NOTICE OF PROTECTION PROVIDED BY
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

COVERAGE

- **Persons Covered**
  Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

- **Amounts of Coverage**
  The basic coverage protections provided by the Association are as follows.

  - Life Insurance, Annuities and Structured Settlement Annuities
    For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

    - Life Insurance
      80% of death benefits but not to exceed $300,000
      80% of cash surrender or withdrawal values but not to exceed $100,000

    - Annuities and Structured Settlement Annuities
      80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed $250,000

    The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is $300,000, regardless of the number of policies or contracts covering the individual.

  - Health Insurance
    The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is $546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website www.califega.org.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE
The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance
Guarantee Association
P.O. Box 16860
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927-4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.

The Lincoln National Life Insurance Company
A Stock Company
Home Office Location: 1301 S. Harrison Street, Fort Wayne, IN 46802-3425
(800) 423-2765 Online: www.LincolnFinancial.com

GROUP LIFE INSURANCE POLICY

Sponsor: **Synopsys, Inc.**

Policy Number: **SA3-860-038492-02**

Effective Date: **January 1, 2012**

Governing Jurisdiction is **California** and subject to the laws of that State.

Premiums are due and payable monthly on the first day of each month.

Policy Anniversaries shall occur each January 1st beginning in 2013.

The Lincoln National Life Insurance Company (hereinafter referred to as Lincoln) agrees to pay the benefits provided by this policy in accordance with its provisions.

PLEASE READ THIS POLICY CAREFULLY FOR FULL DETAILS.

This policy is a legal contract and is issued in consideration of the Application of the Sponsor, a copy of which is attached, and of the payment of premiums by the Sponsor.

For purposes of this policy, the Sponsor acts on its own behalf or as the Covered Employee's agent. Under no circumstances will the Sponsor be deemed the agent of Lincoln.

This policy is delivered in and governed by the laws of the governing jurisdiction and to the extent applicable by The Employee Retirement Income Security Act of 1974 (ERISA) and any subsequent amendments.

The following pages including any amendments, riders or endorsements are a part of th is policy.

Signed at Lincoln's Home Office, 1301 S. Harrison Street, Fort Wayne, IN 46802-3425

SECRETARY

PRESIDENT

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SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBILITY REQUIREMENTS FOR INSURANCE BENEFITS

Minimum Hourly Requirement:

Employees working a minimum of 20 regularly scheduled hours per week

Classification of Covered Employees:

Class 1: All full-time and part-time Employees, excluding Employees electing the $50,000 benefit

Class 2: All full-time and part-time Employees electing the $50,000 benefit

Note: This policy does not cover the following Employees. Temporary and seasonal Employees; Employees who are not legal residents working in the United States.

Eligibility Waiting Period:

1. If the Covered Person is employed by the Sponsor on the policy effective date - None

2. If the Covered Person begins employment for the Sponsor after the policy effective date - None

Employee Contributions Required:

Employee Basic Life Insurance Benefits:	No
Employee Optional Life Insurance Benefits:	Yes
Employee Basic Accidental Death and Dismemberment Insurance Benefits:	No
Employee Optional Accidental Death and Dismemberment Insurance Benefits:	Yes
Dependent Optional Life Insurance Benefits:	Yes
Dependent Optional Accidental Death and Dismemberment Insurance Benefits:	Yes

SECTION 1 - SCHEDULE OF BENEFITS
(Continued)

LIFE INSURANCE

Amount of Insurance:

Employee Basic Life Insurance:

Applicable to Class 1:
An amount equal to 2 times Annual Earnings. If not a multiple of $1,000.00, this amount will be rounded to the next higher multiple of $1,000.00. This amount may not exceed $1,000,000.00.

Applicable to Class 2:
An amount equal to 2 times Annual Earnings. If not a multiple of $1,000.00, this amount will be rounded to the next higher multiple of $1,000.00. This amount may not exceed $50,000.00.

Employee Optional Life Insurance:

The lesser of 8 times Annual Earnings or $1,500,000.00.

Dependent Optional Life Insurance:

There are three Dependent Life options available: Spouse only, Spouse and Children, Children only.

SPOUSE

Spouse or Domestic Partner:

An amount in increments of $5,000.00. This amount may not exceed $250,000.00.

CHILD
Children (Age at Death):

Live birth, but under 26 years.

Option 1	$1,000.00
Option 2	$5,000.00
Option 3	$10,000.00
Option 4	$15,000.00
Option 5	$20,000.00

Note: The amount of Dependent Life Insurance may not exceed 50.00% of the amount of Employee Life Insurance in force on the Covered Employee.

SECTION 1 - SCHEDULE OF BENEFITS
(Continued)

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Full Amount of Insurance:

Employee Basic Accidental Death and Dismemberment Insurance:

Applicable to Class 1:
$50,000.00

Employee Optional Accidental Death and Dismemberment Insurance:

Option 1	$100,000.00
Option 2	$150,000.00
Option 3	$200,000.00
Option 4	$300,000.00
Option 5	$400,000.00
Option 6	$500,000.00
Option 7	$600,000.00
Option 8	$700,000.00
Option 9	$800,000.00
Option 10	$900,000.00
Option 11	$1,000,000.00

Dependent Optional Accidental Death and Dismemberment Insurance:

SPOUSE
Spouse or Domestic Partner:

Without Children: An amount equal to 60% of the Covered Employee's elected Optional Accidental Death and Dismemberment Full Amount of Insurance.
With Children: An amount equal to 50% of the Covered Employee's elected Optional Accidental Death and Dismemberment Full Amount of Insurance.

CHILD
Children (Age at Death):

Live birth, but under 26 years.

Without Spouse: An amount equal to 15% of the Covered Employee's elected Optional Accidental Death and Dismemberment Full Amount of Insurance. This amount may not exceed $50,000.
With Spouse: An amount equal to 10% of the Covered Employee's elected Optional Accidental Death and Dismemberment Full Amount of Insurance. This amount may not exceed $50,000.

Note: The amount of Dependent Optional Accidental Death and Dismemberment Insurance may not exceed 50.00% of the amount of Employee Optional Accidental Death and Dismemberment Insurance in force on the Covered Employee.

SECTION 1 - SCHEDULE OF BENEFITS
(Continued)

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Employee and Dependent Spouse or Domestic Partner Seat Belt Benefit:

Maximum Benefit Amount:	10.00% of Full Amount up to $10,000.00

Employee and Dependent Spouse or Domestic Partner Air Bag Benefit:

Maximum Benefit Amount:	5.00% of Full Amount up to $5,000.00

Employee and Dependent Spouse or Domestic Partner Child Education Benefit:

Maximum Annual Benefit (Per Dependent child):	$2,500.00
Maximum Lifetime Family Benefit Amount:	$20,000.00
Dependent Children Maximum Age:	26 years

Employee and Dependent Spouse or Domestic Partner Child Care Benefit:

Maximum Annual Benefit (Per Dependent child):	$2,500.00
Maximum Lifetime Family Benefit Amount:	$5,000.00

Dependent Spouse or Domestic Partner Training Benefit:

Maximum Benefit Amount:	$5,000.00

Employee and Dependent Spouse or Domestic Partner Coma Benefit:

Maximum Benefit Amount:	10.00% of Full Amount up to $25,000.00

Employee and Dependent Spouse or Domestic Partner Rehabilitation Benefit:

Maximum Benefit Amount:	1.00% of Full Amount up to $500.00

Employee and Dependent Spouse or Domestic Partner Adaptive Home or Adaptive Vehicle Benefit:

Maximum Benefit Amount:	10.00% of Full Amount up to $25,000.00

Reduction Formula:

Applicable to Basic Insurance:

The amount of Life and Accidental Death and Dismemberment Insurance applicable to the Covered Person's class of benefits will reduce at age 70 or older as follows:

ages 70 - 74:	to 65.00%
ages 75 - 79:	to 45.00%
ages 80 - 84:	to 30.00%
ages 85 & up:	to 15.00%

Applicable to Optional Insurance excluding Dependent Optional Life, Dependent Optional Accidental Death and Dismemberment:

The amount of Life and Accidental Death and Dismemberment Insurance applicable to the Covered Person's class of benefits will reduce at age 70 or older as follows:

ages 70 - 74:	to 65.00%
ages 75 - 79:	to 45.00%
ages 80 - 84:	to 30.00%
ages 85 & up:	to 15.00%

Applicable to Dependent Optional Life Insurance:

The reduction formula does not apply to Dependent Optional Life Insurance.

Applicable to Dependent Optional Accidental Death & Dismemberment Insurance:

The reduction formula does not apply to Dependent Optional Accidental Death and Dismemberment Insurance.

