMS

The first premium Due Date is the effective date of this Policy for the Period of Coverage beginning on that date and ending on the last day of the same month. Premiums for each subsequent Period of Coverage are due by the corresponding Due Date:

<u>Period of Coverage</u>	<u>Due Date</u>
January 1 through January 31	January 1
February 1 through February 28 or 29	February 1
March 1 through March 31	March 1
April 1 through April 30	April 1
May 1 through May 31	May 1
June 1 through June 30	June 1
July 1 through July 31	July 1

August 1 through August 31
September 1 through September 30
October 1 through October 31
November 1 through November 30
December 1 through December 31

August 1
September 1
October 1
November 1
December 1

The premium payable for each Period of Coverage is the sum of the individual premiums for each Insured Person. Individual premiums are based on an Insured Person's classification when a Period of Coverage begins.

Payment should be made to the Company:

- (a) at a lockbox designated by the Company;
- (b) at its Home Office; or
- (c) at another location authorized in writing by an officer of the Company.

Premium shall be considered to be paid on the date the premium is received at the location described in (a), (b) or (c) in the preceding paragraph.

If this Policy terminates for any reason:

- (a) the Policyholder is liable for all premiums to the date of termination, including premiums for any grace period or part of any grace period; and
- (b) all unpaid premiums are due no later than the date of termination.

3. GRACE PERIOD

Premium is due and payable on or before the Due Date shown in the GENERAL PROVISION 2. herein (PAYMENT OF PREMIUMS). After the first premium has been paid, a grace period of 60 days from each Due Date shall be granted for payment of premium. If the Policyholder does not pay the premium by the end of the grace period, this Policy shall automatically terminate at the end of the grace period in accordance with GENERAL PROVISION 4. herein (POLICY TERMINATION BY THE POLICYHOLDER). This Policy will remain in force during the grace period; except, if the Policyholder has given advance written notice to the Company that this Policy will terminate prior to the end of the grace period, this Policy will remain in force only until the termination date.

4. POLICY TERMINATION BY THE POLICYHOLDER

This Policy shall be considered terminated by the Policyholder on the earliest of:

- (a) the end of the grace period, if all due premium is not paid by then;
- (b) the day chosen by the Policyholder, if advance written notice is given to the Company; or
- (c) the day a premium increase is effective but has not been accepted in writing by the Policyholder.

5. POLICY TERMINATION BY THE COMPANY

Following at least 60 days advance written notice to the Policyholder, the Company has the right:

- (a) to terminate this Policy if the number of employees insured is less than 10 or less than 100% of those eligible for insurance;
- (b) to terminate either this Policy or any dependents' insurance if the number of employees with dependents insured is less than (Not Applicable) of those employees who have eligible dependents; or
- (c) to terminate this Policy any time after the most recent Rate Guarantee Date shown in this Policy, unless this termination right is inconsistent with any Termination Rider which is made a part of this Policy.

6. REINSTATEMENT AFTER TERMINATION OF THIS POLICY

If this Policy terminates for any reason, it may be reinstated at the Company's sole discretion. The Company may choose not to reinstate the Policy. The Policy may be reinstated only if:

- (a) an officer of the Company agrees in writing to reinstate the Policy;
- (b) the Policyholder agrees in writing to accept any written conditions of reinstatement imposed by the Company; and
- (c) the Policyholder pays the Company all premiums then due and unpaid, including any premium for the time insurance was in effect during the grace period.

7. INDIVIDUAL CERTIFICATE

The Company will issue the Policyholder individual Certificates for delivery to Insured Persons. The Certificate describes insurance coverage under the Policy and any conversion rights available upon termination of coverage.

8. MISSTATEMENT OF AGE

If the age of an Insured Person has been misstated, the Company will make an adjustment either:

- (a) in premiums; or
- (b) in the amount of insurance, if the amount of insurance depends on age. If the amount of insurance is increased, the Company must first receive all additional premiums.

9. INCONTESTABLE CLAUSE

The Company will not contest the validity of this Policy after it has been in force one year, except for nonpayment of premium.

10. INFORMATION TO BE FURNISHED BY THE POLICYHOLDER/PRIVACY

The Policyholder is responsible for keeping confidential insurance records. These records are to be kept in a way which will assure the privacy of medical and other personal information. The records must show:

- (a) persons insured by classification and any persons eligible but not insured;
- (b) the amount of money contributed by the Policyholder toward premiums; and

(c) any other insurance information which the Company may reasonably request.

These records and any other insurance information which the Policyholder has or reviews will be used by the Policyholder only for the purpose of Policy administration.

The Policyholder will furnish, as the Company requires, any insurance information on the Company's forms which are needed for insurance administration.

The Policyholder's books and records which may have a bearing on the insurance under this Policy shall be open to the Company for inspection. The books and records may be inspected at any reasonable time while this Policy is in force, and for one year afterwards.

The Policyholder shall provide the Company written notice within 60 days after any Insured Person's eligibility for coverage under this Policy ends.

If the Company does not receive such written notice within this 60 day period, the Company may require the Policyholder to reimburse the Company in an amount equal to the amount of any claims paid on behalf of the ineligible person during the time the person was ineligible.

The Policyholder shall reimburse the Company for claims in accordance with this provision within 60 days after receipt of the Company's written request for payment. Any amount of claims reimbursed to the Company in accordance with this provision shall not be considered to be premium for coverage under the Policy. The Company's right to receive reimbursement for claims in accordance with this provision shall not preclude the Company from pursuing any other remedies available to the Company.

In no event shall the Company provide coverage under the Policy beyond the date a person's eligibility ended, unless coverage is continued in accordance with the terms of the Policy. If coverage is continued in accordance with the terms of the Policy, and the applicable premium is paid for such coverage, and the obligation to reimburse the Company for claims as described herein shall not apply.

UNITED *of* OMAHA LIFE INSURANCE COMPANY

If required by state law, Countersigned by:

Licensed Resident Agent

ELIGIBILITY ADDENDUM

GLUG-AKKC

Effective Date: January 1, 2015

If anything in the policy conflicts with the State Group Coverage Discontinuance and Replacement law, insurance for present employees will be in accord with that law.

PREMIUM RIDER

This rider is made a part of Group Policy GLUG-AKKC.

This rider is effective January 1, 2015.

