



Nationwide Life Insurance Company

Home Office: One Nationwide Plaza, Columbus, Ohio 43216
(Hereafter called We, Us or Our in this Policy)

GROUP LIFE & LIMITED BENEFIT MEDICAL POLICY

Policyholder: Employbridge Holding Company

Policy Number: FV1301

Effective Date: December 27, 2021

First Policy Anniversary: December 26, 2022

Subsequent Policy Anniversaries: Each December

State or Other Jurisdiction of Issue: GA

We agree to insure the eligible persons described in this Policy. We will do this while this Policy stays in force. We agree to pay the benefits of this Policy to the persons insured. Details of the benefits are shown in the certificates attached to this Policy. These certificates form a part of this Policy.

Premiums

The Policyholder has applied for this Policy and understands that the required premium must be paid to get the insurance and keep it in force.

When This Policy Will Take Effect

This Policy will take effect at 12:01 A.M. standard time at the Policyholder's address on the Effective Date above, its date of issue.

We witness that this Policy is executed on its date of issue at Columbus, Ohio.

Nationwide Life Insurance Company

John Carter
President
Nationwide Life Insurance Company

Countersigned at _____ Date _____

(where required) _____
Resident Licensed Agent

Non-Participating Insurance
Which can be Discontinued by Us as described in the Policy.

GENERAL PROVISIONS APPLICABLE TO ALL BENEFITS

Disclosures to Policyholder

At the request of a Policyholder, We may provide summary health information to the Policyholder for purposes of 1) obtaining premium bids, or 2) modifying, amending or terminating the Group Policy. In addition, if the Policyholder 1) amends its summary plan description and 2) provides certification to Us that such amendment has been made, detailed health information may be released without summarizing the information. Additionally, We may disclose to the Policyholder information on whether the individual is participating in the Policy.

Entire Contract

The entire contract includes:

- the Policy; and
- the Policyholder's Application; and
- the Certificates issued under the Policy; and
- Enrollment Form, if any.

We consider any statement made by a Covered Person or the Policyholder, in the absence of fraud, to be a representation and not a warranty. No statement will be used to avoid the insurance, reduce benefits, or deny a claim unless:

- the statement is in writing; and
- a copy of that statement is given to the Covered person or Beneficiary.

The Policy may be changed at any time by a written agreement between the Policyholder and Us. Only Our executive officers can change this Policy.

ERISA

If the Policy is being purchased to provide benefits under a welfare plan governed by the Employee Retirement Income Security Act 29 U.S.C. Section 1001 et seq., We are not the plan administrator or named fiduciary of the welfare plan, as those terms are used in ERISA.

Notice to Policyholder

Written notice given by Us to an authorized representative of the Policyholder shall be deemed notice to all affected Covered Persons in the administration of the Policy, including termination of the Policy and termination of individual coverage under the Policy.

CONFORMITY WITH STATE STATUTES

If any part of this Policy does not conform to a statute in the state in which it is issued or delivered, it is amended to conform with the minimum statutes of that state.

AGENT'S AUTHORITY

The agent does not have the authority to make a promise or statement that binds Us. He or she may not accept any late premiums or extend the due date of any premium.

PAYMENT OF PREMIUMS

All premiums, including adjustments, must be paid to Us by the Policyholder at Our Home Office. These premiums are due as shown on the first page of this Policy. Once a premium is paid, insurance will be continued through the day prior to the next premium due date. The Policyholder may ask for a mode of payment that is one, two, four, or twelve times a year. This request must be approved by Us.

GRACE PERIOD

A 31-day grace period follows the due date of an unpaid premium unless We receive written notice before the due date to cancel insurance as of that due date. If We receive written notice during the grace period that the Policy is to be cancelled, We will cancel it as of the later of:

- the date requested in the cancellation notice; or
- the date We receive the notice.

The Policyholder must pay a pro rata premium for any coverage provided during a grace period. Interest will not be charged on the grace period premium. Insurance will stay in force during the grace period. If all the premium is not paid prior to the expiration of the grace period, the Policy will terminate on the last day of the grace period. The Policyholder will be liable to Us for the payment of all premiums then due and unpaid, including the premium for the grace period.

TERM OF POLICY AND RENEWAL PRIVILEGE

This Policy begins on the Effective Date shown on the Policy cover. It will continue for as long as premiums are paid or until it is cancelled. Notice to cancel the Policy can come from either the Policyholder or from Us. The Policyholder may cancel any or all of the insurance by giving Us written notice. It will cancel on the later of: (1) the date requested in the cancellation notice; or (2) the date We receive the notice. We may cancel insurance as of a premium due date with a 31-day advance notice in writing to the Policyholder. However, prior to the first Policy anniversary, We may only do this: (1) if the Policyholder does not perform its duties under the Policy to Our satisfaction; or (2) less than 50% of those eligible are enrolled for insurance.