Evidence of Insurability Requirements

Non-Medical Maximum:

Employee Optional Life Insurance Benefits:	The lesser of 5x Annual Earnings or $500,000.00
Dependent Spouse or Domestic Partner Optional Life Insurance Benefits:	$50,000.00

Any amounts of insurance in excess of the amount shown above that are due solely to salary increases are not subject to Evidence of Insurability.

Annual Enrollment:

Employee Optional Life Insurance Benefits:	Any increases of more than $50,000.00 above the current benefit level will be subject to Evidence of Insurability.

Any increases elected during Annual Enrollment will be subject to Evidence of Insurability if an Employee has previously been denied coverage. The Non-Medical Maximum will apply to any changes made during the Annual Enrollment Period.

Dependent Spouse or Domestic Partner Optional Life Insurance:	Any increases above the current benefit level will be subject to Evidence of Insurability.

Family Status Change:

Employee Optional Life Insurance Benefits:	Any increases of more than $50,000.00 above the current benefit level will be subject to Evidence of Insurability.

Any increases elected due to a Family Status Change will be subject to Evidence of Insurability if an Employee has previously been denied coverage. The Non-Medical Maximum will apply to any changes made due to a Family Status Change.

Dependent Spouse or Domestic Partner Optional Life Insurance:	Any increases above the current benefit level will be subject to Evidence of Insurability.

SECTION 2 - DEFINITIONS

In this section Lincoln defines some basic terms needed to understand this policy. The male pronoun whenever used in this policy includes the female.

"Active Employment" means the Employee must be actively at work for the Sponsor:

1. on a full-time or part-time basis and paid regular earnings;

2. for at least the minimum number of hours shown in the Schedule of Benefits; and either perform such work:

   a. at the Sponsor's usual place of business; or
   b. at a location to which the Sponsor's business requires the Employee to travel.

An Employee will be considered actively at work if he was actually at work on the day immediately preceding:

1. a weekend (except where one or both of these days are scheduled work days);
2. holidays (except when the holiday is a scheduled work day);
3. paid vacations;
4. any non-scheduled work day;
5. an excused leave of absence (except medical leave for the Covered Person's own disabling condition and lay-off); and
6. an emergency leave of absence (except emergency medical leave for the Covered Person's own disabling condition).

"Administrative Office" means The Lincoln National Life Insurance Company, 100 Liberty Way, Suite 100, Dover, NH 03820-4695.

"Annual Earnings" means the Covered Person's gross annual rate of earnings from the Sponsor. However, such earnings will not include bonuses, overtime pay and extra compensation other than commissions. Commissions will be averaged over the lesser of (a) the 12 month period prior to the date of loss; or (b) the period of employment.

"Annual Enrollment Period" or **"Enrollment Period"** means the period before each policy anniversary so designated by the Sponsor and Lincoln during which an Employee may enroll for coverage under this policy.

SECTION 2 - DEFINITIONS
(Continued)

"Application" is the document designated in Section 9; it is attached to and is made a part of this policy.

"Confined" means confinement in a hospital, skilled nursing facility or rehabilitation facility.

"Covered Dependent" means a Dependent whose coverage is in effect. It does not include a Dependent whose coverage has ended.

"Covered Employee" means a person in Active Employment insured under this policy.

"Covered Person" means an Employee in Active Employment or a Dependent insured under this policy.

"Dependent" means:

1. a Covered Employee's lawful spouse, or Domestic Partner; and
2. a Covered Employee's unmarried children, who meet the age requirements shown in the Schedule of Benefits.

Children include Covered Employee's own natural offspring, lawfully adopted children, and full-time students as defined by the school being attended. A child will be considered adopted on the date of placement in the Covered Employee's home.

They also include stepchildren, grandchildren including an eligible child's child, foster children or other children who are dependent on the Covered Employee for support and maintenance and living with the Covered Employee in a regular parent-child relationship.

They also include children who, on and after the date on which insurance would otherwise end because of the children's age, are Continuously Disabled.

With respect to this provision, **"Continuously Disabled"** means a child who is incapable of self-sustaining employment because of mental or physical disabilities and is chiefly dependent on the Covered Employee for support and maintenance, or institutionalized because of mental or physical disabilities.

Dependent does not include a person who is an eligible Employee or a member of the armed forces.

SECTION 2 - DEFINITIONS
(Continued)

"Domestic Partner" means an unmarried person of the same or opposite sex with whom the Covered Employee shares a committed relationship, is jointly responsible for the other's welfare and financial obligations, at least 18 years of age and mentally competent to consent to a contract, not related by blood to a degree that could prohibit legal marriage in the state where legally residing, maintains the same residence(s) and is not married to or legally separated from anyone else. A Domestic Partner certification must be completed and filed with the Sponsor before the partner can be designated as a Dependent.

"Eligibility Date" means the date an Employee becomes eligible for insurance under this policy. Eligibility Requirements are shown in the Schedule of Benefits.

"Eligibility Waiting Period" means the continuous length of time an Employee must be in Active Employment in an eligible class to reach his Eligibility Date.

"Employee" means a person in Active Employment with the Sponsor.

"Enrollment Form" is the document completed by the Covered Employee, if required, when enrolling for coverage. This form must be satisfactory to Lincoln.

"Evidence of Insurability" means a statement of proof of the Covered Person's medical history upon which acceptance for insurance will be determined by Lincoln.

SECTION 2 - DEFINITIONS
(Continued)

"Family and Medical Leave" means a leave of absence for the birth, adoption or foster care of a child, or for the care of the Covered Employee's child, spouse or parent or for the Covered Employee's own serious health condition as those terms are defined by the Federal Family and Medical Leave Act of 1993 (FMLA) and any amendments, or by applicable state law.

"Family Status Change" means any one of the following events that may occur:

1. the Employee's marriage or divorce;
2. the Employee's filing or rescinding of a Domestic Partner certification;
3. the birth of a child to the Employee;
4. the adoption of a child by the Employee;
5. the death of the Employee's spouse or Domestic Partner or child;
6. the commencement or termination of employment of the Employee's spouse or Domestic Partner;
7. the change from part-time employment to full-time employment by the Employee or the Employee's spouse or Domestic Partner;
8. the change from full-time employment to part-time employment by the Employee or the Employee's spouse or Domestic Partner;
9. the taking of unpaid leave of absence by the Employee or the Employee's spouse or Domestic Partner.

"Initial Enrollment Period" means one of the following periods during which an Employee may first enroll for coverage under this policy:

1. if the Employee is eligible for insurance on the policy effective date, a period before the policy effective date set by the Sponsor and Lincoln.

2. if the Employee becomes eligible for insurance after the policy effective date, the period which ends 31 days after his Eligibility Date.

"Injury" means bodily impairment resulting directly from an accident and independently of all other causes.

"Non-Medical Maximum" means an amount of insurance on a Covered Person which is not subject to Evidence of Insurability. The Non-Medical Maximum amounts are shown in the Schedule of Benefits. Any amounts of insurance in excess of the Non-Medical Maximums are subject to Evidence of Insurability. Evidence of Insurability will be at the Covered Employee's expense.

"Physician" means a person who:

1. is licensed to practice medicine and is practicing within the terms of his license; or

2. is a licensed practitioner of the healing arts in a category specifically favored under the health insurance laws of the state where the treatment is received and is practicing within the terms of his license.

It does not include a Covered Person, any family member or domestic partner.

"Proof" means the evidence in support of a claim for benefits and includes, but is not limited to, the following:

1. a claim form completed and signed (or otherwise formally submitted) by the Covered Employee or his beneficiary claiming benefits;

2. an attending Physician's statement completed and signed (or otherwise formally submitted) by the Covered Person's attending Physician; and

3. the provision by the attending Physician of standard diagnosis, chart notes, lab findings, test results, x-rays and/or other forms of objective medical evidence in support of a claim for benefits;

4. a certified copy of a death certificate.

Proof must be submitted in a form or format satisfactory to Lincoln.

"Schedule of Benefits" means the section of this policy which shows, among other things, the Eligibility Requirements, Eligibility Waiting Period, and Amount of Insurance Benefit.

"Sickness" means disease or illness including related conditions and recurrent symptoms of the sickness. Sickness also includes pregnancy.

"Sponsor" means the entity to whom this policy is issued.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

Eligibility Requirements for Employee and Dependent Insurance Benefits

The eligibility requirements for insurance benefits are shown in the Schedule of Benefits.

Eligibility Date for Insurance Benefits

Employee Coverage:

If the Employee is in an eligible class he will qualify for insurance on the later of:

1. this policy's effective date; or
2. the day after he completes the Eligibility Waiting Period shown in the Schedule of Benefits.

Dependent Coverage:

If the Employee is eligible for Employee coverage he will be eligible for Dependent coverage on the later of:

1. the date he is eligible for Employee coverage if on that date he has a Dependent; or
2. the date he acquires a Dependent if on that date he is eligible for Employee coverage.

If both parents are Employees, only one will be eligible for Dependent coverage with respect to their Dependent children.

