

**United HealthCare Insurance Company
450 Columbus Boulevard
Hartford, Connecticut**

(Home Office)

Policyholder: PIAG Health Guard Trust
Effective Date : January 1, 2005
Group Policy Number: CPIC-101767
Covered Person: As on file with the Administrator
Certificate Number: As on file with the Administrator
Certificate Effective Date: As on file with the Administrator
Beneficiary: As on file with the Administrator

We, United HealthCare Insurance Company, issue this Certificate to the Covered Person as evidence of insurance under the Group Policy We issued to the Policyholder shown above. This Certificate describes the benefits and other important provisions of the Group Policy. Please read it carefully.

The Group Policy may be amended, changed, cancelled or discontinued without the consent of the Covered Person or the Covered Person's beneficiary.

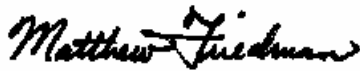
The benefits described in this Certificate insure the Covered Person eligible for insurance.

Read the Group Certificate Carefully

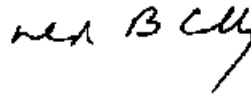
This is a legal contract between the Policyholder and Us. If the Policyholder has any questions or problems with the Group Policy, We will be ready to help the Policyholder. The Policyholder may call upon his agent or Our Home Office for assistance at any time.

If the Policyholder or the Covered Person have questions, need information about their insurance, or need assistance in resolving complaints, call 1-800-554-5413.

It is signed at the Home Office of United HealthCare Insurance Company as of the Effective Date shown above.



Secretary



President

**Group Life and Accidental Death
and Dismemberment Insurance Certificate
Nonparticipating**

Form No. UHI-LCERT-GA (8/00)

**Administrative Office:
9900 Bren Road East
Minnetonka, MN 55343**

Schedule of Benefits

Class of Employees

This schedule covers the following class(es) of Employees All full-time Employees of the Enrolling Group.

Description of Class:

Employees are considered full-time if they customarily work 30 hours per week.

Employee Waiting Period:

Employees hired prior to January 1, 2003 – None

Employees hired on or after January 1, 2003, on the first day of the month following the date of continuous full-time employment.

THE INSURANCE INCLUDED IN THIS CERTIFICATE APPLIES ONLY TO EMPLOYEES WHO HAVE ELECTED, PAID PREMIUMS AND ARE INSURED FOR THAT INSURANCE.

Covered Person Insurance:

Life Insurance Benefit:

Plan A

- Option 1 \$4,000
- Option 2 \$6,000
- Option 3 \$8,000
- Option 4 \$10,000

Plan B

- Option 1 \$5,000
- Option 2 \$10,000
- Option 3 \$15,000
- Option 4 \$20,000
- Option 5 \$25,000
- Option 6 \$30,000
- Option 7 \$35,000
- Option 8 \$40,000
- Option 9 \$45,000
- Option 10 \$50,000
- Option 11
 - Hourly Employees \$15,000
 - Salaried Employees One times annual salary to a maximum of \$100,000
- Option 12 Increase limits to \$100,000 on Options 1, 3, or 5

Life Insurance Benefit will reduce to 60% at age 70, 75% of the original amount at age 75, 85% of the original amount at age 80 and terminates at retirement.

Schedule of Benefits (continued)

Life Insurance Waiver of Premium Benefit terminates at age 65.

Accelerated Death Benefit: Up to 50% of the Life Insurance in force to a maximum \$50,000.
Employee must have at least \$10,000 in Life Insurance in-force to qualify for this benefit

Accidental Death and Dismemberment Benefit will match the amount of Life Insurance.

Accidental Death and Dismemberment Benefits are issued on an

occupational (24 hour) basis non-occupational basis

COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Covered Person's Eligibility: Employees who work on a full-time basis for the Policyholder are eligible for insurance after completion of the required waiting period, provided they are in a class of Employees who are included. Employees will be considered to work on a full-time basis if they customarily work at least the number of hours per week shown on the Schedule of Benefits.

Employee's Waiting Period: The number of days as shown on the Schedule of Benefits.