The premiums for the policy will be as follows:

CLASSIFICATION(S)

All Eligible JEA and St. Johns River Power Park appointed Employees and JEA appointed ER Employees

All Eligible Employees in the JEA International Brotherhood of Electrical Workers (IBEW), American Federation of State, County, & Municipal Employees (AFSCME) and Northeast Florida Public Employees' Local 630 Laborers' International Union of North America, AFL-CIO (LIUNA) in business units 050, 070 and 090

All Eligible Employees in the JEA Supervisor Association in business unit 063

All Eligible Professional Employees, Association Employees, JEA Employment and Compensation Employees, Non-Exempt St. Johns River Power Park (SJRPP) Employees, St. Johns River Power Park International Brotherhood of Electrical Workers (SJRPP IBEW) and Professional Employees in business units 064, 068N, 1618 and 055

All Eligible AFSCME Temporary Employees in business unit 179 and Northeast Florida Public Employees' Local 630 LIUNA temporary Employees in business unit 190

All Eligible JEA Managerial and Confidential Employees, St. John's River Power Park (SJRPP) Exempt Employees, and JEA Managerial and Compensation ER Employees in Business Units 003, 004, 065, 068E of the Employer regularly working a minimum of 20 hours per week

LIFE INSURANCE PREMIUM

Employee\$.169 per month for each \$1,000 of insurance

HEALTH INSURANCE PREMIUM

The monthly premium for Accidental Death and Dismemberment Benefits is:

Employee\$.020 per month for each \$1,000 of insurance

RATE GUARANTEE DATE

January 1, 2017

Notwithstanding anything to the contrary in the GRACE PERIOD provision in the Policy, the Policyholder and the Company agree as follows:

If, in addition to this Policy, the Policyholder has any other insurance policy ("Insurance Policy") or Administrative Services Agreement or other type of service agreement ("Service Agreement") with the Company or any affiliate of the Company, and an administration fee or other payment described in a Service Agreement ("Fee") is not paid in full by the required due date or premium is not paid in full during the grace period for this Policy or an Insurance Policy, the total amount of premium and Fees paid for this Policy and each Insurance Policy and Service Agreement during the month in which the premium or Fee is not paid in full ("the Delinquent Month") will be allocated to this Policy and each Insurance Policy and Service Agreement on a pro-rata basis.

The amount of premium and Fees allocated to this Policy and each Insurance Policy and Service Agreement will be determined by multiplying (a) the amount of premium due for this Policy and each Insurance Policy during the Delinquent Month and the amount of Fees due for each Service Agreement during the Delinquent Month by (b) the percentage equal to (i) the total amount of premium and Fees paid for this Policy and each Insurance Policy and Service Agreement during the Delinquent Month divided by (ii) the total amount of premium and Fees due for this Policy and each Insurance Policy and Service Agreement during the Delinquent Month.

The Policyholder and the Company acknowledge and agree that the method of allocating premium and Fees described in this provision will result in (a) the full amount of premium not being paid during the grace period for this Policy and each Insurance Policy, and (b) the full amount of Fees not being paid by the required due date for each Service Agreement. Accordingly, notwithstanding anything to the contrary in this Policy or any Insurance Policy or Service Agreement, the following will occur:

1. This Policy and any other Insurance Policy will automatically terminate on the date described in this Policy and such other Insurance Policy for non-payment of premium; and
2. Any Service Agreement will automatically terminate at the end of the Delinquent Month.

Dated: January 15, 2015

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink, reading "Daniel P. Freay". The signature is written in a cursive, flowing style with a large, prominent 'D' and 'F'.

Chairman of the Board and Chief Executive Officer

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



Home Office: Mutual of Omaha Plaza, Omaha, Nebraska 68175

This Policy is issued to **JE A** (the "Policyholder").

This Policy is a legal contract between the Policyholder and Us. It is issued in consideration of payment of premiums and the Policyholder's application.

This Policy will be interpreted under the Employee Retirement Income Security Act of 1974, as amended (ERISA). This Policy is issued in the State of Florida. To the extent state law is not preempted by ERISA, and only to that extent, this Policy will also be interpreted under the law of the State of Florida, without giving effect to the principles of conflicts of law of that State or any other state. Any part of this Policy which is in conflict with the applicable laws of the State of Florida is changed to conform to the minimum requirements of that State's laws.

This Policy is effective January 1, 2015 at the Policyholder's main office.


We agree to pay benefits subject to the terms, conditions, and limitations of this Policy.

The Certificate is made a part of this Policy.

GROUP POLICY NO. GLTD-AKKC

As Revised January 1, 2015

Publication Date: January 31, 2017


Chief Executive Officer


Corporate Secretary

GENERAL PROVISIONS

Capitalized terms are defined in the Certificate or other documents made a part of this Policy.

PREMIUM CHANGES

We reserve the right to change premium rates any time after:

- a) the most recent premium rate guarantee date described in this Policy;
- b) there is an increase or decrease of 10% or more in the Policyholder's Employee population or the number of Employees insured under this Policy;
- c) Our liability or cost of administration is changed due to a change in federal, state, or local law;
- d) this Policy's terms are changed; or
- e) there is a change which materially affects the risk assumed for insurance provided by this Policy.

We must give the Policyholder at least 90 days advance Written Notice of any premium rate change.

PAYMENT OF PREMIUMS

The premium for this Policy equals the sum of the individual premiums for each Insured Person. The first premium is due on the effective date of this Policy. Subsequent premiums are due on the first day of each subsequent month or other modal period agreed to in writing by an authorized representative in Our home office. Premium payments must be made to Our home office or to a location We designate, using a payment method We accept. We will consider premium to be paid on the date We receive it.

GRACE PERIOD

This Policy has a 60 day grace period. This means that, except for the initial premium, if the premium is not paid on or before the date it is due, it may be paid in the 60-day period that follows. This Policy will stay in force during the grace period, unless the Policyholder gives Us written notice that this Policy will terminate during the grace period. If We receive such notice, We will terminate this Policy on the date requested.

TERMINATION

Following at least 60 days advance written notice to the Policyholder, We have the right to terminate this Policy:

- a) if the number of Employees insured is less than 10 or less than 100% of those eligible for insurance;
- b) any time after the most recent premium rate guarantee date described in this Policy; or
- c) if the Policyholder does not perform any of its duties under this Policy.

The Policyholder has the right to terminate this Policy at any time. The Policyholder must give Us written notice of at least 31 days before the date this Policy is to terminate, unless the Policyholder gives Us written notice that this Policy will terminate during the grace period.

This Policy will automatically terminate at the end of the grace period if the Policyholder fails to pay its portion of the premium.

If this Policy terminates for any reason:

- a) all unpaid premiums up to the date of termination are due, including premiums for the grace period or any part of the grace period; and
- b) all unpaid premiums are due no later than the date of termination.

Termination of this Policy will not affect benefits otherwise payable for a claim incurred while this Policy is in force.

REINSTATEMENT AFTER TERMINATION

If this Policy terminates for any reason, the Policyholder may request to reinstate it. We will reinstate only if:

- a) an authorized representative in Our home office agrees in writing to reinstate this Policy;
- b) the Policyholder agrees in writing to accept any written conditions of reinstatement that We impose;
- c) all past due premiums are paid, including any premium for the time insurance was in effect during the grace period; and
- d) the premium due from the date of reinstatement until the next premium due date is paid.

CERTIFICATES

We will issue the Policyholder a Certificate for delivery to each Insured Person. The Certificate describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under this Policy.

MISSTATEMENT OF AGE OR GENDER

If an Insured Person's age or gender is misstated, We may adjust the premium or the benefits payable. An adjustment of the benefits payable will be based on what the premium would have purchased at the correct age or gender.

INCONTESTABILITY

We will not contest this Policy after it has been in force two years, except for nonpayment of premium.

