

PERSONAL INSURANCE PROFILE

REPORT DATE: 06/27/86
 JOHN Q. MINISTER
 #10007
 07/26/39

LIFE INSURANCE:

	BI-WEEKLY COST	EMPLOYEE BASIC	ADAD	S.I.B. MONTHLY	SPOUSE BASIC	ADAD	CHILD(REN) BASIC	ADAD	BENEFICIARY(IES)
PRUDENTIAL (C)	0.00	50,000	N/A	N/A	5,000	N/A	5,000	N/A	SPOUSE/CHILDREN
HARTFORD (C)	0.00	N/A	50,000	N/A	N/A	N/A	N/A	N/A	SPOUSE/CHILDREN
PRUDENTIAL	5.50	N/A	N/A	500	N/A	N/A	N/A	N/A	SPOUSE/CHILDREN
MANHATTAN	17.13	75,000	N/A	N/A	75,000	N/A	10,000	N/A	SPOUSE/CHILDREN
HARTFORD	2.25	N/A	75,000	N/A	N/A	37,500	N/A	7,500	SPOUSE/CHILDREN
TOTAL	24.88	125,000	125,000	500	80,000	37,500	15,000	7,500	

Wife
shows increase 87.

NOTES: COMPANIES WITH (C) DENOTE COVERAGE PAID BY EMPLOYER.

COMPANIES WITHOUT (C) AND WITHOUT COST SHOWN COVERAGE NOT SELECTED BY YOU.

BI-WEEKLY COST IS FOR 24 PAY PERIODS PER YEAR.

EMPLOYEE BASIC IS BENEFIT IF DEATH IS CAUSED BY NATURAL MEANS.

ADAD (ACCIDENTAL DEATH & DISMEMBERMENT) IS PAYABLE FOR ACCIDENTAL DEATH IN ADDITION TO THE BASIC AMOUNT.

S.I.B. MONTHLY IS FOR SURVIVOR'S INCOME BENEFIT AND PROVIDES A MONTHLY AMOUNT OF BENEFIT, SUBJECT TO SPECIAL CONDITIONS.

SPOUSE BASIC, ADAD AND CHILD(REN) BASIC, ADAD ARE SAME AS EMPLOYEE BASIC AND ADAD.

CHILD(REN) BASIC STOPS WHEN CHILD(REN) REACHES AGE 19 OR, IF A FULL-TIME COLLEGE STUDENT, AGE 23.

BENEFICIARIES) REFLECTS CURRENT RECORDS AT PERSONNEL. IF THIS IS NOT CURRENT INFORMATION, OR IF YOU EXPERIENCE CHANGES IN THE FUTURE, NOTIFY THE PERSONNEL OFFICE IMMEDIATELY.

LEAST/MORST SCENARIO:

LUMP SUM PAYMENTS:	YOU	SPOUSE	CHILD(REN)
NATURAL DEATH	125,000	80,000	15,000
ACCIDENTAL DEATH	250,000	117,500	22,500

MONTHLY PAYMENTS:

S.I.B. MONTHLY*	500	N/A	N/A
WORKER'S COMP**	971	N/A	N/A
TOTAL	1,471		

* SEE THE PLAN DOCUMENT FOR SPECIAL CONDITIONS.

** YOUR STATE OF RESIDENCE DICTATES THIS BENEFIT. MONTHLY PAYMENTS WILL LAST 5 TO 8 YEARS.

HEALTH INSURANCE:

COVERAGE: OUR RECORDS INDICATE THAT YOU AND YOUR FAMILY ARE PRESENTLY COVERED.

COST: YOUR HEALTH INSURANCE PREMIUM IS PAID FOR BY YOUR EMPLOYER.

YOUR FAMILY COVERAGE COSTS YOU \$80.00 PER MONTH.

DEDUCTIBLE: THE PRESENT DEDUCTIBLE IS \$350 PER PERSON PER CALENDAR YEAR, SUBJECT TO NO MORE THAN TWO PER YEAR PER FAMILY OR \$700.

CO-PAYMENT: AFTER YOU MEET YOUR DEDUCTIBLE, FURTHER EXPENSES WILL BE PAID AT 80%.

QUESTIONS: REFER TO YOUR PLAN DOCUMENT. YOU MAY ALSO DIRECT CALLS TO OUR HEALTHCARE ADVISOR, MR. FRANK SIMPKINS, IN THE INSURANCE DEPARTMENT.