An Employee will become eligible for insurance on the latest of the following dates:

1. the Effective Date of the Group Policy;
2. the end of the specified Waiting Period;
3. the date the Group Policy is changed to include the Employee's class; or
4. the date the Employee becomes a member of a class eligible for insurance.]

Effective Date of Covered Person Insurance: If an Employee is not Actively at Work on the date his insurance is scheduled to take effect, it will take effect on the day after the date he returns to Active Work. If the Employee's insurance is scheduled to take effect on a non-working day, his Active Work status will be based on the last working day before the scheduled Effective Date of his insurance.

An Employee must use forms provided by Us when applying for insurance.

The Employee's insurance will be effective at 12:01 a.m. Eastern Standard time:

1. if it is Noncontributory, on the date the Employee becomes eligible for insurance, regardless of when he applies, or
2. if it is Contributory, and the Employee makes application within 31 days after the date he first became eligible, on the later of:
 - a. the date the Employee is eligible for insurance if he has applied for it on or before that date; or;
 - b. the date of the Employee's application.

An Employee applying for Contributory Insurance must furnish evidence of insurability at his expense if:

1. he does not apply for insurance within 31 days after the date he first became eligible; or if
2. he has previously terminated his insurance while in an eligible class.

The Effective Date for an Employee who must furnish evidence of insurability will be the date the Employee's application is approved by Us.

Effective Date of Change in Amount of Insurance: If there is an increase in the amount of the Covered Person's insurance, the increase will take effect on:

1. the first day of the month on or next following the date of the increase, if the Covered Person is Actively at Work on the date of increase.
2. the date the Covered Person returns to active work if the Covered Person is not Actively at Work on the first day of the month on or next following the date of the increase.

**COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND
TERMINATION PROVISIONS (continued)**

3. the first day of the month on or next following the date of the increase, if the first day of the month is a non-working day and the Covered Person was Actively at Work on his last scheduled working day before the non-working day.

If evidence of insurability is required, the increase will take effect on the later of the dates indicated above or the date We approve his proof of evidence of insurability.

A decrease in the amount of the Covered Person's insurance will take effect on the date of the decrease.

Termination of Covered Person Insurance: The Covered Person's insurance will terminate at 12:00 midnight Eastern Standard time on the earliest of the following dates:

1. the last day of the period for which a premium payment is made, if the next payment is not made;
2. the date he becomes a member of the armed forces on active duty, except for duty of 30 days or less for training in the Reserves or National Guard;
3. the date he ceases to be a member of a class eligible for insurance;
4. the date the Group Policy terminates, or a specific benefit terminates; or
5. the date he ceases to be Actively at Work. The Policyholder may deem the Covered Person's employment continued during an approved layoff or leave of absence. In such cases, insurance will not continue more than three months from the date the layoff or leave begin.

EBP

DEFINITIONS

The male pronoun, whenever used in the Group Policy, includes the female.

Active Work or Actively at Work: The Covered Person reports for work at his usual place of employment or any other business location where the Covered Person is required to travel and is able to perform all the duties of his regular occupation for the entire normal workday.

Unless disabled on the prior workday or on the day of absence, a Covered Person will be considered Actively at Work on the following days:

1. a Saturday, Sunday or holiday which is not a scheduled workday;
2. a paid vacation day, or other scheduled or unscheduled non-workday; or
3. an excused or emergency leave of absence (except medical leave).

Basic Annual Earnings: Regular pay, not counting bonuses, overtime or any other pay or fringe benefits. The term Earnings will include commissions. The amount of commissions included will be based on the Statement of Wages Earned and Taxes Withheld (Form W-2) from the employer for the year ending immediately prior to the Policy Anniversary. Earnings will be rounded to the nearest thousand.

To determine benefits, the amount of insurance is rounded to the next higher \$1,000 multiple unless the amount equals a multiple of \$1,000.

Contributory Insurance: Insurance for which the Covered Person must apply and agree to make the required premium contributions.

Covered Person: The Employee insured under the Group Policy. References to "Covered Person," "Covered Persons" and "Covered Person's" throughout this Certificate are references to a Covered Person.

Employee: A person who is:

1. directly employed in the normal business of the Policyholder, and
2. paid for services by the Policyholder; and
3. actively at Work for the Policyholder, or any subsidiary or affiliate insured under the Group Policy.