POLICYHOLDER RESPONSIBILITIES

The Policyholder will notify each Insured Person and Us when insurance under this Policy ends if this Policy is terminated and is not replaced by another policy or plan with no interruption in coverage.

Notice shall be provided within 31 days from the date insurance ends. Notice to the Insured Person shall include information about any options available to continue or obtain insurance.

The Policyholder is responsible for keeping the following records:

- a) persons insured by classification and any persons eligible but not insured;
- b) the amount of money the Policyholder contributes toward premiums;
- c) beneficiary designation information, if applicable; and
- d) any other information which We may reasonably request.

The Policyholder will provide Us with copies of these records upon request. These records must be open to Us for inspection at any reasonable time. The Policyholder will provide, as We require, any information on Our forms which is needed for insurance administration.

The Policyholder is responsible for enrolling eligible persons for coverage under this Policy and performing other administrative duties agreed to by Us. The Policyholder will perform its responsibilities in accordance with the terms of this Policy and Our policies and procedures. The Policyholder may delegate some of its responsibilities to a third party. The Policyholder agrees to indemnify and hold Us harmless from and against any and all claims, actions, damages, liability and expenses, including, without limitation, reasonable attorneys' fees, arising from or related to the failure of the Policyholder, or a third party to whom the Policyholder has delegated its responsibilities, to perform its responsibilities in accordance with the terms of this Policy or Our policies and procedures.

ASSIGNMENT

No assignment of this Policy is binding upon Us unless an officer in Our home office agrees to it in writing and not until it is recorded with Us at Our home office.

PREMIUM RIDER

This rider is made a part of Group Policy GLTD-AKKC.

This rider is effective January 1, 2015.

CLASS(ES)

All Eligible Active Full Time SJRPP Employees

LONG-TERM DISABILITY INSURANCE PREMIUMS

The monthly premium for long-term disability insurance is as follows:

\$0.23..... per \$100 of Monthly Covered Payroll

Monthly Covered Payroll means the total amount of basic monthly earnings for which all Employees are insured under the Policy.

RATE GUARANTEE DATE

January 1, 2018 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with Us or any of Our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

PUBLICATION DATE

January 31, 2017

UNITED OF OMAHA LIFE INSURANCE COMPANY



Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



Home Office: Mutual of Omaha Plaza, Omaha, Nebraska 68175

This Policy is issued to **JEA** (the "Policyholder").

This Policy is a legal contract between the Policyholder and Us. It is issued in consideration of payment of premiums and the Policyholder's application.

This Policy will be interpreted under the Employee Retirement Income Security Act of 1974, as amended (ERISA). This Policy is issued in the State of Florida. To the extent state law is not preempted by ERISA, and only to that extent, this Policy will also be interpreted under the law of the State of Florida, without giving effect to the principles of conflicts of law of that State or any other state. Any part of this Policy which is in conflict with the applicable laws of the State of Florida is changed to conform to the minimum requirements of that State's laws.

This Policy is effective January 1, 2015 at the Policyholder's main office.

We agree to pay benefits subject to the terms, conditions, and limitations of this Policy.

The Certificate is made a part of this Policy.

GROUP POLICY NO. GUPR-AKKC

Publication Date: January 9, 2015

Chairman of the Board and Chief Executive Officer

Corporate Secretary

GENERAL PROVISIONS

Capitalized terms are defined in the Certificate or other documents made a part of this Policy.

PREMIUM CHANGES

We reserve the right to change premium rates any time after:

- a) the most recent premium rate guarantee date described in this Policy;
- b) there is an increase or decrease of 10% or more in the Policyholder's Employee population or the number of Employees insured under this Policy;
- c) Our liability or cost of administration is changed due to a change in federal, state, or local law;
- d) this Policy's terms are changed; or
- e) there is a change which materially affects the risk assumed for insurance provided by this Policy.

We must give the Policyholder at least 90 days advance Written Notice of any premium rate change.

PAYMENT OF PREMIUMS

The premium for this Policy equals the sum of the individual premiums for each Insured Person. The first premium is due on the effective date of this Policy. Subsequent premiums are due on the first day of each subsequent month or other modal period agreed to in writing by an authorized representative in Our home office. Premium payments must be made to Our home office or to a location We designate, using a payment method We accept. We will consider premium to be paid on the date We receive it.

GRACE PERIOD

This Policy has a 60 day grace period. This means that, except for the initial premium, if the premium is not paid on or before the date it is due, it may be paid in the 60-day period that follows. This Policy will stay in force during the grace period, unless the Policyholder gives Us written notice that this Policy will terminate during the grace period. If We receive such notice, We will terminate this Policy on the date requested.

TERMINATION

Following at least 60 days advance written notice to the Policyholder, We have the right to terminate this Policy:

- a) if the number of Employees insured is less than 10 or less than 25% of those eligible for insurance;
- b) any time after the most recent premium rate guarantee date described in this Policy; or
- c) if the Policyholder does not perform any of its duties under this Policy.

The Policyholder has the right to terminate this Policy at any time. The Policyholder must give Us written notice of at least 31 days before the date this Policy is to terminate, unless the Policyholder gives Us written notice that this Policy will terminate during the grace period.

This Policy will automatically terminate at the end of the grace period if the Policyholder fails to pay its portion of the premium.

If this Policy terminates for any reason:

- a) all unpaid premiums up to the date of termination are due, including premiums for the grace period or any part of the grace period; and
- b) all unpaid premiums are due no later than the date of termination.

Termination of this Policy will not affect benefits otherwise payable for a claim incurred while this Policy is in force.

REINSTATEMENT AFTER TERMINATION

If this Policy terminates for any reason, the Policyholder may request to reinstate it. We will reinstate only if:

- a) an authorized representative in Our home office agrees in writing to reinstate this Policy;
- b) the Policyholder agrees in writing to accept any written conditions of reinstatement that We impose;
- c) all past due premiums are paid, including any premium for the time insurance was in effect during the grace period; and
- d) the premium due from the date of reinstatement until the next premium due date is paid.

CERTIFICATES

We will issue the Policyholder a Certificate for delivery to each Insured Person. The Certificate describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under this Policy.

MISSTATEMENT OF AGE OR GENDER

If an Insured Person's age or gender is misstated, We may adjust the premium or the benefits payable. An adjustment of the benefits payable will be based on what the premium would have purchased at the correct age or gender.

INCONTESTABILITY

We will not contest this Policy after it has been in force two years, except for nonpayment of premium.

POLICYHOLDER RESPONSIBILITIES

The Policyholder will notify each Insured Person and Us when insurance under this Policy ends if this Policy is terminated and is not replaced by another policy or plan with no interruption in coverage.

Notice shall be provided within 31 days from the date insurance ends. Notice to the Insured Person shall include information about any options available to continue or obtain insurance.

The Policyholder is responsible for keeping the following records:

- a) persons insured by classification and any persons eligible but not insured;
- b) the amount of money the Policyholder contributes toward premiums;
- c) beneficiary designation information, if applicable; and
- d) any other information which We may reasonably request.

The Policyholder will provide Us with copies of these records upon request. These records must be open to Us for inspection at any reasonable time. The Policyholder will provide, as We require, any information on Our forms which is needed for insurance administration.