WORKER'S COMPENSATION:

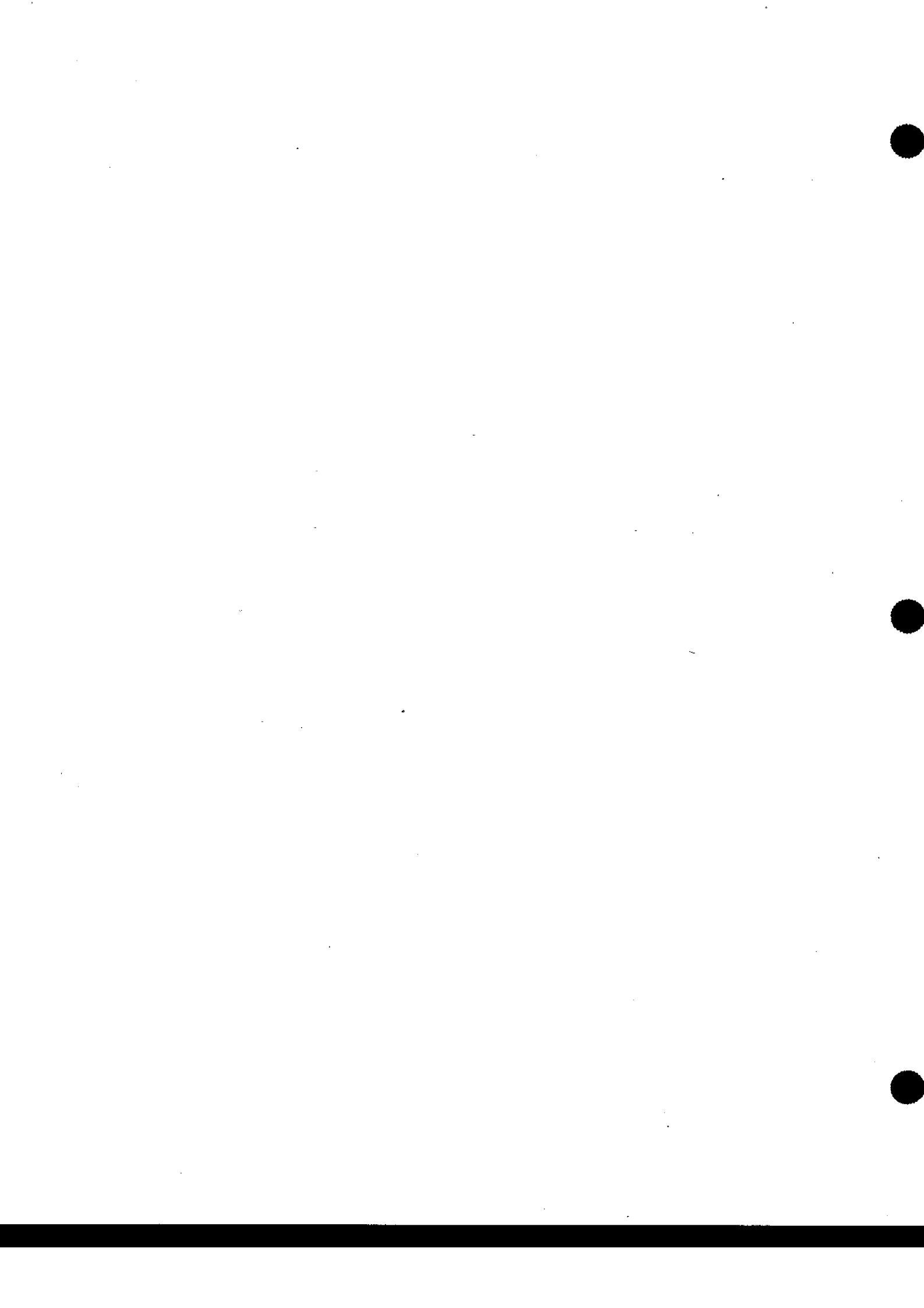
COVERAGE: FULL MEDICAL COVERAGE AT NO COST TO YOU, WITH NO DEDUCTIBLE OR CO-PAYMENT, FOR INJURY OR ILLNESS THAT ARISES OUT OF OR IN THE COURSE OF YOUR WORK. A DEATH BENEFIT (PAYABLE MONTHLY) AND LIMITED FUNERAL EXPENSES ARE ALSO INCLUDED.

QUESTIONS: THE PERSONNEL OFFICE CAN ANSWER QUESTIONS AND PROVIDE FORMS UPON REQUEST.


SUMMARY:

THE INFORMATION PROVIDED IN THIS REPORT REFLECTS COSTS AND BENEFITS EXTENDED TO OR CHOSEN BY YOU AS OF THE REPORT DATE. THIS REPORT IS NOT A CERTIFICATE OF INSURANCE FOR THE VARIOUS BENEFITS YOU HAVE. ALL BENEFITS ARE SUBJECT TO CHANGE, INCLUDING BUT NOT LIMITED TO CHANGES MADE BY YOU OR WHICH OCCUR IN YOUR MARITAL AND/OR FAMILY STATUS AFTER THE REPORT DATE.

YOU HAVE A RESPONSIBILITY TO NOTIFY PERSONNEL OF ANY CHANGES THAT OCCUR. ONLY THEN WILL THEY BE ABLE TO MAINTAIN ACCURATE RECORDS.



THE PRUDENTIAL INSURANCE COMPANY OF AMERICA



Certifies that the Employee is insured
under Group Policy G-93944

POLICYHOLDER

**WORLDWIDE CHURCH OF GOD
and
AMBASSADOR COLLEGE**

EMPLOYEE	EFFECTIVE DATE*	SCHEDULE I INSURANCE APPLIES*	SCHEDULE II INSURANCE APPLIES*	DEPENDENTS TERM LIFE INSURANCE APPLIES*	SURVIVOR BENEFITS APPLIES*
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If "No" is indicated above for any of the insurance coverages, the specified coverage(s) included in this Certificate shall not be applicable.