Annual Enrollment Period

During each Annual Enrollment Period, an Employee may keep his coverage at the same level or make any one of the following changes in coverage for the next policy year, subject to any Evidence of Insurability Requirements as shown in the Schedule of Benefits:

1. decrease his coverage;
2. increase his coverage including enrolling for the first time.

If an Employee fails to enroll for a change in his coverage option during any Annual Enrollment Period he will continue to be insured for the same coverage option during the next policy year, unless the Covered Employee experiences a Family Status Change.

Family Status Change

When a Covered Employee experiences a Family Status Change, a Covered Employee may keep his coverage at the same level or make any one of the following changes in coverage, subject to any Evidence of Insurability Requirements as shown in the Schedule of Benefits:

1. decrease his coverage;

2. increase his coverage including enrolling for the first time.

The Covered Employee must apply for the change in coverage within 31 days of the date of the Family Status Change. Such changes in coverage must be due to or consistent with the reason that the change in coverage was permitted. A change in coverage is consistent with a Family Status Change only if it is necessary or appropriate as the result of the Family Status Change.

Effective Date for Insurance Benefits

Insurance will be effective at 12:01 A.M. Standard Time in the governing jurisdiction on the day determined as follows, but only if the Employee's application or enrollment for insurance is made with Lincoln through the Sponsor in a form or format satisfactory to Lincoln.

Employee Coverage:

1. For non-contributory coverage not subject to Evidence of Insurability, the Covered Employee will be insured on his Eligibility Date.

2. For non-contributory coverage subject to Evidence of Insurability, the Covered Employee will be insured on the later of the date Lincoln gives approval or his Eligibility Date.

3. For contributory coverage not subject to Evidence of Insurability, the Covered Employee will be insured on the later of the date he makes application or his Eligibility Date, provided he makes application no later than 31 days after his Eligibility Date.

4. For contributory coverage subject to Evidence of Insurability, the Covered Employee will be insured on the later of the date Lincoln gives approval or his Eligibility Date, provided he makes application no later than 31 days after his Eligibility Date.

Evidence of Insurability will be at the Covered Employee's Expense.

Effective Date for Insurance Benefits (Continued)

Dependent Coverage:

1. For contributory coverage not subject to Evidence of Insurability, the Covered Employee's Dependent will be insured on the later of the date the Covered Employee makes application or his Eligibility Date, provided he makes application no later than 31 days after his Eligibility Date.

2. For contributory coverage subject to Evidence of Insurability, the Covered Employee's Dependent will be insured on the later of the date Lincoln gives approval or his Eligibility Date, provided he makes application no later than 31 days after his Eligibility Date.

Evidence of Insurability will be at the Covered Employee's Expense.

Increases or Decreases:

Any increase in or addition to coverage will take effect on the date of the change.

Any decrease in or deletion of coverage will take effect on the date of the change.

Any such change applies to loss of life or accidental Injury that occurs on or after the effective date of the change.

Delayed Effective Date for Employee Insurance

The effective date of any initial, increased or additional insurance will be delayed for an individual if he is not in Active Employment because of Injury or Sickness. The initial, increased or additional insurance will begin on the date the individual returns to Active Employment.

Delayed Effective Date for Dependent Insurance

If a Covered Dependent is Confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

Family and Medical Leave

A Covered Employee's coverage may be continued under this policy for an approved family or medical leave of absence for up to 12 weeks following the date coverage would have terminated, subject to the following:

1. the authorized leave is in writing;

2. the required premium is paid;

3. the Covered Employee's benefit level, or the amount of earnings upon which the Covered Employee's benefit may be based, will be that in effect on the date before said leave begins; and

4. continuation of coverage will cease immediately if any one of the following events should occur:

    a. the Covered Employee returns to work;
    b. this policy terminates;
    c. the Covered Employee is no longer in an eligible class;
    d. nonpayment of premium when due by the Sponsor or the Covered Employee;
    e. the Covered Employee's employment terminates.

Leave of Absence Due to Disability

The Sponsor may continue the Covered Employee's coverage(s) by paying the required premiums, if the Covered Employee is granted an approved leave of absence due to a disability.

The Covered Employee's coverage(s) will not continue beyond a period of nine months. In continuing such coverage(s) under this provision, the Sponsor agrees to treat all Covered Employees equally.

Continuation During a Labor Dispute

ELIGIBILITY
A Covered Employee whose coverage under this policy ends because he stops active work as a result of a labor dispute may have the right to have continued coverage. To continue coverage, the required premium must be paid to the Sponsor when due.

To qualify for continued coverage, a Covered Employee must have been covered by this policy on the date of cessation of work.

If any premium was due prior to the date of cessation of work and is unpaid at the date of cessation of work, continuation may be contingent upon payment of such premium.

PAYMENT FOR CONTINUED COVERAGE
The Covered Employee must pay his individual contribution of premium and any contribution due from the employer for the period of cessation of work. The premium will be 100% of the total employer and employee cost of providing the same benefits if the cessation of work had not occurred. The individual premium rate may be increased up to an additional 20%, or a higher percent if approved by the Commissioner of Insurance of California.

BENEFITS UNDER CONTINUED COVERAGE
This continued coverage will at all times provide the same benefits as would have been afforded to the Covered Employee the work cessation not occurred. This includes any changes in the coverage under this policy as may become effective while continued coverage is in effect.

TERMINATION OF CONTINUED COVERAGE
A Covered Employee's continued coverage under this provision will end at the earliest of these dates:

- the date which ends the "maximum period" as defined below;
- the date ending the last period for which the covered person has made any required payment for continued coverage on a timely basis;
- the date work cessation ends;
- the date on which the number of persons for which premium is paid is less than 75% of those eligible to continue coverage;
- the date a Covered Employee takes full-time employment with another employer.

The "maximum period" referred to above will start with the first day of the period of work cessation and will end with the date 6 months after the work cessation began.

SECTION 4 - INSURANCE BENEFITS

EMPLOYEE LIFE INSURANCE

Benefits

When Lincoln receives satisfactory Proof of the Covered Employee's death, Lincoln will pay the proceeds of the Life Insurance in force on the Covered Employee's life under this policy. The benefit payable is shown in the Schedule of Benefits.

Conversion Privilege

Conversion Privilege at Individual Termination or Reduction of Benefits:

If all or part of a Covered Employee's coverage ends, the Covered Employee may convert the amount that ends to an individual Life Insurance policy. Conversion is subject to the following conditions:

1. within 31 days after coverage ends or is reduced, the Covered Employee must make written application to Lincoln and pay the first premium payment.

2. the individual policy will be issued without Evidence of Insurability. It will contain Life Insurance benefits only. The policy will be one then being offered by Lincoln. The premium due will be based on the premium schedule of Lincoln's conversion policy that applies to the Covered Employee's class of risk and age at the birthday nearest to the effective date of the individual policy.

The individual policy will be effective 31 days after the Covered Employee's group coverage ends.

Conversion Privilege at Class or Policy Termination:

If coverage ends for all employees or for a Covered Employee's class, the Covered Employee is entitled to a limited conversion privilege. The Covered Employee must have been covered for at least 5 years. The Covered Employee must apply for the individual policy in the same manner as described above. The amount the Covered Employee may convert is limited to the lesser of:

1. the amount the Covered Employee was covered for on the date the group coverage terminated less any group insurance he becomes eligible for within 31 days; or

2. $2,000.

The individual policy will be effective 31 days after the Covered Employee's group coverage ends.

Death Within the 31 Days Allowed for Conversion:

If a Covered Employee dies within the 31 days allowed for conversion, Lincoln will pay to his beneficiary the amount he was eligible to convert. Such insurance will be paid as a claim under this policy. Any premiums paid for a converted policy will be refunded.

EMPLOYEE LIFE INSURANCE COVERAGE (Continued)

Accelerated Death Benefit

Note: The receipt of an Accelerated Death Benefit may be taxable. A Covered Employee should consult his tax consultant or legal advisor before applying for an Accelerated Death Benefit.

If, while insured under this policy, a Covered Employee gives Lincoln satisfactory Proof of having a Terminal Condition, the Covered Employee may receive a portion of his Life Insurance as an Accelerated Death Benefit. Such insurance will be paid one time to the Covered Employee in one lump sum.

The amount of Accelerated Death Benefit payable under this policy is limited to the lesser of the following:

1. the Accelerated Death Benefit amount requested by the Covered Employee;

2. 80.00% of the Covered Employee's Life Insurance that is in force on the date the Covered Employee applies for an Accelerated Death Benefit; or

3. $1,000,000.00.

If the amount of a Covered Employee's Life Insurance under this policy is scheduled to reduce within 12 months following the date the Covered Employee applies for the Accelerated Death Benefit, the benefit payable under this policy will be based on the reduced amount.