No director or officer of the Policyholder will be considered an Employee unless he meets the above conditions.

An Employee will also be referred to as a Covered Person in the Group Policy.

Enrolling Group: The participating employer of the Policyholder insured under the Group Policy. References to "Enrolling Group," "Enrolling Groups" and "Enrolling Group's" throughout this Certificate are references to an Enrolling Group.

Injury: The bodily Injury resulting directly from an accident and independently of all other causes.

Noncontributory Insurance: Insurance for which the Covered Person must apply but does not have to make any premium contributions.

Physician: A practitioner of the healing arts who is: 1) duly licensed in the state in which the treatment is received; and 2) practicing within the scope of that license. The term Physician does not include the Covered Person, the Covered Person's spouse, children, parents, parents-in-law, or siblings.

Sickness: An illness, disease, pregnancy or complication of pregnancy.

We, Our and Us: United HealthCare Insurance Company.

LIFE INSURANCE FOR COVERED PERSON

Death Benefits: We will pay the Covered Person's beneficiary the amount of insurance in force on the date of death when We receive satisfactory proof of a Covered Person's death. The benefit will be paid in accordance with the beneficiary section.

Assignment: Life Insurance as provided by the Group Policy may be assigned as an absolute assignment only. In making an assignment, the Covered Person must transfer all his present and future ownership rights to the person to whom he assigned the insurance. This includes the right to change the beneficiary and to convert the insurance. The Covered Person may not make a collateral or partial assignment of his insurance.

Beneficiary: The Covered Person's beneficiary will be the person(s) he names in writing to receive any amount of insurance payable due to his death.

The Covered Person may name or change a beneficiary by giving Us written notice at Our Home Office on a form acceptable to Us. When We receive the notice, it will be effective on the date made, subject to any payment We may have made before We receive it.

If the Covered Person names more than one beneficiary, those who survive will share equally unless the Covered Person specifies otherwise. If there is no named beneficiary living at the Covered Person's death, We will pay any amount due to the estate or, at Our option, to his:

1. legal spouse;
2. natural or legally adopted children in equal shares; or
3. estate.

Settlement Options: Instead of a single payment, the Covered Person may choose to have all or part of the insurance paid under one of the settlement options We have available. We will give the Covered Person full information about the options upon request.

If the Covered Person has chosen an option, no one may change it unless the Covered Person consents in writing. The Covered Person's beneficiary may choose an option within 60 days after death if one has not been chosen.

Conversion Privilege: The Covered Person may convert:

1. all or part of his Life Insurance to an individual policy of life insurance, other than term, if his insurance terminated because he ceases to be a member of a class eligible for insurance;
2. the amount of insurance to an individual policy of life insurance, other than term, that is lost due to a reduction of insurance because of age;
3. a limited amount of insurance to an individual policy of life insurance, other than term, if he has been continuously insured under the Group Policy (or the policy it replaced) for five years and the insurance terminated due to termination or amendment of the Group Policy. The amount the Covered Person may convert in this case is the smaller of the following:
 - a. the amount of Life Insurance which terminates, less the amount he became eligible for under any group Policy within 31 days after this insurance terminated; or
 - b. \$10,000.

The Covered Person may convert to any policy, other than term, We are issuing for the purpose of conversions. The conversion policy will not have disability or other supplementary benefits. No evidence of insurability will be required. Written application and the first premium payment for the conversion policy must be received in Our Home Office within 31 days after his insurance terminates. The premium will be based on the amount and the form of the conversion policy, and on his class of risk and age on the date the conversion takes effect.

LIFE INSURANCE FOR COVERED PERSON (continued)

If the Covered Person dies within the 31 days allowed for making application to convert, We will pay the amount he was entitled to convert. We will do this whether or not application was made.

A conversion policy is in lieu of benefits under this section of the Group Policy. However, if the Covered Person is qualified for the Waiver of Premium-Total Disability provision, the converted policy will be cancelled. Premiums paid for the converted policy will be returned.

The conversion policy will take effect on the later of:

1. its date of issue; or
2. 31 days after the date this insurance terminates.