Beneficiary for Employee Death Benefits, other than Survivor Benefits:

*Subject to the Certificate's Deferment of Effective Date section.

FOR AMOUNTS OF INSURANCE AND OTHER ITEMS SEE COVERAGE SCHEDULE--NEXT PAGE

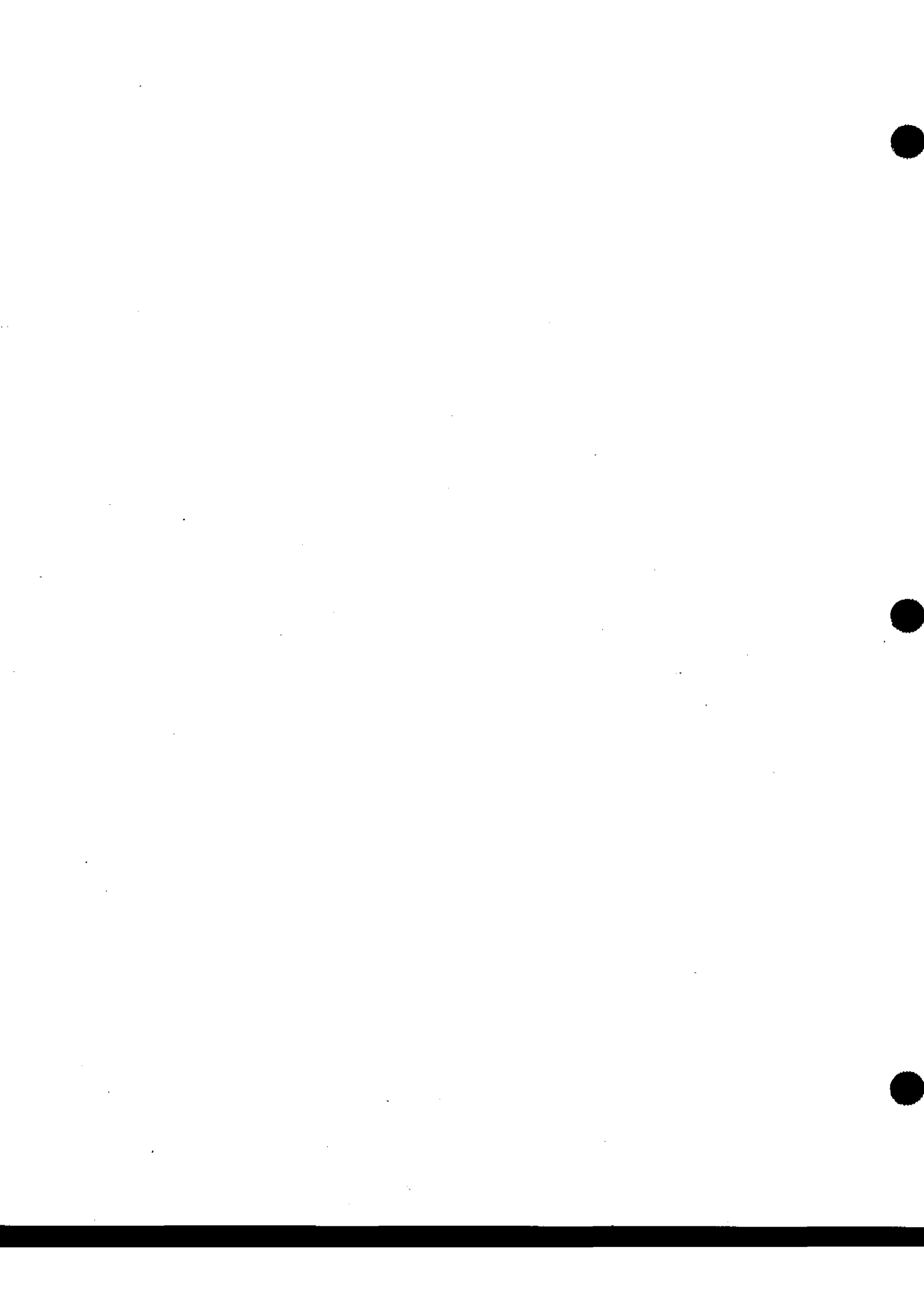
The provisions of the Group Policy principally affecting the Employee's insurance are summarized in the Certificate. A Certificate issued to the Employee replaces any certificates previously issued with respect to the Group Coverage or Coverages summarized. All benefits are subject in every respect to the Group Policy, which alone constitutes the agreement under which payments are made.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

GROUP INSURANCE CERTIFICATE

GRP 31300
CERT

(1-101) ED 3-66 (1-2)
G-93944; P. 10-81



RIDER
TO BE ATTACHED TO YOUR CERTIFICATE
NOTICE OF CHANGE

CLASSES OF EMPLOYEES TO WHICH THIS RIDER APPLIES	EFFECTIVE DATE OF RIDER	GROUP POLICY
All Employees	March 31, 1986	G-93944