Application for an Accelerated Death Benefit

A Covered Employee must apply for an Accelerated Death Benefit. To apply, the Covered Employee must give Lincoln:

1. certification, from a Physician, that he has a Terminal Condition, as defined by this policy;
2. supporting evidence satisfactory to Lincoln, documenting the Terminal Condition;
3. a completed claims form.

EMPLOYEE LIFE INSURANCE COVERAGE (Continued)

Accelerated Death Benefit (Continued)

Application for an Accelerated Death Benefit (Continued)

During the pendency of a claim, Lincoln may, at its own expense, have a Physician examine the Covered Employee.

If the Covered Employee has assigned all or a portion of the Life Insurance under this policy or named an irrevocable beneficiary, the Covered Employee must also give Lincoln a signed written consent form from the assignee or irrevocable beneficiary.

The Accelerated Death Benefit will be payable upon receipt of satisfactory Proof of a Terminal Condition; and signed written consent from an assignee or irrevocable beneficiary, if required.

With respect to this provision **"Terminal Condition"** means a condition:

1. which is expected to result in the Covered Employee's death within 12 months; and
2. from which there is no reasonable prospect of recovery.

Effect on Insurance

The amount of a Covered Employee's Life Insurance will be reduced by the amount paid as an Accelerated Death Benefit. Premiums, if any, for the remaining portion of a Covered Employee's Life Insurance will be based on the amount of the remaining Life Insurance in effect after payment of the Accelerated Death Benefit. All other terms and provisions of this policy will apply to the remaining portion.

Exceptions

No Accelerated Death Benefit will be paid if:

1. the Covered Employee is required by a court of law to exercise this option to satisfy a claim of creditors, whether in bankruptcy or otherwise;
2. the Covered Employee is required by a governmental agency to exercise this option in order to apply for, receive, or continue a government benefit or entitlement;
3. all or a part of a Covered Employee's insurance must be paid to the Covered Employee's children or spouse or former spouse as part of a divorce decree, separate maintenance agreement or property settlement agreement;
4. the Covered Employee is married and lives in a community property state, unless the Covered Employee's spouse has given Lincoln signed written consent; or
5. the Covered Employee has previously received an Accelerated Death Benefit under this policy or any other group policy held by the Sponsor.

DEPENDENT LIFE INSURANCE

Benefits

When Lincoln receives satisfactory Proof of the Covered Dependent's death, Lincoln will pay to the Covered Employee the amount in force on such Covered Dependent's life under this policy. The Dependent Life Insurance benefit will be paid in one sum. It is shown in the Schedule of Benefits.

Conversion Privilege

Conversion Privilege at Individual Termination or Reduction of Benefits:

If a Covered Dependent's coverage ends because:

1. of the Covered Employee's death; or
2. the Covered Employee's employment in an eligible class for Dependent Life Insurance ends,

the Covered Employee's Covered Dependent spouse or Domestic Partner may convert Dependent Life Insurance to an individual policy. Within 31 days after coverage ends, the Covered Dependent spouse or Domestic Partner must make written application to Lincoln and pay the first premium payment. The individual policy will contain Life Insurance benefits only. The policy will be one then being offered by Lincoln. Evidence of Insurability will not be required.

Conversion Privilege at Class or Policy Termination:

If a Covered Dependent's coverage ends because:

1. coverage ends for all employees; or
2. coverage ends for all employees in the Covered Employee's eligible class,

the Covered Dependent spouse or Domestic Partner is entitled to a limited conversion privilege. The Covered Employee must be entitled to convert to an individual policy in order for his Covered Dependent spouse or Domestic Partner to have this limited privilege. Conversion must be applied for in the same way as stated above. The amount the Covered Dependent spouse or Domestic Partner may convert is limited to the lesser of:

1. the amount the Covered Dependent spouse or Domestic Partner was covered for on the date coverage ended less any group insurance he becomes eligible for within 31 days; or
2. $2,000.

The individual policy will become effective 31 days after the Covered Dependent spouse's or Domestic Partner coverage ends.

Death Within the 31 Days Allowed for Conversion:

Dependent Life Insurance is payable if a Covered Dependent spouse or Domestic Partner dies during this period. The amount payable is the amount the Covered Dependent spouse or Domestic Partner was entitled to convert. Such insurance will be paid under this policy. Any premium paid for an individual policy will be refunded.

EMPLOYEE AND DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Benefits

Accidental Death and Dismemberment benefits are payable when a Covered Person suffers a loss solely as the result of accidental Injury that occurs while covered. The loss must occur within 365 days after the date of the accident. The benefit payable is called the Full Amount. It is shown in the Schedule of Benefits.

Loss Schedule:	Benefit Payable:
Life	Full Amount
Both Hands or Both Feet	Full Amount
Sight of Both Eyes	Full Amount
One Hand and One Foot	Full Amount
One Hand and Sight of One Eye	Full Amount
One Foot and Sight of One Eye	Full Amount
Speech and Hearing in Both Ears	Full Amount
One Hand or One Foot	One-half Full Amount
Sight of One Eye	One-half Full Amount
Speech or Hearing in Both Ears	One-half Full Amount
Thumb and Index Finger of the Same Hand	One-quarter Full Amount
Quadriplegia	Full Amount
Paraplegia	Three-quarter Full Amount
Hemiplegia	One-half Full Amount

Payment is made for loss due to each accident without regard to loss resulting from any prior accident. In no event may the total amount payable for all losses due to any one accident exceed the Full Amount.

Loss of hands or feet means complete severance through or above the wrist or ankle joint.

Loss of sight, speech or hearing must be total and irrecoverable.

Loss of thumb and index finger means that all of the thumb and index finger are cut off at or above the joint closest to the wrist. This benefit is not payable if a benefit is payable for the loss of the same entire hand.

Quadriplegia means the total and permanent paralysis of both upper and lower limbs.
Paraplegia means the total and permanent paralysis of both lower limbs.
Hemiplegia means the total and permanent paralysis of the upper and lower limbs on one side of the body.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

Seat Belt Benefit

Lincoln will pay an additional benefit if accidental death was caused by an Automobile accident while the Covered Person was driving or riding in an Automobile and the Covered Person was covered by this policy. The benefit is payable if the Covered Person was wearing a Seat Belt at the time of the accident. The benefit payable is shown in the Schedule of Benefits.

Lincoln must be given satisfactory written Proof that the Covered Person's death resulted from an Automobile accident while wearing a Seat Belt. A copy of the police accident report should be submitted with the claim. If a copy of the police accident report is not available, or if it is unclear that the Covered Person was wearing a Seat Belt, Lincoln will pay 10.00% of the maximum benefit as shown in the Schedule of Benefits.

No benefit will be paid if the Covered Person was the driver of the Automobile and did not hold a current valid driver's license.

Air Bag Benefit

Lincoln will pay an additional benefit if accidental death was caused by an Automobile accident while the Covered Person was driving or riding in an Automobile and the Covered Person was covered by this policy. The benefit is payable if the Covered Person was wearing a Seat Belt at the time of the accident and was seated behind a properly installed Air Bag. The benefit payable is shown in the Schedule of Benefits.

Lincoln must be given satisfactory written Proof that the Covered Person's death resulted from an Automobile accident while wearing a Seat Belt and the Automobile was equipped with an Air Bag directly in front of the Covered Person. A copy of the police accident report should be submitted with the claim.

No benefit will be paid if the Covered Person was the driver of the Automobile and did not hold a current valid driver's license.

With respect to this provision, **"Air Bag"** means the passive restraint device in an Automobile which inflates automatically upon collision to provide protection in Automobile accidents. The Air Bag must meet the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration and be installed by the manufacturer.

With respect to this provision, **"Automobile"** means a private passenger motor vehicle licensed for use on public highways.

With respect to this provision, **"Seat Belt"** means a combination lap and shoulder restraint system that must meet the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration and be installed by the manufacturer. A Seat Belt will include a lap belt alone, but only if the Automobile did not have a combination lap and shoulder restraint system when manufactured. Seat Belt does not include a shoulder restraint alone.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

Exposure Benefit

Lincoln will pay a benefit to the Covered Person or beneficiary in the event the Covered Person suffers a loss from exposure to the elements of nature by reason of a covered Injury. The benefit payable is shown on the Loss Schedule in the Accidental Death and Dismemberment provision.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

Child Education Benefit

Lincoln will pay a one-time benefit to the Covered Person or beneficiary on behalf of the Covered Person's Dependent children if the Covered Employee or Covered Dependent spouse or Domestic Partner suffers loss of life as a result of an accident provided:

1. the Dependent child meets the definition of Dependent under this policy; and

2. satisfactory proof is furnished to Lincoln that the child is a Dependent child; and

3. on the date of the accident the Dependent child was at the 12th grade level and enrolls as a full-time student in an accredited post-secondary institution of higher learning within 365 days of the Covered Person's death; or

4. the Dependent child continues to be enrolled as a full-time student in an accredited post-secondary institution of higher learning.