The insurance under the Group Policy may be reinstated within one year after termination of employment, if the Covered Person has converted and he:

1. gives Us proof that he was Totally Disabled when his insurance terminated and that his insurance would have continued in force under the Waiver of Premium-Totally Disabled provision if he had not converted; and
2. surrenders the conversion policy to Us without claim in return for premiums paid less any unpaid policy loans.

WAIVER OF PREMIUM – TOTAL DISABILITY FOR COVERED PERSON

We will continue the Covered Person's Life Insurance in force without premium payment while he remains Totally Disabled if he:

1. becomes Totally Disabled before age 60;
2. remains Totally Disabled continuously for six consecutive months; and
3. gives Us proof of Total Disability, as required.

We will waive the Covered Person's premium payment on a monthly basis, beginning the first day of the month after the month he became Totally Disabled. We will refund any premium paid for the Life Insurance after that day. We will not refund premiums for any period more than 12 months before the date proof of disability was furnished. This Waiver of Premium will continue to be effective even if the Group Policy terminates after the Covered Person becomes Totally Disabled.

Amount of Life Insurance Under the Total Disability Benefit: The amount of insurance continued would be the amount in force on the date the Covered Person became Totally Disabled. This amount will be reduced or terminated, based on the Schedule of Benefits in effect on the date of Total Disability. This amount will not be increased while the Covered Person remains Totally Disabled. All other Benefits will be terminated.

Death While Totally Disabled: If the Covered Person dies while his Life Insurance is being continued under Waiver of Premium, We will pay the amount of insurance if We receive proof:

1. of the Covered Person's death; and
2. that Total Disability was continuous from the date it began to the date of death.

Proof of Total Disability: We will provide forms which the Covered Person must use when giving Us proof of Total Disability. The Covered Person must give Us proof no later than 12 months after the date he became Totally Disabled. We may at any time require proof that Total Disability continues. The Covered Person must give Us proof within 60 days after Our request. After the Covered Person has been Totally Disabled for more than two years from the date of Total Disability, We will not request proof any more than once a year. We may require the Covered Person to be examined, at Our expense, by a Physician of Our choice.

Total Disability or Totally Disabled: For purposes of this section, the Covered Person will be considered Totally Disabled if he is unable to perform each and every duty of his occupation at his customary place of work and he is unable to do the material and substantial duties of any job suited to his education, training or experience.

Termination of the Total Disability Benefit: The Covered Person will no longer be eligible for the Total Disability Benefit and his Life Insurance will terminate on the earlier of the following dates:

1. the date the Covered Person ceases to be Totally Disabled. However, if he is still eligible for Life Insurance when he returns to Active Work, his Life Insurance may be continued in force if premium payments are resumed. If this is done, any increased amount of Life Insurance he may then be eligible for will take effect as described in the Effective Date of insurance provision; or
2. the last day of the 60-day period following Our request for proof of Total Disability, if he does not give Us proof or refuse to take a medical exam.

If the Covered Person's Total Disability ends and he does not return to Active Work, then the Covered Person may exercise the Conversion Privilege.

ACCELERATED DEATH BENEFIT FOR COVERED PERSON

The Accelerated Death Benefit payment may be taxable to the Covered Person. The Covered Person should seek assistance from his personal tax advisor regarding taxes the Covered Person may have to pay as the result of claiming Accelerated Death Benefits.

If while insured under the Group Policy, the Covered Person becomes terminally ill (called the “qualifying event”) with a life expectancy of less than 1 year and the Covered Person has met all of the conditions set forth below, We will pay the Covered Person the amount of insurance as shown on the Schedule of Benefits

The Covered Person may elect to receive an Accelerated Death Benefit amount that is less than 50% of his Life Insurance Benefit amount. However, an Accelerated Death Benefit payment against the Covered Person’s Life Insurance Benefit can only be made once in the Covered Person’s lifetime.

The Life Insurance Benefit amount will be reduced by the amount paid under this provision.

The Covered Person must submit written medical evidence signed by the treating Physician and acceptable to Us that he is:

1. under a Physician’s care for that condition, and
2. terminally ill with a life expectancy of less than 1 year.

The Accelerated Death Benefit amount will be paid to the Covered Person after the Covered Person meets all of the conditions listed above.

