



1950 Crestwood Blvd, Suite 2, Birmingham, AL 35210 (205) 451-0451

**Group Vision
Master Policy**

POLICYHOLDER:	ALVMA Health and Welfare Trust		
ADDRESS:	2660 Eastchase Lane Ste 300		
	Montgomery AL 36117		
POLICY NUMBER:	CIC0070236	POLICY ANNIVERSARY:	January 1
POLICY EFFECTIVE DATE:	January 1, 2026	INITIAL TERM:	24 Months
PREMIUM DUE DATE:	1st of every month	OPEN ENROLLMENT:	December
PLACE OF DELIVERY:	Alabama		

This Policy is a legal contract between the group Policyholder and Us (Canopy Insurance Corporation). We issue this Policy and the Certificates based on the Policyholder's applications and payment of premium when due. This Policy alone is the only contract under which payment will be made.

Effective Date. This Policy becomes effective at 12:00 a.m. on the Policy Effective Date shown above.

Certificates. We will make a Certificate available to each Primary Insured under this Policy. The Certificates will state the insurance protection to which the Covered Insured is entitled and to whom the benefits are payable.

Additional Covered Insureds. Covered Insureds may be added at any time if they meet the eligibility requirements stated in the Certificate, complete an enrollment form and pay the required premium.

Incorporation Provision. The provisions of the attached Certificate, all endorsements and riders, and all endorsements and riders issued to amend this Policy after the Policy Effective Date are made a part of this Policy.

We urge the Policyholder to examine this Policy closely. If the Policyholder is not satisfied with it, the Policyholder may send it back to Us or its Administrator for any reason within 30 days after the date the Policyholder receives it. If returned, this Policy and all the Certificates will be canceled, and any premium paid will be refunded in full.

The first premium is due on the date of issue of this Policy. This Policy shall renew each Policy Anniversary unless terminated in accordance with Policy Termination provision.

In witness whereunto, Canopy Insurance Corporation has caused this Policy to be signed and shall take effect on the Policy Effective Date specified above.

Canopy Insurance Corporation has signed this Policy on the Policy Effective Date.

President

Secretary

TABLE OF CONTENTS

Premiums	3
Termination	3
General Provisions	3

PREMIUMS

Grace Period. After the first premium is paid, We will allow the Policyholder no less than a 31-day grace period for the payment of all premiums. During this grace period, this Policy will stay in force. If the premium due is not paid by the end of the grace period, this Policy will terminate on the last day for which premiums were received. If the Policyholder gives Us written advance notice of an earlier cancellation date, this Policy will terminate on the earlier date. Premium is due for each day this Policy is in force. The Policyholder is liable for the premium due for coverage through the grace period.

Premium Changes. We may change the premium rates after the Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under the Policy. You will be given notice by mail 31 days prior to any premium change.

Renewal premiums are due on the Premium Due Date. This Policy will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Premium Payments. The first premium is due on the Policy Effective Date. Premiums will include Certificate rider premiums, if any. Premiums paid after the first premium are renewal premiums and are due on the Premium Due Date shown on the cover page of this Policy. The payment of any Premium will not maintain the insurance in force beyond the day next following the Premium Due Date, except as provided under the Grace Period provision.

Premium Rate Guarantees. Any Premium Rate Guarantees are subject to the following provisions:

1. The benefits outlined in the Certificate as well as the eligibility remain unchanged.
2. There are no additions or deletions of subsidiaries or affiliates.
3. The census or geographic distribution does not change by more than 25%.
4. The Policyholder contribution, if applicable, to the premium is not reduced.

TERMINATION

Termination of Policy. We may terminate this Policy for any of the following reasons by giving the Policyholder 31 days written notice:

1. the premium is not paid before the end of the Grace Period;
2. the number of participating Employees is less than the number mutually agreed upon by Us and the Policyholder;
3. the Policyholder does not promptly provide Us with information that is reasonably required;
4. the Policyholder fails to perform any of its obligations that relate to this Policy; or
5. the number of participating Employees changes by 25% or more.