The one-time benefit payable is shown in the Schedule of Benefits. A benefit will not be payable beyond the earlier of:

a. 4 years;
b. the attainment of a bachelor's degree; or
c. the attainment of the Dependent maximum age shown in the Schedule of Benefits.

The maximum benefit payable under this provision is shown in the Schedule of Benefits.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

Child Care Benefit

Lincoln will pay a one-time benefit to the Covered Person or beneficiary on behalf of the Covered Person's Dependent children if the Covered Employee or Covered Dependent spouse or Domestic Partner suffers loss of life as a result of an accident provided:

1. the Dependent child meets the definition of Dependent under this policy; and

2. proof is furnished to Lincoln that the child is a Dependent child and is age 7 or under; and

3. the Dependent child is enrolled within 365 days of the Covered Person's death or continues to be enrolled in a legally licensed Child Care Program.

Proof of a Dependent child's enrollment in a Child Care Program may be in the form of, but not limited to, the following:

1. a copy of the Dependent child's approved enrollment application in a Child Care Program; or

2. a canceled check which proves payment for a Child Care Program; or

3. a letter from the Child Care Program stating the Dependent child is attending a Child Care Program or has been enrolled in a Child Care Program and will be attending within 365 days of the date of the Covered Person's death.

The benefit payable is shown in the Schedule of Benefits. The maximum benefit payable under this provision is shown in the Schedule of Benefits.

With respect to this provision, **"Child Care Program"** means a center of child care which:

1. holds a license as a day care center, or is operated by a licensed day care provider, if required; or
2. if licensing is not required, operates primarily for the care of children on a daily basis for 12 months a year; and
3. is operated in a private home, school or other facility; and
4. customarily charges for the care provided.

A Child Care Program does not include a hospital; the Dependent child’s home or care provided during normal school hours while a Dependent child is attending grades one through three.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

Spouse Training Benefit

Lincoln will pay a one-time benefit to a surviving Dependent spouse or Domestic Partner if the Covered Employee suffers loss of life as a result of an accident provided:

1. satisfactory proof is furnished to Lincoln that the Dependent spouse or Domestic Partner meets the definition of Dependent under this policy; and

2. within 365 days after the Covered Employee's death, the surviving Dependent spouse or Domestic Partner is enrolled and attending an accredited institution or trades program for the purpose of obtaining employment or increasing earnings.

The benefit payable is shown in the Schedule of Benefits.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

Coma Benefit

Subject to all terms, conditions, and limitations of the Policy, Lincoln will pay a Coma Benefit if, as a result of an accident, the Covered Employee or Covered Dependent spouse or Domestic Partner becomes Comatose.

For the Coma benefit to be payable:

1. the Covered Employee or Covered Dependent spouse or Domestic Partner must become comatose within a 31 day period from the date of the accident; and

2. remain Comatose for at least 30 days.

The Coma Benefit payable is:

1. 10.00% of the full Accidental Death and Dismemberment benefit amount up to a maximum of $25,000.00; and

2. in addition to the Accidental Death and Dismemberment benefit payable under the policy.

The Coma Benefit will be paid to the Covered Person or the designated beneficiary.

For the purposes of this provision, **"Coma" or "Comatose"** means complete and continuous:

1. unconsciousness; and

2. inability to respond to external or internal stimuli.

Lincoln must be given satisfactory written proof of the Covered Employee's or Covered Dependent spouse's or Domestic Partner's medical condition.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

Rehabilitation Benefit

Subject to all terms, conditions, and limitations of the Policy, Lincoln will pay a one time benefit for reimbursement of Expense Incurred for approved Rehabilitation if, as a result of an accident, the Covered Employee or Covered Dependent spouse or Domestic Partner suffers a loss listed on the Loss Schedule, other than a loss of life. The Rehabilitation Benefit is in addition to the Accidental Death and Dismemberment benefit payable under the terms of the Policy.

The Rehabilitation Benefit payable is the lesser of:

1. Expense Incurred; or

2. 1.00% of the full Accidental Death and Dismemberment benefit amount up to a maximum of $500.00.

With respect to this provision, **"Rehabilitation"** means any training that is:

1. part of an individualized written rehabilitation program; and

2. required, due to the Covered Employee's or Covered Dependent spouse's or Domestic Partner's accident, to prepare the Covered Employee or Covered Dependent spouse or Domestic Partner for an occupation in which they would have not engaged except for the accident; and

3. agreed upon with a rehabilitation counselor certified by the Commission on Rehabilitation Counselor Certification.

With respect to this provision, **"Expense Incurred"** means the actual cost of the:

1. training; and

2. materials needed for the training.

Rehabilitation must occur during the two year period that begins on the date of the Covered Employee's or Covered Dependent spouse's or Domestic Partner's accident.

If the benefits payable under this provision are covered by one or more group insurance contracts in addition to the Lincoln group life insurance contract containing this provision, the benefits payable under this provision shall be secondary to any payments made under such other insurance contracts.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

Adaptive Home or Adaptive Vehicle Benefit

Subject to all terms, conditions, and limitations of the Policy, Lincoln will pay, in addition to the Accidental Death And Dismemberment benefit on the Loss Schedule, a one time benefit for reimbursement of Expense Incurred for either Adaptive Home or Vehicle Modifications if, as the result of an accident, the Covered Employee or Covered Dependent spouse or Domestic Partner suffers a loss listed on the Loss Schedule, other than a loss of life.

For the Home Modification Reimbursement Benefit to be payable, the Home Modifications must be:

1. necessary, due to the accident, to make the Covered Employee or Covered Dependent spouse or Domestic Partner's home accessible; and

2. performed by a licensed contractor, if such a license is required in the state, who is not the Covered Person, any family member, or domestic partner.

For the Vehicle Modification Reimbursement Benefit to be payable, the Vehicle Modifications must be:

1. necessary, due to the accident, to make the Covered Employee or Covered Dependent spouse or Domestic Partner's private automobile accessible for driving or riding by the Covered Employee or Covered Dependent spouse or Domestic Partner.

2. performed by a licensed contractor, if such a license is required in the state, who is not the Covered Person, any family member, or domestic partner.

The Adaptive Home or Vehicle Modification Benefit payable is the lesser of:

1. Expense Incurred; or

2. 10.00% of the full Accidental Death and Dismemberment benefit amount up to a maximum of $25,000.00.

With respect to this provision, **"Expense Incurred"** means the actual cost of the Home or Vehicle Modifications.

The Home or Vehicle Modifications must be made within the two year period that begins on the date of the Covered Employee's or Covered Dependent spouse's or Domestic Partner's accident.

If the benefits payable under this provision are covered by one or more group insurance contracts in addition to the Lincoln group life insurance contract containing this provision, the benefits payable under this provision shall be secondary to any payments made under such other insurance contracts.

WAIVER OF PREMIUM FOR TOTAL DISABILITY

If a Covered Employee becomes Totally Disabled while insured under this policy he may be eligible for continued Life Insurance coverage without premium payment, provided that:

Total Disability Beginning Prior to Age 60. Premium payments will be waived from the first premium due date following the date of the Covered Employee's Total Disability until the date Waiver of Premium terminates provided:

1. he becomes Totally Disabled before age 60;
2. within one year from the date he is no longer in Active Employment Lincoln receives initial Proof that his Total Disability has continued for 180 days (initial Proof); and
3. during the three months before each anniversary of receipt of initial Proof, Lincoln receives Proof of continuation of Total Disability.

In addition, Lincoln, at its own expense, may request the Covered Employee to be examined by a Physician chosen by Lincoln. After the benefit has been continued for two years under this provision, Lincoln will not require an examination more than once a year.

When Proof of Total Disability has been approved, premiums will be waived beginning the later of:

1. the date Lincoln gives approval; or
2. 180 days from the date the Covered Employee is no longer in Active Employment due to Total Disability.

Accidental Death and Dismemberment and Dependent coverage will not be continued during the Covered Employee's period of Total Disability.

The Life Insurance benefit continued under this provision will be the amount in force on the Covered Employee's life under this policy on the date the Covered Employee is no longer in Active Employment due to Total Disability, subject to any reductions provided by any part of this policy. The amount continued will not include any part of the Covered Employee's Life Insurance that he converted to an individual policy unless he was Totally Disabled when he applied to convert and he returns the converted policy to Lincoln without claim other than for a refund of the premiums.

If the Waiver of Premium provision has been denied, the Covered Employee may convert his Life Insurance benefit as provided in the Conversion Privilege.