The Policyholder is responsible for enrolling eligible persons for coverage under this Policy and performing other administrative duties agreed to by Us. The Policyholder will perform its responsibilities in accordance with the terms of this Policy and Our policies and procedures. The Policyholder may delegate some of its responsibilities to a third party. The Policyholder agrees to indemnify and hold Us harmless from and against any and all claims, actions, damages, liability and expenses, including, without limitation, reasonable attorneys' fees, arising from or related to the failure of the Policyholder, or a third party to whom the Policyholder has delegated its responsibilities, to perform its responsibilities in accordance with the terms of this Policy or Our policies and procedures.

The Policyholder, as plan sponsor, agrees that the Policyholder retains full responsibility for the legal and tax status of its benefits program and releases Us from all responsibility for the reporting and the employment-based design of the program and from all other responsibilities not accepted in writing by Our authorized representative in Our home office.

ASSIGNMENT

No assignment of this Policy is binding upon Us unless an officer in Our home office agrees to it in writing and not until it is recorded with Us at Our home office.

PREMIUM RIDER

This rider is made a part of Group Policy GUPR-AKKC.

This rider is effective on the Policy Effective Date.

CLASS(ES)

All Eligible Active Full Time JEA Employees

LONG-TERM DISABILITY INSURANCE PREMIUMS

All Eligible Active Full Time JEA Employees

The monthly premium for long-term disability insurance is as follows:

Attained Age of Employee	per \$100 of Monthly Covered Payroll
< 19.....	\$0.099
20 - 24.....	\$0.099
25 - 29.....	\$0.112
30 - 34.....	\$0.177
35 - 39.....	\$0.263
40 - 44.....	\$0.407
45 - 49.....	\$0.644
50 - 54.....	\$0.964
55 - 59.....	\$1.171
60 - 64.....	\$1.214
65 - 69.....	\$1.214
70 - 99.....	\$1.214

Monthly Covered Payroll means the total amount of basic monthly earnings for which all Employees are insured under the Policy.

RATE GUARANTEE DATE

January 1, 2018 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

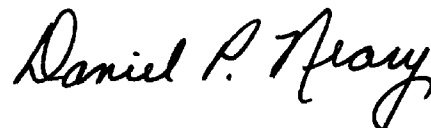
PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with Us or any of Our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

PUBLICATION DATE

January 9, 2015

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink, reading "Daniel P. Neary". The signature is written in a cursive style with a large, stylized 'D' and 'N'.

Chairman of the Board and Chief Executive Officer

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



Home Office: Mutual of Omaha Plaza, Omaha, Nebraska 68175

This Policy is issued to **JEA** (the "Policyholder").

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This Policy is effective January 1, 2015 at the Policyholder's main office.

We agree to pay benefits subject to the terms, conditions, and limitations of this Policy.

The Certificate is made a part of this Policy.

GROUP POLICY NO. GUC-AKKC

Publication Date: January 9, 2015

Chairman of the Board and Chief Executive Officer

Corporate Secretary

GENERAL PROVISIONS

Capitalized terms are defined in the Certificate or other documents made a part of this Policy.

PREMIUM CHANGES

We reserve the right to change premium rates any time after:

- a) the most recent premium rate guarantee date described in this Policy;
- b) there is an increase or decrease of 10% or more in the Policyholder's Employee population or the number of Employees insured under this Policy;
- c) Our liability or cost of administration is changed due to a change in federal, state, or local law;
- d) this Policy's terms are changed; or
- e) there is a change which materially affects the risk assumed for insurance provided by this Policy.

We must give the Policyholder at least 90 days advance Written Notice of any premium rate change.

PAYMENT OF PREMIUMS

The premium for this Policy equals the sum of the individual premiums for each Insured Person. The first premium is due on the effective date of this Policy. Subsequent premiums are due on the first day of each subsequent month or other modal period agreed to in writing by an authorized representative in Our home office. Premium payments must be made to Our home office or to a location We designate, using a payment method We accept. We will consider premium to be paid on the date We receive it.

GRACE PERIOD

This Policy has a 60 day grace period. This means that, except for the initial premium, if the premium is not paid on or before the date it is due, it may be paid in the 60-day period that follows. This Policy will stay in force during the grace period, unless the Policyholder gives Us written notice that this Policy will terminate during the grace period. If We receive such notice, We will terminate this Policy on the date requested.

TERMINATION

Following at least 60 days advance written notice to the Policyholder, We have the right to terminate this Policy:

- a) if the number of Employees insured is less than 10 or less than 25% of those eligible for insurance;
- b) any time after the most recent premium rate guarantee date described in this Policy; or
- c) if the Policyholder does not perform any of its duties under this Policy.

The Policyholder has the right to terminate this Policy at any time. The Policyholder must give Us written notice of at least 31 days before the date this Policy is to terminate, unless the Policyholder gives Us written notice that this Policy will terminate during the grace period.

This Policy will automatically terminate at the end of the grace period if the Policyholder fails to pay its portion of the premium.

If this Policy terminates for any reason:

- a) all unpaid premiums up to the date of termination are due, including premiums for the grace period or any part of the grace period; and
- b) all unpaid premiums are due no later than the date of termination.

Termination of this Policy will not affect benefits otherwise payable for a claim incurred while this Policy is in force.

REINSTATEMENT AFTER TERMINATION

If this Policy terminates for any reason, the Policyholder may request to reinstate it. We will reinstate only if:

- a) an authorized representative in Our home office agrees in writing to reinstate this Policy;
- b) the Policyholder agrees in writing to accept any written conditions of reinstatement that We impose;
- c) all past due premiums are paid, including any premium for the time insurance was in effect during the grace period; and
- d) the premium due from the date of reinstatement until the next premium due date is paid.

CERTIFICATES

We will issue the Policyholder a Certificate for delivery to each Insured Person. The Certificate describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under this Policy.

MISSTATEMENT OF AGE OR GENDER

If an Insured Person's age or gender is misstated, We may adjust the premium or the benefits payable. An adjustment of the benefits payable will be based on what the premium would have purchased at the correct age or gender.

INCONTESTABILITY

We will not contest this Policy after it has been in force two years, except for nonpayment of premium.

POLICYHOLDER RESPONSIBILITIES

The Policyholder will notify each Insured Person and Us when insurance under this Policy ends if this Policy is terminated and is not replaced by another policy or plan with no interruption in coverage.

Notice shall be provided within 31 days from the date insurance ends. Notice to the Insured Person shall include information about any options available to continue or obtain insurance.

The Policyholder is responsible for keeping the following records:

- a) persons insured by classification and any persons eligible but not insured;
- b) the amount of money the Policyholder contributes toward premiums;
- c) beneficiary designation information, if applicable; and
- d) any other information which We may reasonably request.

The Policyholder will provide Us with copies of these records upon request. These records must be open to Us for inspection at any reasonable time. The Policyholder will provide, as We require, any information on Our forms which is needed for insurance administration.