The Policyholder may terminate this Policy by giving Us at least 31 days prior written notice.

Termination of this Policy under any conditions will not prejudice any payable claim which occurs while this Policy is in force.

The Policyholder has the sole responsibility to notify Employees of the Policy termination as soon as reasonably possible. If the Policy terminates, it and all Certificates and riders issued under this Policy will terminate on the specified date. The termination occurs as of 12:01 a.m. at the Policyholder's address.

Upon termination of this Policy for default in the payment of monthly premium, We may choose to reinstate this Policy and charge a reinstatement fee of \$100.

GENERAL PROVISIONS

Assignment. No assignment of the Certificate is binding upon Us unless We agree to it in writing and not until such assignment is filed with Us.

Certificates. We will issue to the Policyholder, to make available to each Primary Insured under this Policy, a Certificate of Insurance that describes the essential features of this Policy.

Clerical Error. Any clerical error by Us in keeping relevant records, or a delay in making any entry, will not void any insurance otherwise validly in force or continue insurance otherwise validly terminated. When a clerical error or delay is found, premiums and benefits will be adjusted based on the true facts and the provisions of the Policy.

COBRA. It is understood that the Policyholder has certain responsibilities under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Employee Retirement Income Security Act of 1974 (ERISA), and any State continuation notification requirements including, but not limited to, notification related to qualifying events. In the event that the Policyholder fails to comply with COBRA, ERISA, or State requirements in such areas as notifying an individual of their COBRA and/or continuation rights, Policyholder agrees to indemnify and hold harmless Us for any costs, expenses, or damages including legal fees which may be incurred by Us which are caused by the Policyholder's failure to perform.

Conformity with State Laws. The insurance laws of some states require that certain Policy provisions comply with the law of the state for all permanent residents of the state. Any Policy provision herein which does not conform with such law is hereby modified to the minimum extent necessary to satisfy legal requirements. However, any such provision is modified only for a Covered Insured who is a permanent resident of the state at the time Covered Expenses are actually incurred as defined herein.

1. this Policy;
2. the Certificates;
3. any riders, endorsements and amendments to this Policy or the Certificate, if any;
4. the application of the Policyholder; and
5. any of the enrollment forms.

All statements made in the application and enrollment forms, in the absence of fraud, are representations and not warranties. A copy of the application may be requested at any time. We shall provide a copy to you within 15 days after such request. Only written statements by the Policyholder or a Covered Person and attached to the Policy or Certificate, will be used to void insurance or deny a claim.

No change in this Policy or the Certificate will be effective until approved by one of Our officers, and unless such approval is endorsed and attached to this Policy or the Certificate. No agent has the authority to change this Policy or the Certificate or to waive any of its provisions.

Fraudulent Information. The Policyholder understands that We may void a Covered Person's coverage under this Policy for fraud or material misrepresentation by the Covered Insured in applying for coverage.

Incontestability. This Policy will be incontestable, except for non-payment of premium, after it has been in force for two years.

Legal Action: No legal action may be brought against Us to recover benefits for at least 60 days after the written proof of loss is submitted to Us. No such action may be brought more than 6 years after the time written proof of loss is required by the Policy to be given.

New Entrants: All new Employees eligible for insurance will be added to each class for which they are eligible. Coverage is subject to enrollment requirements of the Policy.

Open Enrollment Period

There shall be an Open Enrollment Period, as specified on the cover page of this Policy, during which all Eligible Employees and their Eligible Dependents are offered a choice to become covered under this Policy.

Eligible new Employees or Dependents may be added in accordance with the terms of the Policy.

Policyholder Requirement Information

Certain facts are needed to administer the Policy. We have the right to decide which facts We need. The Policyholder is required to comply with any reasonable request for information which We deem necessary to administer the Policy. We have the right to inspect any records of the Policyholder that have a bearing on the insurance or premium under the Policy.