WAIVER OF PREMIUM FOR TOTAL DISABILITY (Continued)

A Covered Employee's continued Life Insurance coverage under this provision will end on the earliest of the date when:

1. he dies;
2. he recovers and ceases to be Totally Disabled;
3. he returns to Active Employment;
4. he refuses to have an examination by a Physician chosen by Lincoln or fails to give satisfactory Proof of continuation of Total Disability;
5. 90 Days after the date Lincoln mails the Covered Employee a request for additional Proof of loss, Lincoln does not receive such Proof;
6. his individual conversion policy becomes effective, with respect to any amount of insurance converted in accordance with the Conversion Privilege;
7. he reaches age 65;
8. he is at least age 65 and receiving a benefit from a retirement or pension plan; or
9. he is at least age 65 and the Sponsor classifies him as retired.

If continued Life Insurance coverage under this provision ends or reduces, the Covered Employee may convert his Life Insurance benefit as provided in the Conversion Privilege. Dependent coverage may be converted as allowed within this policy.

If the Covered Employee dies within one year from the date he is no longer in Active Employment due to Total Disability, Lincoln will pay the Life Insurance benefit provided satisfactory Proof of continuous Total Disability until death is given to Lincoln within one year after death.

If this policy terminates before the Covered Employee has received approval of waiver of premium, he is eligible to convert to an individual policy until such approval has been received. If this policy terminates after approval for waiver of premium, coverage will continue as if this policy continued to be in force.

Reinstatement of this Waiver of Premium benefit is on the same terms as any benefit under the general Rehire Terms of this Policy. Refer to the Rehire Terms of the Effective Date for Insurance Benefits provision for more information.

With respect to this provision, **"Total Disability" or "Totally Disabled"** means that during the first 24 months of total disability, the Covered Employee, as a result of Injury or Sickness, is unable to perform, with reasonable continuity, the Substantial and Material Duties of his Own Job; and thereafter, he is unable to engage in, with reasonable continuity, the Substantial and Material Duties of Any Job.

"Injury" means bodily impairment resulting directly from an accident.

WAIVER OF PREMIUM FOR TOTAL DISABILITY (Continued)

"Sickness" means disease or illness including related conditions and recurrent symptoms of the sickness. Sickness also includes pregnancy.

With respect to this provision, **"Substantial and Material Duties"** means important tasks, functions, and operations that:

1. are generally required by employers from people engaged in the Covered Employee's Own Job; and
2. cannot reasonably be modified or omitted.

In determining what Substantial and Material Duties are necessary to pursue the Covered Employee's Own Job, Lincoln will first look at the specific duties required by the Sponsor. If the Covered Employee is unable to perform one or more of these duties with reasonable continuity, Lincoln will then determine whether those duties are customarily required of other employees engaged in the Covered Employee's Own Job. If any specific, material duties required of the Covered Employee by the Sponsor differ from the material duties customarily required of other employees engaged in the Covered Employee's Own Job, then Lincoln will not consider those duties in determining what Substantial and Material Duties are necessary to pursue the Covered Employee's Own Job.

With respect to this provision, **"Any Job"** means any job that the Covered Employee could reasonably be expected to perform satisfactorily in light of his age, education, training, or experience, station in life, or physical and mental capacity.

With respect to this provision, **"Own Job"** means the Covered Employee's job when his Total Disability began, and which was his main source of earned income.

EMPLOYEE AND DEPENDENT LIFE INSURANCE COVERAGE

PORTABLE GROUP TERM LIFE INSURANCE

If all of a Covered Employee's coverage ends, he may be eligible to continue all or a part of the amount that ends, less any amount converted to an individual policy as provided in the Conversion Privilege and subject to any minimum and maximum amounts specified in this provision, as portable group term Life Insurance. The coverage must end because the Covered Employee is no longer in an eligible class or is no longer in Active Employment, other than by retirement, as determined in the Sponsor's records. Portable group term Life Insurance is not available if coverage ends because this policy terminates.

If a Covered Employee is eligible for portable group term Life Insurance, he may also elect portable group term Life Insurance on his Covered Dependent spouse or Domestic Partner whose coverage under this policy also ends when the Covered Employee's coverage ends.

A Covered Employee and Covered Dependent spouse or Domestic Partner is eligible for portable group term Life Insurance if:

1. he is under age 70;
2. he is a citizen of the United States or Canada;
3. he is not a full-time member of the armed forces of any country; and
4. no group Life Insurance under this policy will be continued on a premium paying or waiver of premium basis.

To apply for portable group term Life Insurance, a Covered Employee must, within 31 days of the date a Covered Employee ceases to be eligible for coverage under this policy:

1. complete the application for portable group term Life Insurance; and
2. send the application, along with the first premium payment, to Lincoln at the address shown on the application.

If a Covered Employee and Covered Dependent spouse or Domestic Partner is applying for coverage and is not required to provide Evidence of Insurability, his portable group term Life Insurance will be effective at 12:01 A.M. Standard Time on the day after coverage under this policy ends.

EMPLOYEE AND DEPENDENT LIFE INSURANCE COVERAGE
(Continued)

PORTABLE GROUP TERM LIFE INSURANCE (Continued)

Portable group term Life Insurance will contain only term Life Insurance. It will be issued without Evidence of Insurability. The plan available will be one then being offered by Lincoln as portable group term Life Insurance. The premium due will be based on Lincoln's then current rate for such plans that apply to the Covered Employee and Covered Dependent spouse or Domestic Partner class of risk and age at birthday nearest to the effective date of portable group term Life Insurance.

The amount of portable group term Life Insurance a Covered Employee may apply for is subject to the following limits:

1. the maximum amount is equal to the lesser of:

    a. the amount of insurance that terminated under this policy; or
    b. $500,000.00.

2. the minimum amount on a former Covered Person is $10,000.00.

The amount of portable group term Life Insurance a Covered Dependent spouse or Domestic Partner may apply for is subject to the following limits:

1. the maximum amount is equal to the lesser of:

    a. the amount of insurance that terminated under this policy; or
    b. $250,000.00.

2. the minimum amount on a former Covered Person is $10,000.00.

This amount is subject to any reductions due to age that may be contained in the portable group term Life Insurance policy. The amount of portable group term Life Insurance may be decreased at any time. However, once elected, the amount of portable group term Life Insurance may not be increased.

SECTION 5 - EXCLUSIONS

LIFE INSURANCE EXCLUSIONS

This policy has no applicable exclusions.

SECTION 5 - EXCLUSIONS
(Continued)

ACCIDENTAL DEATH AND DISMEMBERMENT EXCLUSIONS

No benefits are payable for any loss that is contributed to or caused by:

1. war, declared or undeclared, or any act of war;

2. intentionally self-inflicted injuries, while sane or insane;

3. suicide, or suicide attempt, while sane or insane;

4. active Participation in a Riot;

5. committing or attempting to commit a felony or misdemeanor;

6. disease, bodily or mental illness (or medical or surgical treatment thereof);

7. infections, except septic infections of and through a visible wound;

8. controlled substances (as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and all amendments) that are voluntarily taken, ingested or injected, unless as prescribed or administered by a Physician;

9. serving full-time active duty in the Armed Forces of any country or international authority;

10. boarding, leaving or being in or on any kind of aircraft. However, this exclusion will not apply if the Covered Person is a fare paying passenger on a commercial aircraft or traveling as a passenger in any aircraft that is owned or leased by or on behalf of the Sponsor; or

11. the presence of alcohol in the Covered Person's blood which raises a presumption that the Covered Person was under the influence of alcohol and contributed to the cause of the accident. The blood alcohol level is governed by the jurisdiction of the state in which the accident occurred; or

12. hazardous sports, including but not limited to, motor sports (land or water), mountain climbing, skydiving, parachuting, bungee jumping, hang gliding and scuba diving

No benefit will be payable for any loss suffered as a result of Accidental Injury during any period of incarceration.

With respect to this provision, **"Participation"** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the Covered Person, if such actions of defense are not taken against persons seeking to maintain or restore law and order including, but not limited to police officers and fire fighters.

With respect to this provision, **"Riot"** shall include all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

SECTION 6 - TERMINATION PROVISIONS

Termination of a Covered Person's Insurance

A Covered Person will cease to be insured on the earliest of the following dates:

1. the date this policy terminates, but without prejudice to any claim originating prior to the time of termination;

2. the date the Covered Employee is no longer in an eligible class;

3. the date the Covered Employee's class is no longer included for insurance;

4. the last day for which any required Employee contribution has been made;

5. the date employment (status as an active Employee) or eligibility ends for any reason; or

6. the date the Covered Employee ceases to be in Active Employment due to a labor dispute, including any strike, work slowdown, or lockout.

Lincoln reserves the right to review and terminate all classes insured under this policy if any class(es) cease(s) to be covered.