The Policyholder is responsible for enrolling eligible persons for coverage under this Policy and performing other administrative duties agreed to by Us. The Policyholder will perform its responsibilities in accordance with the terms of this Policy and Our policies and procedures. The Policyholder may delegate some of its responsibilities to a third party. The Policyholder agrees to indemnify and hold Us harmless from and against any and all claims, actions, damages, liability and expenses, including, without limitation, reasonable attorneys' fees, arising from or related to the failure of the Policyholder, or a third party to whom the Policyholder has delegated its responsibilities, to perform its responsibilities in accordance with the terms of this Policy or Our policies and procedures.

The Policyholder, as plan sponsor, agrees that the Policyholder retains full responsibility for the legal and tax status of its benefits program and releases Us from all responsibility for the reporting and the employment-based design of the program and from all other responsibilities not accepted in writing by Our authorized representative in Our home office.

ASSIGNMENT

No assignment of this Policy is binding upon Us unless an officer in Our home office agrees to it in writing and not until it is recorded with Us at Our home office.

PREMIUM RIDER

This rider is made a part of Group Policy GUC-AKKC.

This rider is effective on the Policy Effective Date.

CLASS(ES)

All Eligible Active Full Time Employees of JEA and SJRPP Electing VSTD Option 1

All Eligible Active Full Time Employees of JEA and SJRPP Electing VSTD Option 2

SHORT-TERM DISABILITY INSURANCE PREMIUMS

All Eligible Active Full Time Employees of JEA and SJRPP Electing VSTD Option 1

The monthly premium for short-term disability insurance is as follows:

Employee \$0.40 per \$10 of Total Weekly Benefits

Total Weekly Benefits means the total amount of benefits for which all Employees are insured under the Policy.

All Eligible Active Full Time Employees of JEA and SJRPP Electing VSTD Option 2

The monthly premium for short-term disability insurance is as follows:

Employee \$0.35 per \$10 of Total Weekly Benefits

Total Weekly Benefits means the total amount of benefits for which all Employees are insured under the Policy.

RATE GUARANTEE DATE

January 1, 2018 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

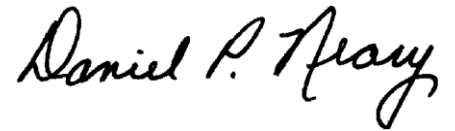
PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with Us or any of Our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

PUBLICATION DATE

January 9, 2015

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink, reading "Daniel P. Neary". The signature is written in a cursive style with a large, stylized 'D' and 'N'.

Chairman of the Board and Chief Executive Officer

UNITED of OMAHA LIFE INSURANCE COMPANY

Home Office: Mutual of Omaha Plaza, Omaha, Nebraska 68175

A Stock Company

(herein called the Company)

has issued this Policy to **JEA**

(herein called Policyholder)

This Policy is issued in consideration of:

- (a) the terms, conditions and limitations of this Policy; and
- (b) the application for this Policy, a copy of which is attached.

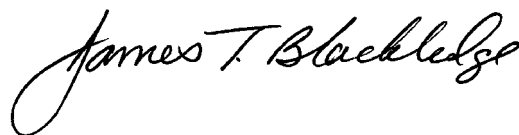
This Policy is effective January 1, 2012, at 12:01 a.m., Standard Time, at the main office of the Policyholder.

The Company agrees to pay the Insured Persons the benefits to which they are entitled, subject to the terms, conditions and limitations of this Policy.

The Certificate of Insurance, Form 7000CI-U-EZ No. 5, is made a part of this Policy.

This Policy is issued in and is subject to Florida law.

UNITED OF OMAHA LIFE INSURANCE COMPANY



Chief Executive Officer



Corporate Secretary

GROUP POLICY NO. GVTL-AKKC

(herein called Policy)

(As Revised December 1, 2015)



Mutual of Omaha

(**)

GENERAL PROVISIONS

Capitalized terms not defined in these GENERAL PROVISIONS are defined in the Certificate or any other document made a part of this Policy.

1. CHANGE IN PREMIUM RATES

The Company has issued this Policy based upon current information regarding:

- (a) the industry of the Policyholder and the age, gender, occupation, earnings, location, and size of the Policyholder's employee population; and
- (b) laws, regulations and judicial and administrative orders and decisions affecting benefits and the cost of administration.

Accordingly, the Company reserves the right to change premium rates on or after the date there is a change in any of the factors described in (a) or (b) above resulting from or relating to:

- (1) an increase in premium tax, guarantee or uninsured fund assessment, or other governmental charge based upon or related to premium;
- (2) a merger or consolidation, or an acquisition or divestiture (through stock, assets or exchange) of all or part of a business enterprise affecting the Policyholder's employee population; or
- (3) the enactment, issuance, amendment, or enforcement of any law, regulation, judicial or administrative order or decision.

In addition to the right to change premium rates in accordance with the preceding paragraphs, the Company may change premium rates:

- (a) any time after the most recent Rate Guarantee Date shown in this Policy, provided the Company has given at least 90 days advance written notice of the premium rate increase;
- (b) on or after the date there is a change in benefits or eligibility for benefits under the Policy; or
- (c) on or after the date there is an increase or a decrease of 10% or more in the number of employees insured under the Policy.

The Company must give at least 60 days advance notice of any premium rate increase.

2. PAYMENT OF PREMIUMS

The first premium Due Date is the effective date of this Policy for the Period of Coverage beginning on that date and ending on the last day of the same month. Premiums for each subsequent Period of Coverage are due by the corresponding Due Date:

<u>Period of Coverage</u>	<u>Due Date</u>
January 1 through January 31	January 1
February 1 through February 28 or 29	February 1
March 1 through March 31	March 1
April 1 through April 30	April 1
May 1 through May 31	May 1
June 1 through June 30	June 1
July 1 through July 31	July 1

August 1 through August 31
September 1 through September 30
October 1 through October 31
November 1 through November 30
December 1 through December 31

August 1
September 1
October 1
November 1
December 1

The premium payable for each Period of Coverage is the sum of the individual premiums for each Insured Person, including any dependents' premiums. Individual premiums are based on an Insured Person's classification when a Period of Coverage begins.

Payment should be made to the Company:

- (a) at a lockbox designated by the Company;
- (b) at its Home Office; or
- (c) at another location authorized in writing by an officer of the Company.

Premium shall be considered to be paid on the date the premium is received at the location described in (a), (b) or (c) in the preceding paragraph.

If this Policy terminates for any reason:

- (a) the Policyholder is liable for all premiums to the date of termination, including premiums for any grace period or part of any grace period; and
- (b) all unpaid premiums are due no later than the date of termination.

3. GRACE PERIOD

Premium is due and payable on or before the Due Date shown in the GENERAL PROVISION 2. herein (PAYMENT OF PREMIUMS). After the first premium has been paid, a grace period of 60 days from each Due Date shall be granted for payment of premium. If the Policyholder does not pay the premium by the end of the grace period, this Policy shall automatically terminate at the end of the grace period in accordance with GENERAL PROVISION 4. herein (POLICY TERMINATION BY THE POLICYHOLDER). This Policy will remain in force during the grace period; except, if the Policyholder has given advance written notice to the Company that this Policy will terminate prior to the end of the grace period, this Policy will remain in force only until the termination date.