THIS CERTIFIES that, as a result of a change in the Group Policy, the following changes are made in your Certificate:

1. The provisions of Certificate Insert page GRP 31300 AD&D R-101(1-1) are terminated.
2. The section "Employee Accidental Death and Dismemberment Insurance" appearing in the Coverage Schedule of your Certificate is deleted.
3. The section "Employee Term Life Insurance and Employee Accidental Death and Dismemberment Insurance Amounts" appearing in the Coverage Schedule of your Certificate, is replaced in it's entirety by the following:

Employee Term Life Insurance Amounts

Schedule I

<u>Benefit Classes</u>	<u>Amount of Insurance*</u>
All Employees according to Annual Earnings as follows:	
Less than \$5,000.....	\$ 5,000
\$ 5,000 or more but less than \$ 7,500	7,500
7,500 or more but less than 10,000	10,000
10,000 or more but less than 12,500	12,500
12,500 or more but less than 15,000	15,000
15,000 or more but less than 17,500	17,500
17,500 or more but less than 20,000	20,000
20,000 or more but less than	25,000

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

GRP 31652 ED 3-66
 WORLDWIDE CHURCH OF GOD

(1-10A)

P. 5-86

NOTICE OF CHANGE (Continued)

Schedule II

<u>Benefit Classes</u>	<u>Amount of Insurance*</u>
All Employees according to Annual Earnings as follows:	
Less than \$5,000.....	\$10,000
\$ 5,000 or more but less than \$ 7,500	15,500
7,500 or more but less than 10,000	20,000
10,000 or more but less than 12,500	25,000
12,500 or more but less than 15,000	30,000
15,000 or more but less than 17,500	35,000
17,500 or more but less than 20,000	40,000
20,000 or more but less than	50,000

*When an Employee is age 70 or more, it shall be 50% of the amount for which he would then be insured under the coverage if under such age, but not less than \$5,000. However, if he becomes 70 while insured and on a day other than a policy anniversary of the Group Policy, this limitation will not apply until the next policy anniversary.

GROUP LIFE INSURANCE BENEFITS FOR EMPLOYEES AND DEPENDENTS

HIGHLIGHTS

The Ambassador College/Worldwide Church of God Group Life Insurance Plan offers:

Coverage	Company
Group Life for Employees	Prudential
Group AD&D* for Employees	Hartford
Dependent Life Insurance	Prudential
Optional Survivor's Income Benefit	Prudential

(*Accidental Death and Dismemberment)

PURPOSE OF THE PLAN

This plan is intended to provide financial assistance in the event of a death of an employee or his/her eligible dependent.

In addition to the coverage discussed in this document, other optional coverages are available should you desire to increase your amount of protection above what is offered by this plan.

POLICY AND CERTIFICATES

The plan is described in a general manner to avoid confusing, legalistic terms. Benefits are described more fully in the individual certificates given to insured employees. The extent of the insurance for each individual is governed at all times by the complete terms of the master group insurance policy issued by Prudential which is on file in the Insurance Department.

WHO IS ELIGIBLE

All regular, full-time employees working at least thirty (30) hours per week and your eligible dependents are eligible for coverage on the date of employment. Your eligible dependents are your spouse and your unmarried, dependent children to age nineteen (19). Full-time students are eligible until age twenty-three (23) as long as they are unmarried and dependent upon you for support. No medical examination is required.

CONTRIBUTIONS

The entire cost of the life and dependent's life insurance is paid by your employer. The cost for the optional survivor's benefit coverage is paid by you through bi-weekly payroll deductions.

CLAIMS PROCEDURES

In the event of a death, the Personnel Office should be notified without delay. Claim forms and instructions will be furnished at that time.

WHEN BOTH SPOUSES WORK

In the event of the death of a dependent child, only one death benefit amount will be paid even though both spouses may be employed and covered under the plan.

INSURANCE DURING TOTAL DISABILITY

If you become totally disabled before you reach age 60, your term life insurance can be continued at no cost to you while you remain totally disabled as long as the group policy remains in effect. You must furnish proof of disability between nine and twelve months after total disability starts, and as required thereafter. Should you die during the first twelve months of disability, a claim will be paid provided the policy remains in effect. Proof of disability must accompany the claim for death benefits.

REDUCTION AT AGE 70

When an active, full-time employee reaches age 70, the amount of life and accidental death and dismemberment insurance will reduce to 50% of the amount for an employee below age 70 (see chart on page 4), but in no event will the amount be less than \$5,000.

REDUCTION AT RETIREMENT

Pensioned or retired employees will be insured for \$5,000 of life insurance. The following coverages will terminate at retirement: accidental death and dismemberment, survivor's income benefit and dependent's insurance.

TERMINATION OF INSURANCE

If you cease to be an eligible employee, or if the plan is discontinued, insurance for yourself and your dependents will terminate. The Survivor's Income Benefit coverage will also terminate.

Dependent's life insurance will also terminate when he/she is no longer an eligible dependent (see explanation on page 6).