SECTION 6 - TERMINATION PROVISIONS
(Continued)

Policy Termination

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

2. If the Sponsor fails to pay any premium within the grace period, this policy will terminate at 12:00 midnight Standard Time on the last day of the grace period. The Sponsor may terminate this policy by advance written notice delivered to Lincoln at least 31 days prior to the termination date. This policy will not terminate during any period for which premium has been paid. The Sponsor will be liable to Lincoln for all premiums due and unpaid for the full period for which this policy is in force.

3. Lincoln may terminate this policy on any premium due date by giving written notice to the Sponsor at least 31 days in advance if:

   a. the number of Employees insured is fewer than 10; or

   b. less than 100% of the Employees eligible for any non-contributory insurance are insured for it; or
   c. less than 25.00% of the Employees eligible for any contributory optional insurance are insured for it; or
   d. the Sponsor fails:

      i. to furnish promptly any information which Lincoln may reasonably require; or
      ii. to perform any other obligations pertaining to this policy.

4. Lincoln may terminate this policy or any coverage(s) afforded hereunder and for any class of Covered Employees on any premium due date after it has been in force for 12 months. Lincoln will provide written notice of such termination to the Sponsor at least 31 days before the termination is effective.

5. Termination may take effect on an earlier date if agreed to by the Sponsor and Lincoln.

SECTION 7 - GENERAL PROVISIONS

Appeal Process

Lincoln will notify in writing any Covered Person or beneficiary whose claim is denied in whole or part. That written notice will explain the reasons for denial. If the claimant does not agree with the reasons given, he may request an appeal of the claim. To do so, the claimant should write to Lincoln within 60 days after the notice of denial was received. The claimant should state why he believes the claim was improperly denied. Any data, questions or comments that the claimant thinks are appropriate should be included. Unless Lincoln requests additional material in a timely fashion, the claimant will be advised of Lincoln's decision within 60 days after his or her letter is received.

Assignment

The coverage under this policy is not assignable by the Sponsor without Lincoln's written consent. A Covered Employee may assign all of his present and future right, title, interest, and incidents of ownership of:

1. any Life Insurance;
2. any disability provision of Life Insurance; and
3. any Accidental Death and Dismemberment Insurance under this policy.

Such assignment will include, but is not limited to, the rights:

1. to make any contribution required to keep the coverage in force;
2. to exercise any conversion privilege; and
3. to change the beneficiary.

Beneficiary

Each Covered Employee must name a beneficiary to whom the insurance benefits under this policy are payable. If more than one beneficiary is named and if their interests are not specified, any surviving Beneficiaries will share equally. For any Dependent Life Insurance, the Covered Employee is automatically designated as the beneficiary.

If, at the death of a Covered Employee, there is no named or surviving beneficiary, Lincoln will pay the benefits to the executor or administrator of the Covered Employee's estate. Lincoln may, at its option, pay the benefits to a surviving relative in the following order: spouse, child, parent, sibling. Such payment will release Lincoln of all further liability to the extent of payment.

A Covered Employee may change his beneficiary at any time by written request. Lincoln or the Sponsor will provide a form for that purpose. Any change of beneficiary will take effect when the Sponsor receives the written request whether or not the Covered Employee is alive at that time. Such change will relate back to the date of the request. Any change of beneficiary will not apply to any payment made before the request was received by the Sponsor.

Conformity with State Statutes

Any provision of this policy which, on its effective date, is in conflict with the statutes of the governing jurisdiction of this policy is hereby amended to conform to the minimum requirements of such statute.

SECTION 7 - GENERAL PROVISIONS
(Continued)

Employee's Certificate

Lincoln will provide a Certificate to the Sponsor for delivery to Covered Employees. It will state:

1. the name of the insurance company and the policy number;
2. a description of the insurance provided;
3. the method used to determine the amount of benefits;
4. to whom benefits are payable;
5. limitations or reductions that may apply;
6. the circumstances under which insurance terminates; and
7. the rights of the Covered Person upon termination of this policy.

If the terms of a Certificate and this policy differ, this policy will govern.

Entire Contract - Policy Changes

1. This policy is the entire contract. It consists of:

   a. all of the pages;
   b. the attached signed Application of the Sponsor; and
   c. if contributory each Employee's signed application for insurance.

2. This policy may be changed in whole or in part. Only an officer of Lincoln can approve a change to the policy. The approval must be in writing and endorsed on or attached to this policy.

3. No other person, including an agent, may change this policy or waive any part of it.

Examination

Lincoln, at its own expense, has the right and opportunity to have a Covered Person, whose Injury or Sickness is the basis of a claim, examined or evaluated at reasonable intervals deemed necessary by Lincoln. This right may be used as often as reasonably required. Lincoln may also require an autopsy unless prohibited by law.

Facility of Payment

If a beneficiary or Covered Person is a minor or is physically or mentally incapable of giving a valid release for payment, Lincoln, at its option, may make payment not to exceed $2,000.00 to a party who appears to have assumed responsibility for the care and support of such person. Lincoln will only make such payment until claim is made by a guardian of the estate of the beneficiary or the Covered Person. Such payment will release Lincoln of all further liability to the extent of payment.

SECTION 7 - GENERAL PROVISIONS
(Continued)

Furnishing of Information - Access to Records

1. The Sponsor will furnish at regular intervals to Lincoln:

   a. information relative to Employees:

      i. who qualify to become insured;
      ii. whose amounts of insurance change; and/or
      iii. whose insurance terminates.

   b. any other information about this policy that may be reasonably required.

   The Sponsor's records which, in the opinion of Lincoln, have a bearing on the insurance will be opened for inspection at any reasonable time.

2. Clerical error or omission will not deprive an Employee of insurance.

Incontestability

This policy will not be contested, except for nonpayment of premium, after it has been in force for two years from the date of issue. The coverage of any Covered Person shall not be contested, except for nonpayment of premium, on the basis of a statement made relating to insurability of the Covered Person after such coverage has been in force for two years during the Covered Person's lifetime.

In the absence of fraud, any statements in any application will be deemed representations and not warranties. No representation made by:

1. the Sponsor in applying for this policy will make it void unless the representation is contained in the Sponsor's signed Application; or

2. any Covered Person in enrolling for insurance under this policy will be used to reduce or deny a claim unless the representation is contained in an application signed by him and such application is given to him or his beneficiary.

Legal Proceedings

A claimant or the claimant's authorized representative cannot start any legal action:

1. until 60 days after Proof of claim has been given; or

2. more than one year after the time Proof of claim is required.

Legal actions are contingent upon first having followed the Claims and Appeals procedure outlined in this policy.

SECTION 7 - GENERAL PROVISIONS
(Continued)

Misstatement of Age

If a Covered Person's age has been misstated, an equitable adjustment will be made in the premium. If the amount of the benefit is dependent upon the Covered Person's age, the amount of the benefit will be the amount the Covered Person would have been entitled to if his correct age were known.

A refund of premium will not be made for a period more than 12 months before the date Lincoln is advised of the error.

Notice and Proof of Claim

1. **Notice**
   a. Notice of claim must be given to Lincoln at its Administrative Office, or provided to one of Lincoln's authorized agents, within 30 days of the date of the loss on which the claim is based. If that is not possible, Lincoln must be notified as soon as it is reasonably possible to do so. Such notice of claim must be received in a form or format satisfactory to Lincoln.

   b. When written notice of claim is applicable and has been received by Lincoln, the Covered Person will be sent claim forms. If the forms are not received within 15 days after written notice of claim is sent, the Covered Person can send to Lincoln written Proof of claim without waiting for the forms.

Lincoln's Group insurance Service Office is at the following address:

The Lincoln National Life Insurance Company
100 Liberty Way
Dover, NH-03820
Toll Free: (800) 423-2765
email.address@llacb.com

2. **Proof**
   a. Satisfactory Proof of loss must be given to Lincoln no later than 30 days after the date of loss.

   b. Failure to furnish such Proof within such time shall not invalidate or reduce any claim if it was not reasonably possible to furnish such Proof within such time. Such Proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one year from the time Proof is otherwise required.

Optional Methods of Settlement

Benefits are usually payable in one sum. However, the Covered Person may elect in writing to have the proceeds paid through an installment program offered by Lincoln. If the Covered Person makes no such election, his beneficiary may do so at the Covered Person's death.

Any installments remaining after the death of the payee will be paid as directed in the election of this option. Such direction is subject to the approval of Lincoln.

SECTION 7 - GENERAL PROVISIONS
(Continued)

Lincoln Security Account

If the benefits to be paid total more than $10,000, a beneficiary may elect to have the proceeds deposited into a Lincoln Security Account. The Lincoln Security Account is an interest-bearing checking account that is fully guaranteed by Lincoln, and the beneficiary may draw on the entire sum of the proceeds at any time. If the Lincoln Security Account is not elected, benefits may be paid in one sum.

Payment of Benefits

All benefits are payable when Lincoln receives written satisfactory Proof of loss. Benefits for loss of life of the Covered Employee are paid to the beneficiary. Benefits for loss of life of the Covered Dependent are paid to the Covered Employee. Benefits for other losses are paid to the Covered Employee.