NEW EMPLOYEES OR CONTRACT STAFF

New persons to the groups or classes eligible for insurance must be added to the groups or classes for which they are eligible.

INDIVIDUAL CERTIFICATES

We will give to the Policyholder a certificate for each employee or contract staff who is entitled to insurance under this Policy. It explains the main benefits and requirements of this Policy. The Policyholder shall give a certificate to each employee or contract staff.

RECORDS AND REPORTS

The Policyholder must keep complete records which detail each Covered Person's insurance. We may request this information at any time. It must be given to Us on forms satisfactory to Us. If a person eligible for insurance has informed the Policyholder of his or her intention to become insured and has paid any premiums, his or her insurance will not be made invalid solely due to a clerical error by the Policyholder. However, if We are not notified about the termination of any Covered Person, We will not be required to continue insurance beyond the termination date as set forth in the Policy.

GENERAL PROVISIONS APPLICABLE TO LIFE INSURANCE BENEFITS ONLY

Incontestability

The validity of the Policy will not be contested, except for nonpayment of premiums, after it has been in force for two years from its Effective Date.

The validity of a Covered Person's life insurance will not be contested after that Covered Person(s)' life insurance has been in force for two years during his or her lifetime. No statement made relating to a Covered Person(s)' insurability will be used in any contest unless:

- it is contained in a written application signed by the Covered Person; and
- a copy of the application has been furnished to the Covered Person or to the Beneficiary.

Misstatement Of Age

If a Covered Person's Age has been misstated, the true Age will be used to determine:

- the effective date or termination date of insurance; and
- the amount of insurance; and
- any other rights or benefits.

Premiums will be adjusted if too much or too little was paid due to the misstatement.

GENERAL PROVISIONS APPLICABLE TO ALL BENEFITS EXCEPT LIFE INSURANCE

Incontestability

The validity of the Policy will not be contested, except for nonpayment of premium, after it has been in force for one year from its Effective Date. The validity of a Covered Person's insurance will not be contested after the Covered Person's insurance has been in force for two years during his or her lifetime.

Workers' Compensation Not Affected

This Policy does not replace or change any requirement for coverage under Workers' Compensation insurance.

Nationwide Life Insurance Company
Columbus, Ohio

AMENDMENT

This amendment forms a part of the Plan to which it is attached and amends such Plan in the manner indicated for a policy issued in GEORGIA. Anything specifically stated in this amendment overrides anything to the contrary in the Plan, and will be subject to all other parts of the Plan.

The "Term of Policy and Renewal Privilege" provision is amended to read as follows:

TERM OF POLICY AND RENEWAL PRIVILEGE

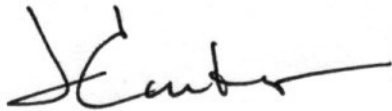
This Policy begins on the Effective Date shown on the Policy cover. It will continue for as long as premiums are paid or until it is cancelled. Notice to cancel the Policy can come from either the Policyholder or from Us. The Policyholder may cancel any or all of the insurance by giving Us written notice. It will cancel on the later of: (1) the date requested in the cancellation notice; or (2) the date We receive the notice. We may cancel insurance as of a premium due date with a 60-day advance notice in writing to the Policyholder. However, prior to the first Policy anniversary, We may only do this: (1) if the Policyholder does not perform its duties under the Policy to Our satisfaction; or (2) less than 50% of those eligible are enrolled for insurance.

This amendment is hereby accepted and deemed valid as of the effective date to the Plan to which it is attached.

Payment of premium on or after the effective date of the Amendment shall constitute acceptance by the Policyholder of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at Columbus, Ohio

A handwritten signature in black ink, appearing to read "John Carter", with a long horizontal flourish extending to the right.

John Carter
President
Nationwide Life Insurance Company



Nationwide®

NATIONWIDE® HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the “Notice”) applies to Nationwide¹ and describes the legal obligations of Nationwide, and your legal rights regarding your protected health information held by Nationwide under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Among other things, this Notice describes how your Protected Health Information (“PHI” as that term is defined below) may be used or disclosed to carry out treatment, payment, or healthcare operations, or for any other purposes that are permitted or required by law.

Nationwide is required by HIPAA and certain state laws to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice so long as it remains in effect. Nationwide reserves the right to change the terms of this Notice and to make the new Notice effective for all PHI maintained by us, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of the revised Notice by mail to your last-known address on file.

Protected Health Information (PHI) includes individually identifiable health information that is created or received by Nationwide and that relates to: (1) your past, present, or future physical or mental health or condition, (2) the provision of health care to you, or (3) the past, present, or future payment for the provision of health care to you. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. Certain uses and disclosures of PHI require your authorization. For example, most uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require a written authorization. Except as outlined below, we will not use or disclose your PHI without your written authorization. If you have given us an authorization, you may revoke it in writing at any time, unless we have already acted on the authorization. Once we receive your written revocation, it will only be effective for future uses and disclosures.