We reserve the right to ask for a medical exam in connection with a claim.

The Covered Person must continue to pay any applicable premium for the amount of Life Insurance Benefits remaining after the reduction.

Upon the Covered Person’s death, the amount of Life Insurance Benefits paid to the Covered Person’s beneficiary will be reduced by the amount already paid under this provision.

Limitations: Accelerated Death Benefits will not be payable if:

1. the Covered Person has assigned his Life Insurance Benefits; or
2. we have been notified that all or a portion of the Life Insurance Benefits are to be paid to the Covered Person’s former spouse as part of a divorce agreement.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT FOR COVERED PERSON

If the Covered Person suffers a loss described below, We will pay the amount of insurance that applies. The Covered Person, or the Covered Person's beneficiary, must give Us proof that:

1. injury occurred while the insurance was in force under this section;
2. loss occurred within 90 days after the Injury; and
3. loss was due to Injury independent of all other causes.

Amount of Insurance: The amount insurance shown on the Schedule of Benefits will be paid according to the following table:

Loss of life	100%
Loss of both hands or both feet	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Loss of one hand	50%
Loss of one foot	50%
Loss of sight of one eye	50%
Loss of speech	50%
Loss of hearing	50%
Hemiplegia	50%

Loss of sight means total and irrecoverable loss of sight. Loss of hands or feet means severance at or above the wrist or ankle. Loss of speech means the total and irrecoverable loss of speech. Loss of hearing means total and irrecoverable loss of hearing. Quadriplegia means total and permanent paralysis of both upper and lower limbs. Paraplegia means total and permanent paralysis of both lower limbs. Hemiplegia means total and permanent paralysis of upper and lower limbs on one side of the body.

In paying this benefit, We will consider only losses sustained while insured under this section of the Group Policy. We will pay no more than the full amount shown on the Schedule of Benefits for losses resulting from any one Injury.

Seat Belt Benefit: We will pay an additional amount equal to 10% of the full amount for the loss of the Covered Person's life that results from injuries sustained while driving or riding in a private Passenger Car if such Covered Person's Seat Belt was properly fastened. However, the amount payable will not exceed \$10,000 nor less than \$1,000. The benefit is not payable, if either as a driver or passenger, the driver was legally intoxicated or under the influence of drugs at the time of the accident.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT FOR COVERED PERSON
(continued)**

Passenger Car means any validly registered four-wheel private Passenger Car. It does not include any commercially licensed car; or a private Passenger Car, which is being used for commercial purposes. Seat Belt means any restraint device which meets published federal safety standards, has been installed by the car manufacturer and has not been altered after such installation. The correct position of the Seat Belt must be certified by the investigating officer. A copy of the police report must be submitted with the claim.

Limitations: We will not pay a benefit for a loss caused directly or indirectly by:

1. disease, bodily or mental infirmity, or medical or surgical treatment of these;
2. suicide or intentionally self-inflicted Injury, while sane or insane;
3. participation in a riot or insurrection, or commission of a felony;
4. war or any act of war, declared or undeclared;
5. use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a Physician;
6. driving while intoxicated, as defined by the applicable state law where the loss occurred;
7. engaging in hazardous activities, such as, but not limited to, skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, or using off-road vehicles; or
8. injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which the Covered Person is entitled to benefits under any Workers Compensation Law, Employers Liability Law or similar law, unless this insurance is issued on an occupational (24 hour) basis as shown on the Schedule of Benefits.
9. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people.

Notice of Claim: The Covered Person or his beneficiary must give Us written notice of claim within 30 days after a loss, or as soon as possible. The notice should identify the Covered Person and be sent to Us at Our Home Office.

Proof of Loss: We will send forms for filing proof of loss within 10 days after We receive notice of the claim. The completed forms must be returned to Us within 90 days after the date of loss, or as soon as possible.

Physical Examination and Autopsy: We have the right to have a Physician of Our choice examine the Covered Person as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.

Legal Action: The Covered Person may not bring suit to recover under this section until 60 days after he has given Us written proof of loss. No suit may be brought more than three years after the date of loss.

Assignment: Accidental Death and Dismemberment Benefit provided by the Group Policy cannot be assigned.