Right of Recovery

Lincoln has the right to recover any overpayment of benefits caused by, but not limited to, the following:

1. fraud;
2. any error made by Lincoln in processing a claim; or
3. any error made in the eligibility or administration of this policy by the Sponsor.

Lincoln may recover an overpayment by, but not limited to, the following:

1. requesting a lump sum payment of the overpaid amount;
2. reducing any benefits payable under this policy; or
3. taking any appropriate collection activity available including any legal action needed.

It is required that full reimbursement be made to Lincoln.

Workers' Compensation

This Policy and the coverages provided are not in lieu of, nor will they affect any requirements for coverage under any Workers' Compensation Law or other similar law.

SECTION 8 - PREMIUMS

Premium Rates

Lincoln has set the premiums that apply to the coverage(s) provided under this policy. Those premiums are shown in a notice given to the Sponsor with or prior to delivery of this policy.

A change in the initial premium rate(s) will not take effect within the first 36 months except that Lincoln may change premium rates at any time for reasons which affect the risk assumed, including those reasons shown below:

1. a change occurs in the policy design;

2. a division, subsidiary or Associated Company is added to or deleted from this policy;

3. when the number of Covered Persons changes by 15.00% or more from the number insured on this policy's effective date; or

4. a change in existing law which affects this policy.

Lincoln may, upon notice to the Sponsor, set new premium rates to become effective on or at any time after the first anniversary date of this policy. However, no premium may be changed unless Lincoln notifies the Sponsor at least 31 days in advance. Premium changes may take effect on an earlier date when both Lincoln and the Sponsor agree.

Payment of Premiums

1. All premiums due under this policy, including adjustments, if any, are payable by the Sponsor on or before their due dates at Lincoln's Administrative Office, or to Lincoln's agent. The due dates are specified on the first page of this policy.

2. All payments made to or by Lincoln shall be in United States dollars.

3. If premiums are payable on a monthly basis, premiums for additional or increased insurance becoming effective during a policy month will be charged from the next premium due date.

4. The premium charge for insurance terminated during a policy month will cease at the end of the policy month in which such insurance terminates. This manner of charging premium is for accounting purposes only. It will not extend insurance coverage beyond a date it would have otherwise terminated as shown in the "Termination of a Covered Person's Insurance" provision of this policy.

5. If premiums are payable on other than a monthly basis, premiums for additional, increased, reduced or terminated insurance will cause a prorated adjustment on the next premium due date.

6. Except for fraud and premium adjustments, refunds of premiums or charges will be made only for:

   a. the current policy year; and
   b. the immediately preceding policy year.

SECTION 8 - PREMIUMS
(Continued)

Grace Period

A grace period of 60 days will be allowed for the payment of premium after a premium due date other than the first. No interest will be charged. During this period this policy will continue in force. But, if the Sponsor gives Lincoln written notice to terminate the policy on an earlier date, then this policy will end on such earlier date. The Sponsor must pay the pro rata premium for the time the policy was in force during the grace period.

NOTICE REGARDING POLICYHOLDER INQUIRY PROCEDURES

For inquiries, information about coverage or assistance in resolving complaints you may contact The Lincoln National Life Insurance Company at:

1-800-344-0197

Written inquiries should be directed to:

Presidential Service Team
The Lincoln National Life Insurance Company
100 Liberty Way, Suite 100
Dover, New Hampshire 03820-4695

For policies issued or delivered by authorized representatives or agents of The Lincoln National Life Insurance Company, you should contact that representative or agent directly for assistance.

The California Department of Insurance may be contacted only after discussions with The Lincoln National Life Insurance Company, or its agents or other representatives, or both, have failed to produce a satisfactory resolution to the problem. You may contact the department at:

1-800-927-4357 or 213-897-8921.

Written inquiries should be directed to:

Department of Insurance
Consumer Communications Bureau
300 South Spring Street-South Tower
Los Angeles, California 90013

Officer of the Company

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
(Lincoln)

AMENDATORY RIDER

to be attached to and made a part of
Group Policy No. SA3-860-038492-02

Synopsys, Inc.
(Sponsor)

Effective date of this Rider: January 1, 2012

This rider amends the Domestic Partner definition of the above-captioned policy:

SECTION 2 - DEFINITIONS

"Domestic Partner" means an unmarried person of the same or opposite sex with whom the Covered Employee shares a committed relationship, is jointly responsible for the other's welfare and financial obligations, at least 18 years of age and mentally competent to consent to a contract, not related by blood to a degree that could prohibit legal marriage in the state where legally residing, maintains the same residence(s) and is not married to or legally separated from anyone else.

In all other respects, the policy remains the same.

Signed at Lincoln's Home Office, 1301 S. Harrison Street, Fort Wayne, IN 46802-3425

Officer of the Company

GLP-RID-0001.26

AMENDMENT NO. 1

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
The Evidence of Insurability requirements changed under the Employee Optional Annual Enrollment and Employee Optional Family Status Change.	Form GLP-SCH-5 R (1)	Form GLP-SCH-5

The effective date of this change is January 1, 2012.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 25th day of April, 2012.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company

AMENDMENT NO. 2

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
The full-time student status requirement was removed.	Form GLP-SCH-2 R (1) Form GLP-SCH-3 R (1)	Form GLP-SCH-2 Form GLP-SCH-3

The effective date of this change is January 1, 2012.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 11th day of June, 2012.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company

AMENDMENT NO. 3

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
A note was added under the Reduction Formula in Section 1 advising that it does not apply to Dependent Optional or Optional Dependent Accidental Death and Dismemberment Insurance.	Form GLP-SCH-4.4 R (1)	Form GLP-SCH-4.4

The effective date of this change is January 1, 2012.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 2nd day of October, 2012.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company

AMENDMENT NO. 4

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
Changing Portability amount from $250,000 to $500,000 effective 10/2/2014.	Form GLP PTL-2 R(1)	Form GLP PTL-2

The effective date of this change is October 2, 2014.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 20th day of October, 2014.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company

AMENDMENT NO. 5

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
Revised the definition of dependent Child and removed legally separated spouse from the dependent definition.	Form GLP-DEF-2 R(1)	Form GLP-DEF-2

The effective date of this change is July 15, 2015.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 11th day of August, 2015.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company

AMENDMENT NO. 6

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
Added basic life class 2	Form GLP SCH-1 R (1) Form GLP SCH-2.10 R (2)	Form GLP SCH-1 Form GLP SCH-2.10 R (1)

The effective date of this change is September 1, 2016.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 30th day of August, 2016.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company

AMENDMENT NO. 7

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
Update to the Optional Dependent Spouse maximum	Form GLP SCH-2.10 R (3)	Form GLP SCH-2.10 R (2)

The effective date of this change is September 1, 2016.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 26th day of September, 2016.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company

AMENDMENT NO. 8

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
Revised Classification of Covered Employees for Class 1 in Section 1, added Employee and Dependent Optional Life and Optional Accidental Death Dismemberment Insurance for Class 2 in Section 1	Form GLP SCH-1 R (2) Form GLP SCH-2.10 R (4) Form GLP SCH-3 R (2)	Form GLP SCH-1 R (1) Form GLP SCH-2.10 R (3) Form GLP SCH-3 R (1)

The effective date of this change is December 1, 2022.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 3rd day of March, 2023.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company

AMENDMENT NO. 9

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
Revised Classification of Covered Employees for Classes 1 and 2 in Section 1, revised Active Employment in Section 2	Form GLP SCH-1 R (3) Form GLP DEF-1.1 R (1)	Form GLP SCH-1 R (2) Form GLP DEF-1.1

The effective date of this change is January 1, 2023.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 10th day of March, 2023.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company

AMENDMENT NO. 10

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
Revising the Amount of Insurance for Employee Optional Life and Dependent Optional Child Life, revising Accelerated Death Benefit for Employee Basic and Optional Life Insurance	Form GLP-SCH-2.10 R (5) Form GLP-LIF-2.16 R (1)	Form GLP-SCH-2.10 R (4) Form GLP-LIF-2.16

The effective date of this change is January 1, 2025.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 24th day of March, 2025.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company

AMENDMENT NO. 11

It is agreed the following changes are hereby made to this policy: SA3-860-038492-02

Changes	Additions	Deletions
Revised the Grace Period to 60 days to align with recent California Supreme Court case ruling in McHugh v. Protective Life	Form GLP-PRE-2 R (1)	Form GLP-PRE-2

The effective date of this change is October 1, 2024.

This policy's terms and provisions will apply other than as stated in this amendment.

Dated this 1st day of July, 2025.

Issued to and Accepted by:

Synopsys, Inc.
Sponsor

By _____
Signature and Title of Officer

The Lincoln National Life Insurance Company

By _____
Officer of the Company