4. POLICY TERMINATION BY THE POLICYHOLDER

This Policy shall be considered terminated by the Policyholder on the earliest of:

- (a) the end of the grace period, if all due premium is not paid by then;
- (b) the day chosen by the Policyholder, if advance written notice is given to the Company; or
- (c) the day a premium increase is effective but has not been accepted in writing by the Policyholder.

5. POLICY TERMINATION BY THE COMPANY

Following at least 60 days advance written notice to the Policyholder, the Company has the right:

- (a) to terminate this Policy if the number of employees insured is less than 10 or less than 25% of those eligible for insurance;
- (b) to terminate either this Policy or any dependents' insurance if the number of employees with dependents insured is less than (Not Applicable) of those employees who have eligible dependents; or
- (c) to terminate this Policy any time after the most recent Rate Guarantee Date shown in this Policy, unless this termination right is inconsistent with any Termination Rider which is made a part of this Policy.

6. REINSTATEMENT AFTER TERMINATION OF THIS POLICY

If this Policy terminates for any reason, it may be reinstated at the Company's sole discretion. The Company may choose not to reinstate the Policy. The Policy may be reinstated only if:

- (a) an officer of the Company agrees in writing to reinstate the Policy;
- (b) the Policyholder agrees in writing to accept any written conditions of reinstatement imposed by the Company; and
- (c) the Policyholder pays the Company all premiums then due and unpaid, including any premium for the time insurance was in effect during the grace period.

7. INDIVIDUAL CERTIFICATE

The Company will issue the Policyholder individual Certificates for delivery to Insured Persons. The Certificate describes insurance coverage under the Policy and any conversion rights available upon termination of coverage.

8. MISSTATEMENT OF AGE

If the age of an Insured Person has been misstated, the Company will make an adjustment either:

- (a) in premiums; or
- (b) in the amount of insurance, if the amount of insurance depends on age. If the amount of insurance is increased, the Company must first receive all additional premiums.

9. INCONTESTABLE CLAUSE

The Company will not contest the validity of this Policy after it has been in force one year, except for nonpayment of premium.

10. INFORMATION TO BE FURNISHED BY THE POLICYHOLDER/PRIVACY

The Policyholder is responsible for keeping confidential insurance records. These records are to be kept in a way which will assure the privacy of medical and other personal information. The records must show:

- (a) persons insured by classification and any persons eligible but not insured;
- (b) the amount of money contributed by the Policyholder toward premiums; and

(c) any other insurance information which the Company may reasonably request.

These records and any other insurance information which the Policyholder has or reviews will be used by the Policyholder only for the purpose of Policy administration.

The Policyholder will furnish, as the Company requires, any insurance information on the Company's forms which are needed for insurance administration.

The Policyholder's books and records which may have a bearing on the insurance under this Policy shall be open to the Company for inspection. The books and records may be inspected at any reasonable time while this Policy is in force, and for one year afterwards.

The Policyholder shall provide the Company written notice within 60 days after any Insured Person's eligibility for coverage under this Policy ends.

If the Company does not receive such written notice within this 60 day period, the Company may require the Policyholder to reimburse the Company in an amount equal to the amount of any claims paid on behalf of the ineligible person and any dependents of such person and/or any dependents of such person and any dependents of such person during the time the person was ineligible.

The Policyholder shall reimburse the Company for claims in accordance with this provision within 60 days after receipt of the Company's written request for payment. Any amount of claims reimbursed to the Company in accordance with this provision shall not be considered to be premium for coverage under the Policy. The Company's right to receive reimbursement for claims in accordance with this provision shall not preclude the Company from pursuing any other remedies available to the Company.

In no event shall the Company provide coverage under the Policy beyond the date a person's eligibility ended, unless coverage is continued in accordance with the terms of the Policy. If coverage is continued in accordance with the terms of the Policy, and the applicable premium is paid for such coverage, and the obligation to reimburse the Company for claims as described herein shall not apply.

UNITED *of* OMAHA LIFE INSURANCE COMPANY

If required by state law, Countersigned by:

Licensed Resident Agent

ELIGIBILITY ADDENDUM

GVTL-AKKC

Effective Date: December 1, 2015

If anything in the policy conflicts with the State Group Coverage Discontinuance and Replacement law, insurance for present employees and their dependent(s) will be in accord with that law.

PREMIUM RIDER

This rider is made a part of Group Policy GVTL-AKKC.

This rider is effective December 1, 2015.

The premiums for the policy will be as follows:

CLASSIFICATION(S)

All active, Full-time JEA and St. Johns River Power Park (SJRPP) appointed Employees, JEA Managerial and Confidential Employees, St. John's River Power Park (SJRPP) Exempt Employees, JEA Appointed ER Employees and JEA Managerial and Compensation ER Employees in Business Units 003, 004, 065, 068E of the Employer regularly working a minimum of 20 hours per week

All Eligible Employees in the JEA International Brotherhood of Electrical Workers (IBEW), American Federation of State, County, & Municipal Employees (AFSCME) and Northeast Florida Public Employees' Local 630 Laborers' International Union of North America, AFL-CIO (LIUNA) in business units 050, 070 and 090

All Eligible Employees in the JEA Supervisor Association in business unit 063

All Eligible Professional Employees, Association employees, JEA Employment and Compensation Employees, Non-Exempt St. Johns River Power Park (SJRPP) Employees, St. Johns River Power Park International Brotherhood of Electrical Workers (SJRPP IBEW) and Professional Employees in business units 064, 068N, 1618 and 055

All American federation of State, County & Municipal (AFSCME) temporary Employees in business unit 179 and Northeast Florida Public Employees; Local 630 Laborers' International Union of North America, AFL-CIO (LIUNA) temporary Employees in business unit 190

All St. Johns River Power Park (SJRPP) temporary Employees in business unit 007, JEA temporary employees in business unit 008, St. Johns River Power Park (SJRPP) contracted Employees in business unit 006 and JEA contract Employees in business unit 005

All Eligible St. Johns River Power Park Employees who Retiree in business unit 069 (SJRPP) and All JEA Employees who Retire under the city of Jacksonville Pension Plan

LIFE INSURANCE PREMIUMS

1. The monthly premium for each \$1,000 of Life Insurance for each employee is as follows:

All active, Full-time JEA and St. Johns River Power Park (SJRPP) appointed Employees, JEA Managerial and Confidential Employees, St. John's River Power Park (SJRPP) Exempt Employees, JEA Appointed ER Employees and JEA Managerial and Compensation ER Employees in Business Units 003, 004, 065, 068E of the Employer regularly working a minimum of 20 hours per week

Age of Employee	Monthly Premium
Less than 25	\$.044
25 but less than 30.....	\$.044

30 but less than 35.....	\$.049
35 but less than 40.....	\$.060
40 but less than 45.....	\$.093
45 but less than 50.....	\$.159
50 but less than 55.....	\$.262
55 but less than 60.....	\$.409
60 but less than 65.....	\$.639
65 but less than 70.....	\$1.147
70 but less than 75.....	\$2.054
75 but less than 80.....	\$3.388
Age 80 and over.....	\$6.862