CHANGE TO AN INDIVIDUAL POLICY (Employees)

During the 31 days following termination of your employment, you may convert your term life insurance to one of a number of Prudential individual life policies. No medical exam will be required. The policy will be effective at the end of the 31-day period. The premium will be based on the company's standard rates charged at that time for the policy you select. If you die during this 31-day period, your term life insurance will be paid whether or not you have applied for an individual policy.

CHANGE TO AN INDIVIDUAL POLICY (Dependents)

If you should die or terminate employment, the life insurance for your dependents will be continued for 31 days. During this period, arrangements can be made to change each dependent's insurance without a medical examination to one of a number of Prudential individual life insurance policies to become effective at the end of the 31-day period. The premium will be based on the company's standard rates charged at that time for the policy selected.

This privilege is also available when a child's insurance is terminated due to attainment of the age limit or marriage.

EFFECT OF LEAVE OF ABSENCE

Your insurance will continue for up to 180 days if you take a leave of absence. If you wish to continue your Survivor's Income Benefit coverage, you must make arrangements with the Payroll Department for payment of the premiums. When contemplating a leave of absence, it is important to discuss it with the Personnel Office.

TERM LIFE INSURANCE
(Paid by Employer)

In the event of your death, your life insurance will be paid to any beneficiary you name. You may change your beneficiary whenever you wish by notifying the Personnel Office in writing.

The amount of life and accidental death and dismemberment insurance can be determined from the following table.

SCHEDULE OF BENEFITS

Note: If you are initially insured for Plan I and subsequently acquire a qualified survivor, you must report the new family member before you can be insured for the Plan II amounts.

Plan I -- Employees Without Qualified Survivors

According to Basic Annual Earnings* as follows:	<u>Life Insurance</u>	<u>Accidental Death & Dismemberment Insurance</u>
Less than \$ 5,000	\$ 5,000	\$ 5,000
\$ 5,000 but less than 7,500	7,500	7,500
7,500 but less than 10,000	10,000	10,000
10,000 but less than 12,500	12,500	12,500
12,500 but less than 15,000	15,000	15,000
15,000 but less than 17,500	17,500	17,500
17,500 but less than 20,000	20,000	20,000
20,000 and over	25,000	25,000

Plan II -- Employees With Qualified Survivors

According to Basic Annual Earnings* as follows:

Less than \$ 5,000	\$10,000	\$10,000
\$ 5,000 but less than 7,500	15,000	15,000
7,500 but less than 10,000	20,000	20,000
10,000 but less than 12,500	25,000	25,000
12,500 but less than 15,000	30,000	30,000
15,000 but less than 17,500	35,000	35,000
17,500 but less than 20,000	40,000	40,000
20,000 and over	50,000	50,000

*Based on earnings for a normal workweek not exceeding 40 hours, exclusive of bonus or overtime pay.

DEPENDENT'S LIFE INSURANCE
(Paid by Employer)

The amount of life insurance shown below will be paid to you if one of your covered dependents dies.

	Amount of Insurance
Spouse	\$1,500
Children	
14 days to 6 months	\$ 100
6 months or more, while an eligible dependent	\$1,500

ELIGIBLE DEPENDENTS

Eligible dependents are your wife or husband (unless legally separated) and your unmarried children from 14 days and less than 19 years old.

Unmarried children age 19 but less than 23 years old are also eligible provided they depend wholly on you for support and maintenance and are full-time students in an educational institution.

Stepchildren and legally adopted children may be included the same as your own children provided they depend upon you for support and maintenance.

No one will be eligible as a dependent if also covered as an employee or while in the military service.

Note: If a dependent is confined for medical care or treatment in any institution or at home when coverage would normally start, the dependent will not be covered until given a final release by the doctor from all such confinement.

CHANGE IN FAMILY STATUS

Once you are in the plan, it is necessary that you notify Personnel promptly when your first dependent becomes eligible or when you no longer have any eligible dependents. Forms are available for that purpose.

If you have one or more covered dependents, you need to report additional dependents acquired.

SURVIVOR'S INCOME BENEFIT

OPTIONAL INSURANCE (Paid by Employee)

GENERAL INFORMATION

You may enroll for this insurance at once if you are hired as a regular, full-time employee and be covered on the day you begin full-time work. No medical examination will be required provided you enroll promptly. This insurance provides a monthly benefit (see page 8) for your qualified survivors (see page 11), as opposed to a lump sum payment. It is paid in addition to the Life/AD&D lump sum payments.

HOW LONG INCOME IS PAID

For your spouse the monthly payments will be made until your spouse remarries or reaches age 65, whichever occurs first. Should your spouse remarry before payments have been made for at least five years, the payments will be continued to the end of that period. If your spouse dies before payments have been made for five years, the balance of the installments in the five-year period (minus interest) will be paid in a lump sum to the spouse's estate. In the event of a death after five years, payments will cease immediately.

For your children the monthly payments will be made as long as at least one child (who is a qualified survivor at your death) is less than age 19 and unmarried, or less than age 23, unmarried and a full-time student in an educational institution. As with your spouse, if all children cease to be qualified survivors before payments have been made for at least five years, the payments will be continued to the end of that period.

