

UnitedHealthcare Insurance Company
185 Asylum Street
Hartford, Connecticut
(Home Office)

Policyholder: ABC Imaging of Washington, Inc.

Policy Number: 304398

Effective Date: December 1, 2015

Premium Due Date: December 1 and the first day of each month thereafter

Policy Anniversaries will be each December 1

We, UnitedHealthcare Insurance Company, agree to provide, for eligible persons becoming insured under the Policy, the benefits according to the terms, provisions and limitations of it. The following pages, including any riders, endorsements or amendments, are part of the Policy.

The Policy is issued in consideration of the Policyholder's application, a copy of which is attached.

The Policy becomes effective at 12:01 A.M. Eastern Standard time on the Effective Date shown above. The Policy will continue in force by the payment of premiums when due. The Policy is subject to termination according to its terms.

Read the Policy Carefully

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

The Policy is issued in and governed by the laws of the State in which it is delivered.

We have, by its President and Secretary, executed the Policy at Hartford, Connecticut. If the Policyholder or the Covered Person have questions, need information about their insurance, or need assistance in resolving complaints, call 1-866-615-8727.



Secretary



President

**Group Life, Accidental Death and
Dismemberment, Working Returns
Short Term Disability and Working Returns
Long Term Disability Insurance Policy
Non-Participating**

Administrative Office:
9900 Bren Road East
Minnetonka, MN 55343

POLICY GENERAL PROVISIONS

Certificates: The Policyholder will be furnished with a Certificate for delivery to each Covered Person. The Certificate(s) describe the benefits, terms, conditions, limitations and exclusions provided by the Policy. If there is a conflict between the Policy and the Certificate, the Policy will control.

Conformity With State or Federal Statutes: If any provision of the Policy conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

Entire Group Contract: The entire Group Contract between the Policyholder and Us consists of the Policy, Certificate(s), amendment(s) and the Policyholder's application (a copy of which is attached). All Certificate(s), riders, endorsements and any amendments are listed on the Policy Contents page.

All statements made by the Policyholder and by any Covered Person are representations and not warranties. No statement made by the Covered Person will be used to contest the insurance provided by the Policy, unless:

1. it is contained in a written statement signed by the Covered Person; and
2. a copy of the statement is furnished to the Covered Person, his beneficiary, or his personal representative.

Only We may change the Policy or extend the time for payment of any premium. No change will be valid unless made in writing and signed by Us. Any change so made will be binding on all persons referred to in the Policy. No agent has the authority to change the Policy or waive any of the provisions. For purposes of the Policy, the Policyholder acts on its own behalf, or as the Covered Person's agent. The Policyholder is not an agent of Ours.

Nonparticipation: The Policy will not be entitled to share in Our surplus earnings.

Information To Be Furnished: The Policyholder may be required to furnish any information needed to administer the Policy. Clerical error by the Policyholder will not:

1. affect the amount of insurance which would otherwise be in effect; or
2. continue insurance which otherwise would be terminated; or
3. result in the payment of benefits not otherwise payable.

Once an error is discovered, an equitable adjustment in premium will be made. If the premium adjustment involves the return of unearned premium, the amount of the return will be limited to the 12-month period, which precedes the date We receive proof such an adjustment should be made. We may inspect any of the Policyholder's records which relate to the Policy.

We will, upon request, provide a complete record of the Policyholder's claims experience incurred under the Policy since the last Policy Anniversary. This record shall be made available to the Policyholder not less than 30 days prior to the date upon which the premiums or terms of the Policy may be amended.

Payment of Premiums: No insurance provided by the Policy will be in effect until the first premium for such insurance is paid. For insurance to remain in effect, each subsequent premium must be paid on or before its due date. The Policyholder is responsible for paying all premiums as they become due. Premiums are payable on or before their due dates at Our Home Office. A Grace Period of 45 days from the Premium Due Date will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will remain in effect provided the premium is paid before the end of the Grace Period. Payment of Premium for a period before it is due will not guarantee that the insurance will remain in effect for that period.

POLICY GENERAL PROVISIONS (continued)

Premium Rate Change: We have the right to change premium rates as of any Premium Due Date but not more than once in any 12-month period.. We will notify the Policyholder in writing at least 60 days prior to the change in rates.

The premium rate may change prior to this time however, for reasons that affect the insured risk, which include:

1. a change occurs in benefits;
2. a division, subsidiary, or affiliated company is added or deleted;
3. the number of Employees insured changes by 10% or more;
4. a new Law or a change in any existing Law is enacted which applies to the Policy.

A change may take effect on an earlier date if both the Policyholder and We agree to it. Except in the case of fraud, premium adjustments, refunds or charges will be made for only the current Policy year.

Records: The Policyholder must furnish all information required by Us to:

1. compute premiums; and
2. maintain necessary administrative records.

Records of the Policyholder, which have a bearing on insurance, will be available for inspection by Us at any reasonable time.

Termination of the Policy: The Policy may be canceled by either the Policyholder or Us.

1. The Policy will be cancelled if any of the following occurs:
 - a. the Policyholder does not provide Us with information that We need to administer the Policy;
 - b. the Policyholder fails to perform any of its obligations that relate to the Policy;
 - c. the date the number of Covered Persons decreases to less than 2;
 - d. the Policyholder fails to pay premium within the Grace Period.
2. We may cancel or offer to modify the Policy if any of the following occurs:
 - a. less than 75% of all eligible Employees are participating, if the Employer contributes partially towards the cost of insurance;
 - b. less than 100% of all eligible Employees are participating, if the Employer contributes in whole towards the cost of insurance;

The Termination of an Insurance Option under the Policy: We may cancel or modify any Insurance Option if the number of Employees insured falls below the greater of:

1. 10 Covered Persons; or
2. 10% of all eligible Employees.

The Policyholder must pay Us all premium due for the full period the Policy is in effect. We reserve the right to review and terminate all classes insured under the Policy, if any class(es) cease(s) to be insured.

POLICY CONTENTS

All of the provisions in the Certificate(s) of Coverage, riders, endorsements and any amendments issued for the Policyholder shown below are included and made part of this Policy.

DOCUMENTS	DESCRIPTION	EFFECTIVE DATE
Group Life, Accidental Death and Dismemberment, Short Term Disability and Long Term Disability Certificate Of Coverage – Class 1	All full-time Directors	December 1, 2015
Group Life, Accidental Death and Dismemberment, Short Term Disability and Long Term Disability Certificate Of Coverage – Class 2	All other full-time Employees excluding Directors and Texas Employees	December 1, 2015
Group Life, Accidental Death and Dismemberment, Short Term Disability and Long Term Disability Certificate Of Coverage – Class 3	All other full-time Texas Employees excluding Directors	December 1, 2015
Group Supplemental Life, Accidental Death and Dismemberment Certificate Of Coverage	All full-time Employees	December 1, 2015
Policy Modifications Rider	Rate Guarantee	December 1, 2015