All Eligible Employees in the JEA International Brotherhood of Electrical Workers (IBEW), American Federation of State, County, & Municipal Employees (AFSCME) and Northeast florida Public Employees' Local 630 Laborers' International Union of North America, AFL-CIO (LIUNA) in business units 050, 070 and 090

Age of Employee	Monthly Premium
Less than 25	\$.043
25 but less than 30.....	\$.043
30 but less than 35.....	\$.048
35 but less than 40.....	\$.059
40 but less than 45.....	\$.090
45 but less than 50.....	\$.154
50 but less than 55.....	\$.255
55 but less than 60.....	\$.399
60 but less than 65.....	\$.622
65 but less than 70.....	\$1.117
70 but less than 75.....	\$2.000
75 but less than 80.....	\$3.297
Age 80 and over.....	\$6.681

All Eligible Employees in the JEA Supervisor Association in business unit 063

Age of Employee	Monthly Premium
Less than 25	\$.039
25 but less than 30.....	\$.039
30 but less than 35.....	\$.044
35 but less than 40.....	\$.053
40 but less than 45.....	\$.083
45 but less than 50.....	\$.140
50 but less than 55.....	\$.233
55 but less than 60.....	\$.364
60 but less than 65.....	\$.567
65 but less than 70.....	\$1.017
70 but less than 75.....	\$1.822
75 but less than 80.....	\$3.004

Age 80 and over	\$6.086
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All Eligible Professional Employees, Association employees, JEA Employment and Compensation Employees, Non-Exempt St. Johns River Power Park (SJRPP) Employees, St. Johns River Power Park International Brotherhood of Electrical Workers (SJRPP IBEW) and Professional Employees in business units 064, 068N, 1618 and 055

Age of Employee	Monthly Premium
Less than 25	\$.039
25 but less than 30.....	\$.039
30 but less than 35.....	\$.044
35 but less than 40.....	\$.054
40 but less than 45.....	\$.083
45 but less than 50.....	\$.142
50 but less than 55.....	\$.235
55 but less than 60.....	\$.367
60 but less than 65.....	\$.572
65 but less than 70.....	\$1.028
70 but less than 75.....	\$1.840
75 but less than 80.....	\$3.035
Age 80 and over	\$6.147

All American federation of State, County & Municipal (AFSCME) temporary Employees in business unit 179 and Northeast Florida Public Employees; Local 630 Laborers' International Union of North America, AFL-CIO (LIUNA) temporary Employees in business unit 190

Age of Employee	Monthly Premium
Less than 25	\$.029
25 but less than 30.....	\$.029
30 but less than 35.....	\$.032
35 but less than 40.....	\$.040
40 but less than 45.....	\$.061
45 but less than 50.....	\$.104
50 but less than 55.....	\$.172
55 but less than 60.....	\$.269
60 but less than 65.....	\$.420
65 but less than 70.....	\$.754
70 but less than 75.....	\$1.349
75 but less than 80.....	\$2.224
Age 80 and over	\$4.505

All St. Johns River Power Park (SJRPP) temporary Employees in business unit 007, JEA temporary employees in business unit 008, St. Johns River Power Park (SJRPP) contracted Employees in business unit 006 and JEA contract Employees in business unit 005

Age of Employee	Monthly Premium
Less than 25	\$.032
25 but less than 30.....	\$.032

30 but less than 35.....	\$.035
35 but less than 40.....	\$.044
40 but less than 45.....	\$.067
45 but less than 50.....	\$.114
50 but less than 55.....	\$.189
55 but less than 60.....	\$.295
60 but less than 65.....	\$.461
65 but less than 70.....	\$.827
70 but less than 75.....	\$1.482
75 but less than 80.....	\$2.442
Age 80 and over.....	\$4.949

All Eligible St. Johns River Power Park Employees who Retiree in business unit 069 (SJRPP) and All JEA Employees who Retire under the city of Jacksonville Pension Plan

Age of Employee	Monthly Premium
Less than 25	\$.042
25 but less than 30.....	\$.042
30 but less than 35.....	\$.047
35 but less than 40.....	\$.058
40 but less than 45.....	\$.089
45 but less than 50.....	\$.153
50 but less than 55.....	\$.252
55 but less than 60.....	\$.394
60 but less than 65.....	\$.614
65 but less than 70.....	\$1.102
70 but less than 75.....	\$1.974
75 but less than 80.....	\$3.254
Age 80 and over.....	\$6.592

2. The monthly premium for each \$1,000 of Life Insurance for each dependent spouse is as follows:

All active, Full-time JEA and St. Johns River Power Park (SJRPP) appointed Employees, JEA Managerial and Confidential Employees, St. John's River Power Park (SJRPP) Exempt Employees, JEA Appointed ER Employees and JEA Managerial and Compensation ER Employees in Business Units 003, 004, 065, 068E of the Employer regularly working a minimum of 20 hours per week

Age of Spouse	Monthly Premium
Less than 25	\$.025
25 but less than 30.....	\$.025
30 but less than 35.....	\$.028
35 but less than 40.....	\$.035
40 but less than 45.....	\$.053
45 but less than 50.....	\$.091
50 but less than 55.....	\$.150
55 but less than 60.....	\$.234
60 but less than 65.....	\$.365

65 but less than 70.....	\$.656
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All Eligible Employees in the JEA International Brotherhood of Electrical Workers (IBEW), American Federation of State, County, & Municipal Employees (AFSCME) and Northeast florida Public Employees' Local 630 Laborers' International Union of North America, AFL-CIO (LIUNA) in business units 050, 070 and 090

Age of Spouse	Monthly Premium
Less than 25	\$.025
25 but less than 30.....	\$.025
30 but less than 35.....	\$.029
35 but less than 40.....	\$.035
40 but less than 45.....	\$.053
45 but less than 50.....	\$.091
50 but less than 55.....	\$.150
55 but less than 60.....	\$.235
60 but less than 65.....	\$.367
65 but less than 70.....	\$.659

All Eligible Employees in the JEA Supervisor Association in business unit 063

Age of Spouse	Monthly Premium
Less than 25	\$.020
25 but less than 30.....	\$.020
30 but less than 35.....	\$.023
35 but less than 40.....	\$.028
40 but less than 45.....	\$.043
45 but less than 50.....	\$.074
50 but less than 55.....	\$.122
55 but less than 60.....	\$.190
60 but less than 65.....	\$.296
65 but less than 70.....	\$.532

All Eligible Professional Employees, Association employees, JEA Employment and Compensation Employees, Non-Exempt St. Johns River Power Park (SJRPP) Employees, St. Johns River Power Park International Brotherhood of Electrical Workers (SJRPP IBEW) and Professional Employees in business units 064, 068N, 1618 and 055

Age of Spouse	Monthly Premium
Less than 25	\$.042
25 but less than 30.....	\$.042
30 but less than 35.....	\$.047
35 but less than 40.....	\$.058
40 but less than 45.....	\$.089
45 but less than 50.....	\$.153
50 but less than 55.....	\$.253
55 but less than 60.....	\$.396
60 but less than 65.....	\$.618