See the schedule on page 8 for the amount of the monthly payment for which you are eligible. The amount of the payment depends on whether your qualified survivors include (1) spouse and child(ren), (2) spouse only, or (3) child(ren) only. If you have a qualified spouse and child(ren) at your death but later your spouse ceases to be a qualified survivor, or all your children cease to be qualified survivors, the monthly payment will be reduced to the amount provided in the schedule for children only or spouse only.

All benefits will be paid to your spouse while a qualified survivor. Otherwise, they will be paid to the qualified children in equal shares.

SCHEDULE OF BENEFITS

Monthly Earnings	Monthly Benefit	Semi-Monthly Cost
<u>Family Coverage</u>		
Less than \$ 416.66	\$150	\$1.89
\$ 416.66 but less than 625.00	200	2.51
625.00 but less than 833.33	250	3.14
833.33 but less than 1,041.66	300	3.77
1,041.66 but less than 1,250.00	350	4.40
1,250.00 but less than 1,458.33	400	5.02
1,458.33 but less than 1,667.00	450	5.65
1,667.00 and over	500	6.28
<u>Spouse Only Coverage</u>		
Less than \$ 416.66	\$100	\$1.26
\$ 416.66 but less than 625.00	125	1.57
625.00 but less than 833.33	150	1.89
833.33 but less than 1,041.66	200	2.51
1,041.66 but less than 1,250.00	250	3.14
1,250.00 but less than 1,458.33	300	3.77
1,458.33 but less than 1,667.00	350	4.40
1,667.00 and over	400	5.02
<u>Child or Children Only Coverage</u>		
Less than \$ 416.66	\$ 75	\$.94
\$ 416.66 but less than 625.00	100	1.26
625.00 but less than 833.33	125	1.57
833.33 but less than 1,041.66	150	1.89
1,041.66 but less than 1,250.00	200	2.51
1,250.00 but less than 1,458.33	250	3.14
1,458.33 but less than 1,667.00	300	3.77
1,667.00 and over	350	4.40

HOW TO CALCULATE YOUR SURVIVOR'S INCOME BENEFIT

Example #1

Employee	Age 32
Spouse	Age 27
Youngest child	Age 3
Monthly income	\$1,100

The family benefit of \$350 (see schedule) would be payable until the youngest child reaches age 23 (assuming your spouse doesn't remarry and the youngest child continues in school).

Benefits first 20 years: $\$350 \times 12 \text{ mo/yr} \times 20 = \$84,000.$

plus Benefits would continue at the reduced amount of \$250 per month (see schedule for "Spouse Only" benefit) when the youngest child reaches age 23 and your spouse is then age 47.

Total Potential Benefit \$138,000.*

*Benefits are guaranteed for at least five years. Therefore, even if a spouse remarries or dies within the five years, the minimum payment would be computed as follows:

The family benefit would be payable for five years:

$\$350 \times 12 \text{ mo/yr} \times 5 \text{ years} = \$21,000.$

The "child(ren) only" benefit would then be payable for fifteen additional years, assuming the child continued in school until age 23:

$\$200 \times 12 \text{ mo/yr} \times 15 \text{ years} = \$36,000.$

Minimum Benefit \$57,000.

Example #2

Employee	Age 42
Spouse	Age 40
No eligible children	
Monthly income	\$800

Potential benefit to spouse only illustrated, using the age of the spouse and assuming spouse lives to age 65 and doesn't remarry.

(All benefits are guaranteed payable for at least five years.)

Monthly Payment at Death of Employee	Spouse Age 27	Spouse Age 32	Spouse Age 37	Spouse Age 42	Spouse Age 47	Spouse Age 52	Spouse Age 57
\$100	\$ 45,600	\$ 39,600	\$ 33,600	\$ 27,600	\$ 21,600	\$ 15,600	\$ 9,600
125	57,000	49,500	42,000	34,500	27,000	19,500	12,000
150	68,400	59,400	50,400	41,400	32,400	23,400	14,400
200	91,200	79,200	67,200	55,200	43,200	31,200	19,200
250	114,000	99,000	84,000	69,000	54,000	39,000	24,000
300	136,800	118,800	100,800	82,800	64,800	46,800	28,800
350	159,600	138,600	117,600	96,600	75,600	54,600	33,600
400	182,400	158,400	134,400	110,400	86,400	62,400	38,400

YOUR QUALIFIED SURVIVORS

Your qualified survivors are the following, subject to the requirement that they be reported on forms available for that purpose:

1. Your spouse, unless legally separated.
2. Your unmarried children less than 19 years old. This includes legally adopted children.

Your unmarried children age 19, but less than 23 are also qualified survivors, provided they depend wholly upon you for support and maintenance and are full-time students in an educational institution.

Stepchildren who depend upon you for support and maintenance are qualified survivors on the same basis as your own children. Foster children are not eligible.

REPORT FAMILY CHANGES

It is important to report all family changes when they occur:

1. If you are not married, you should report your spouse as soon as you marry. If you are legally separated, you should report when you cease to be

separated. Should you fail to do so within 31 days, it will be necessary for you to furnish satisfactory evidence of your insurability before the Survivor's Income Benefit for your spouse will take effect.