Disclosures for Treatment, Payment or Health Care Operations. We may use or disclose your PHI as permitted by law for your treatment, payment, or health care operations. For instance, for your treatment, a doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For payment, we may disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For health care operations, we may use and disclose your PHI for our health care operations, which include responding to customer inquiries regarding benefits and claims.

¹ Nationwide Life Insurance Company®, National Casualty Company and the area within Nationwide Mutual Insurance Company® that performs healthcare functions.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care.

If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. For example, we may disclose your PHI to a business associate to administer claims or to provide support services. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

Other Health-Related Products or Services. We may, from time to time, use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services which may be available to you as a member of the health plan. For example, we may use your PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Plan Administration. We may release your PHI to your plan sponsor for administrative purposes, provided we have received certification that the information will be maintained in a confidential manner and not used in any other manner not permitted by law.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make.

OTHER PRIVACY LAWS AND REGULATIONS

Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact as explained in the "Contact Information" section, below.

RIGHTS THAT YOU HAVE

Access to Your PHI. You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Amendments to Your PHI. You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such

notification is necessary. A request form can be obtained by writing to your designated contact at the address provided in the "Contact Information" section.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on some of our uses and disclosures of your PHI. We will consider, but are not required to agree to, your restriction request. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Request for Confidential Communications. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

Right to be Notified of a Breach. You have the right to be notified in the event we discover a breach of your unsecured PHI.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, even if you have requested such copy by e-mail or other electronic means.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the "Contact Information" section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

If you have any questions about this Notice, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling 1-800-635-6585, or mail your request to:

Fringe Benefit Group, Inc.
Attn: Carol Adams, Privacy Officer
11910 Anderson Mill Road
Austin, TX 78726

EFFECTIVE DATE

This Notice is effective 9/15/2015

FACTS

WHAT DOES NATIONWIDE DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security number, government issued identification, and contact information • Policy, account, and contract information • Credit reports and other consumer reports
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Nationwide chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Nationwide share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	Yes	Yes

To limit our sharing	• Call us toll free at 1-866-280-1809 and our menu will prompt you through your choices. • If you have previously opted out, your preference remains on file and you do not need to opt out again. • Please have your account or policy number handy when you call. Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.
Questions?	1-800-495-1190

Who we are

Who is providing this notice?

Nationwide Life Insurance Company

What we do

How does Nationwide protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state law. These measures include computer safeguards and secured files and buildings. We limit access to your information to those who need it to do their job.

How does Nationwide collect my personal information?

We collect your personal information, for example, when you:

- Apply for insurance
- Make a payment or file a claim
- Conduct business with us

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal and state law gives you the right to limit only:

- Sharing for affiliates' everyday business purposes—information about your creditworthiness;
- Affiliates from using your information to market to you; and
- Sharing for nonaffiliates to market to you.

State laws and individual companies may give you additional rights to limit sharing. See below for more information.

What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies. These companies include Nationwide Life Insurance Company, Nationwide Bank, and Nationwide Property and Casualty Insurance Company. Visit nationwide.com for a list of affiliated companies.

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

Other important information

California Residents: We currently do not share information we collect about you with affiliated or nonaffiliated companies for their marketing purposes. Therefore, you do not need to opt out.

Nevada Residents: You may request to be placed on our internal Do Not Call list. Send an email with your phone number to privacy@nationwide.com. You may request a copy of our telemarketing practices. For more on this Nevada law, contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: 1-702-486-3132; email: BCPINFO@ag.state.nv.us.

Vermont Residents: For Vermont customers only. We will not share your personal information for marketing purposes with the Nationwide family of companies or third parties without your authorization, except as permitted by law.

AZ, CA, CT, GA, IL, ME, MA, MT, NV, NJ, NM, NC, ND, OH, OR, and VA Residents: The Term "Information" means information we collect during an insurance transaction. We will not use your medical information for marketing purposes without your consent. We may share information with others, including insurance regulatory authorities, law enforcement, consumer reporting agencies, and insurance-support organizations without your prior authorization as permitted or required by law. Information we obtain from a report prepared by an insurance-support organization may be retained by that insurance-support organization and disclosed to others.

Accessing your information

You can ask us for a copy of your personal information. Please send your request to the address below and have your signature notarized. This is for your protection so we may prove your identity. Please include your name, address, and policy number. You can change your personal information at Nationwide.com or by calling your agent. We can't change information that other companies, like credit agencies, provide to us. You'll need to ask them to change it.

Fringe Insurance Benefits
Attention: Carol Adams, Privacy Officer
11910 Anderson Mill Road Austin, TX 78726