65 but less than 70.....\$1.109

All active, Full-time JEA and St. Johns River Power Park (SJRPP) appointed Employees, JEA Managerial and Confidential Employees, St. John's River Power Park (SJRPP) Exempt Employees, JEA Appointed ER Employees and JEA Managerial and Compensation ER Employees in Business Units 003, 004, 065, 068E of the Employer regularly working a minimum of 20 hours per week

All Eligible Employees in the JEA International Brotherhood of Electrical Workers (IBEW), American Federation of State, County, & Municipal Employees (AFSCME) and Northeast florida Public Employees' Local 630 Laborers' International Union of North America, AFL-CIO (LIUNA) in business units 050, 070 and 090

All Eligible Employees in the JEA Supervisor Association in business unit 063

All Eligible Professional Employees, Association employees, JEA Employment and Compensation Employees, Non-Exempt St. Johns River Power Park (SJRPP) Employees, St. Johns River Power Park International Brotherhood of Electrical Workers (SJRPP IBEW) and Professional Employees in business units 064, 068N, 1618 and 055

3. The monthly premium for all dependent child(ren) of a family unit is \$.203 per month for each \$1,000 of insurance.

HEALTH INSURANCE PREMIUMS

Applies to All Eligible Active Employees

The monthly premium for Accidental Death and Dismemberment Benefits is:

Employee\$.030 per month for each \$1,000 of insurance.

All active, Full-time JEA and St. Johns River Power Park (SJRPP) appointed Employees, JEA Managerial and Confidential Employees, St. John's River Power Park (SJRPP) Exempt Employees, JEA Appointed ER Employees and JEA Managerial and Compensation ER Employees in Business Units 003, 004, 065, 068E of the Employer regularly working a minimum of 20 hours per week

All Eligible Employees in the JEA International Brotherhood of Electrical Workers (IBEW), American Federation of State, County, & Municipal Employees (AFSCME) and Northeast florida Public Employees' Local 630 Laborers' International Union of North America, AFL-CIO (LIUNA) in business units 050, 070 and 090

All Eligible Employees in the JEA Supervisor Association in business unit 063

All Eligible Professional Employees, Association employees, JEA Employment and Compensation Employees, Non-Exempt St. Johns River Power Park (SJRPP) Employees, St. Johns River Power

Park International Brotherhood of Electrical Workers (SJRPP IBEW) and Professional Employees in business units 064, 068N, 1618 and 055

Spouse\$.030 per month for each \$1,000 of insurance.
All dependent child(ren) of a family unit\$.030 per month for each \$1,000 of insurance.

RATE GUARANTEE DATE

January 1, 2017

Notwithstanding anything to the contrary in the GRACE PERIOD provision in the Policy, the Policyholder and the Company agree as follows:

If, in addition to this Policy, the Policyholder has any other insurance policy ("Insurance Policy") or Administrative Services Agreement or other type of service agreement ("Service Agreement") with the Company or any affiliate of the Company, and an administration fee or other payment described in a Service Agreement ("Fee") is not paid in full by the required due date or premium is not paid in full during the grace period for this Policy or an Insurance Policy, the total amount of premium and Fees paid for this Policy and each Insurance Policy and Service Agreement during the month in which the premium or Fee is not paid in full ("the Delinquent Month") will be allocated to this Policy and each Insurance Policy and Service Agreement on a pro-rata basis.

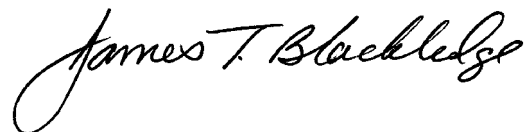
The amount of premium and Fees allocated to this Policy and each Insurance Policy and Service Agreement will be determined by multiplying (a) the amount of premium due for this Policy and each Insurance Policy during the Delinquent Month and the amount of Fees due for each Service Agreement during the Delinquent Month by (b) the percentage equal to (i) the total amount of premium and Fees paid for this Policy and each Insurance Policy and Service Agreement during the Delinquent Month divided by (ii) the total amount of premium and Fees due for this Policy and each Insurance Policy and Service Agreement during the Delinquent Month.

The Policyholder and the Company acknowledge and agree that the method of allocating premium and Fees described in this provision will result in (a) the full amount of premium not being paid during the grace period for this Policy and each Insurance Policy, and (b) the full amount of Fees not being paid by the required due date for each Service Agreement. Accordingly, notwithstanding anything to the contrary in this Policy or any Insurance Policy or Service Agreement, the following will occur:

1. This Policy and any other Insurance Policy will automatically terminate on the date described in this Policy and such other Insurance Policy for non-payment of premium; and
2. Any Service Agreement will automatically terminate at the end of the Delinquent Month.

Dated: May 12, 2016

UNITED OF OMAHA LIFE INSURANCE COMPANY



Chief Executive Officer

PORTABILITY RIDER

This Rider is made a part of Group Policy GVTL-AKKC.

This Rider is effective December 1, 2015.

If the provisions of this Rider and those of the Policy do not agree, the provisions of this Rider will apply.

If a Policyholder's Plan includes a Portability provision the following will apply:

1. The last paragraph of the GENERAL PROVISIONS entitled Payment of Premiums is changed to read:

If the Policyholder withdraws participation in this coverage for any reason:

- (a) except for premiums billed directly by United to the Insured Person, the Policyholder is liable for all premiums, to the date of withdrawal, including premiums for any grace period or part of any grace period; and
 - (b) all unpaid premiums are due no later than the date of withdrawal.
2. GENERAL PROVISIONS 4, 5 and 6 and any references to these provisions are changed to read:

4. **WITHDRAWAL OF PARTICIPATION BY THE POLICYHOLDER**

If the Policyholder withdraws participation in this coverage, coverage will continue under the Policy until all Certificates issued under the Portability Provision of this Policy have terminated.

Exception

In the event the Policyholder withdraws participation under this Policy and within 31 days obtains a similar group plan for its employees with another carrier, existing Certificate holders will NOT be eligible to elect the continuation (Portability) provision.

5. **WITHDRAWAL OF COVERAGE BY UNITED**

Following at least 90 days' advance written notice to the Policyholder, United has the right to withdraw availability of coverage to anyone not currently covered under this Policy. Existing Certificate holders may exercise their right of continuation (Portability).

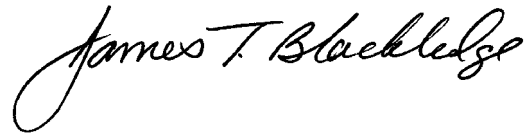
6. REINSTATEMENT AFTER WITHDRAWAL OF PARTICIPATION

If coverage is withdrawn for any reason, it can be reinstated only:

- (a) by an officer of United;
- (b) in writing; and
- (c) subject to any written conditions at the time of reinstatement imposed by United.

This Rider applies to Life Insurance and Accidental Death and Dismemberment Benefits.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink, reading "James T. Blackledge". The signature is written in a cursive, flowing style with a large initial "J".

Chief Executive Officer