2. Report each new dependent child promptly. If in the case of expanding coverage for dependent children, you fail to report your first qualified child within 31 days, evidence of your insurability (a medical questionnaire and/or exam) may be required before your Survivor's Income Benefit coverage can take effect.
3. You should report without delay all qualified survivors who cease to be eligible.

If you are not actually working full-time when the Survivor's Income Benefit coverage for your first qualified survivor would ordinarily become effective, the insurance will be delayed until you return to full-time work.

INSURANCE DURING TOTAL DISABILITY

The total disability provision (see page 2) under the Term Life Insurance will also apply to your Survivor's Income Benefit. Thus if you become totally disabled before age 60 and arrange to have your Term Life Insurance continued, your Survivor's Income Benefit coverage also will remain in effect. No additional dependents may become qualified survivors while your insurance is being continued under this provision.

CHANGE TO AN INDIVIDUAL POLICY

If you terminate employment, the privilege of obtaining an individual life insurance policy during the following 31 days without having to take a medical examination will apply to the Survivor's Income Benefit as well as the Term Life Insurance. The amount available for the individual policy will be found by adding your Term Life Insurance and the "present value" of the monthly Survivor's Income Benefit, as determined from a table that will be furnished to you at termination of employment.

Should you die during the 31 days following termination of employment, your Survivor's Income Benefit will be paid even if you have not applied for an individual policy.

**COMPLIANCE WITH EMPLOYEE RETIREMENT
INCOME SECURITY ACT OF 1974 (ERISA)**

The information furnished herein constitutes the Summary Plan Description required by Federal Law. To comply with the law, the following additional information is also furnished.

1. Dennis R. Stauffer is the Plan Administrator.
2. The Plan Sponsor's Identification Number is EIN.
3. The Group Life Plan Number is 501.
4. The Plan records are maintained on a policy year basis which ends on December 31.
5. Legal process can be served on Ambassador College by directing such service to Ralph K. Helge and Associates.
6. Claim Appeal:
If you have questions about a claim payment, contact the Personnel Office. If your claim was denied in whole or in part and you do not agree with the reasons, you should write within 60 days to the person who wrote to you advising you of the denial. Be sure you state why you believe the claim should not have been denied, and submit any data, questions or comments you think are appropriate. Your appeal will be reviewed by the office that processed your claim. If the claim was not processed by the home office of the company and your appeal cannot be resolved by the office that processed the claim, it will be forwarded to the insurance company's home office for review and final decision. You will be notified within 120 days. If you wish to review the documents pertinent to an appealed claim, you should write to the office that processed your claim.
7. The Rights of Participants under ERISA:
As a participant in the Group Insurance Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all participants should be entitled to:
 - a) Examine without charge all plan documents, including insurance contracts, collective bargaining agreements and copies of all documents filed by the plan with the U. S. Department of Labor, such as detailed annual reports and plan descriptions, wherever such documents are located.

b) Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies.

c) Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries.

No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA. If your claim for a welfare benefit is denied in whole or in part you must receive a written explanation of the reason for the denial. You have the right to have the plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U. S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim frivolous.

If you have any questions about your plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest area office of the U. S. Labor-Management Services Administration, Department of Labor.

July 1, 1986

**OPTIONAL GROUP LIFE INSURANCE FOR
EMPLOYEES AND DEPENDENTS**

WHO IS ELIGIBLE

If you are a full-time employee you are eligible to join this voluntary life insurance plan underwritten by the Manhattan Life Insurance Company. The Plan provides life insurance amounts up to \$200,000 for eligible employees. You may select the amount of your life insurance: \$25,000 -- \$50,000 -- \$75,000 -- \$100,000 -- \$150,000 -- \$200,000 -- provided it does not exceed three times your basic annual salary.

Life insurance is also available for your spouse and your eligible children if you enroll in the Plan. The amount of coverage for your spouse may not exceed the lesser of your life insurance or \$100,000. You may also purchase life insurance for your eligible children. Ten thousand dollars (\$10,000) is provided for your unmarried, dependent children from six months to 19 years (or to age 23 if a full-time student). Children's coverage from 15 days to six months of age is limited to \$100.

HOW YOU APPLY

Application forms are available from the Personnel Office. They must be completed and signed by you (and your spouse) and returned to:

Personnel Office
Worldwide Church of God/Ambassador College
300 West Green Street
Pasadena, California 91129

Please check the appropriate "yes" or "no" blank for children's coverage. The amount of each child's insurance is automatically determined by the child's age (as outlined above).

BENEFICIARY DESIGNATION

Benefits will be paid to your designated beneficiary in the event of death. You may change your beneficiary at any time by written notice to the insurance company. Should you select the children's coverage, you will automatically be the beneficiary.

WHEN YOUR INSURANCE BECOMES EFFECTIVE

For yourself: The first day of the month following approval by The Manhattan Life Insurance Company, providing you are actively at work. Otherwise your insurance will become effective upon your return to work on a full-time basis.

For your family: The first day of the month following approval by The Manhattan Life Insurance Company. However, if your spouse or child is confined in a hospital or your home under the care of a physician on that date, coverage for the dependent will be effective upon discharge from the hospital, discontinuance of further treatment by the doctor and when normal duties are resumed.

SEMI-MONTHLY PAYROLL DEDUCTIONS

The following chart indicates your semi-monthly payroll deductions. The cost of your spouse's life insurance is also shown on the chart, determined by age and amount of insurance (but please remember that the amount of insurance your spouse selects may not exceed the lesser of your insurance or \$100,000). The deduction for your children's insurance is only \$1.00 regardless of the number of children you have.

SCHEDULE OF SEMI-MONTHLY PAYROLL DEDUCTIONS

<u>Attained Age</u>	<u>\$25,000</u>	<u>\$50,000</u>	<u>\$75,000</u>	<u>\$100,000</u>	<u>\$150,000</u>	<u>\$200,000</u>
Under 35	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 6.00	\$ 8.00
35 - 39	1.38	2.76	4.13	5.50	8.25	11.00
40 - 44	2.00	4.00	6.00	8.00	12.00	16.00
45 - 49	3.38	6.75	10.13	13.50	20.25	27.00
50 - 54	5.50	11.00	16.50	22.00	33.00	44.00
55 - 59	8.63	17.25	25.88	34.50	51.75	69.00
60 - 64	13.88	27.75	41.63	55.50	83.25	111.00
65 - 69	23.63	47.25	70.88	94.50	141.75	189.00

*As your age group changes, premiums will automatically be adjusted.

HOW TO CALCULATE YOUR INSURANCE AND DEDUCTIONS

As an example, if you are a 35-year-old employee earning \$35,000 annually and you select \$100,000, your 33-year-old spouse selects \$100,000 and you enroll your three children (ages seven years, two years, and three months), the amounts of insurance and appropriate payroll deductions are:

Individual	Insurance Amount	Semi-Monthly Deduction
Employee	\$100,000	\$ 5.50 (age 35)
Spouse	100,000	4.00 (age 33)
Child	10,000	1.00 (age 7)
Child	10,000	(age 2)
Child	100**	(3 mos.)
Total Semi-Monthly Deduction		\$10.50

**Amount of \$100 life insurance will automatically increase to \$10,000 when the baby is six months old. The \$1.00 deduction remains unchanged regardless of the number of children you have.

IF YOU AND YOUR SPOUSE ARE BOTH EMPLOYEES

If you and your spouse are both employees and wish to enroll, both must apply for employee insurance. If children's coverage is desired, only one of you may enroll your children.

CONTINUATION OF COVERAGE

Coverage will continue unless you discontinue your regular semi-monthly payroll deductions or the group policy terminates.

CONVERSION PRIVILEGE

If your employment is terminated, your insurance will remain in force for 31 days. During this 31-day period, you may obtain any permanent policy with The Manhattan Life Insurance Company up to the amount you had in force as an employee without having to take a medical examination. The insured members of your family also have the privilege of converting to an individual permanent policy if they are no longer eligible under the group plan.

HOW TO INCREASE COVERAGE

We recommend that you initially enroll for the maximum amount of insurance you wish (but not to exceed three times your annual salary). If you or your spouse want to increase your insurance after you are enrolled, you must submit satisfactory evidence of insurability to the insurance company (forms are available at Personnel).

July 1, 1986

**OPTIONAL AD&D FOR EMPLOYEES
AND DEPENDENTS**

PURPOSE OF PLAN

We are happy to announce that we are making available to all full-time employees who work at least 30 hours a week, a voluntary accidental death and dismemberment plan. Statistics indicate that of deaths that occur before the age of 45, sixty percent are caused by accidents. We therefore feel that this added protection can be valuable. Because of the buying power of our employees as a group, the rates are very competitive. The plan, which is underwritten by The Hartford, offers this protection on either an employee-only basis or employee and family.

HIGHLIGHTS

Some of the highlights are summarized here:

- o You can choose any amount of protection from the following list so long as it does not exceed ten times your annual salary. If ten times your salary puts you between two of the amounts shown below, you can select the higher of the two.

- o **RATES:**

<u>Benefit Amount</u>	<u>Employee Only</u>	<u>Employee & Family</u>
\$ 25,000	\$.50	\$.75
50,000	1.00	1.50
75,000	1.50	2.25
100,000	2.00	3.00
150,000	3.00	4.50
200,000	4.00	6.00
250,000	5.00	7.50

- o If you sign up for family coverage, your eligible dependents will automatically be covered for the following percentages of your coverage:

- If there are no children, your spouse will be insured for 60% of your amount,

- If you have a spouse and children, your Spouse will be insured for 50% of your amount and each child will be insured for 10%; or,
- If you have no spouse, each child will be insured for 15% of your amount.
- o Your eligible dependents are your legally married spouse and unmarried children under age 19 (age 23 if a full-time student at school and dependent upon you for support).
- o The plan provides 24-hour coverage anywhere in the world.

Please contact the Personnel Office with any questions.

July 1, 1986