

Massachusetts Mutual Life Insurance Company

1295 State Street
Springfield, Massachusetts 01111-0001

Group Whole Life Insurance Policy

GROUP POLICYHOLDER	Pittsylvania County Government
ADDRESS	PO Box 426, Chatham, VA
POLICY NUMBER	76109WL
EFFECTIVE DATE	October 1, 2022
STATE OF ISSUE	VIRGINIA

Massachusetts Mutual Life Insurance Company agrees to pay the benefits described in this Group Policy, subject to all terms, conditions, and limitations. This Group Policy provides whole life insurance to eligible Employees of the Group Policyholder. In this Group Policy, the words "we," "us," and "our" refer to Massachusetts Mutual Life Insurance Company.

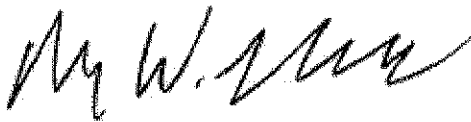
By our acceptance of the first premium paid by the Group Policyholder ("you," "your," and "yours") and by your receipt of this Group Policy, you agree:

- To be bound by the terms of this Group Policy; and
- To pay all premiums to us according to the terms of this Group Policy.

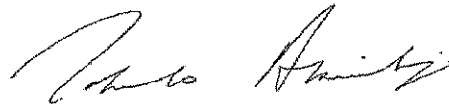
This Group Policy is subject to the laws of the governing jurisdiction in which it is issued.

Signed for Massachusetts Mutual Life Insurance Company.

Sincerely yours,



PRESIDENT



SECRETARY

Group Whole Life Insurance Policy
Premiums Payable Until Age 95
Participating – Annual Dividends May Be Paid

Table of Contents

DEFINITIONS.....	1
GENERAL PROVISIONS.....	2
Entire Contract.....	2
Right to Contest.....	2
Interim Insurance.....	2
Premiums and Lapse.....	2
GROUP POLICYHOLDER REQUIREMENTS.....	3
Group Policyholder Obligations.....	3
Inspection of Group Policy.....	3
Delivery of Certificates.....	3
GROUP POLICY CHANGES, TERMINATION, AND REINSTATEMENT.....	3
Who May Change this Group Policy.....	3
When Group Policy Changes are Effective.....	3
Termination of the Group Policy.....	3
Continuation of Insurance Coverage.....	4
When Group Policy May Be Reinstated.....	4
CERTIFICATE PROVISIONS MADE A PART OF THIS GROUP POLICY.....	4

DEFINITIONS

Amendment, Endorsement, or Rider – Any form issued by us which adds, modifies, changes, or deletes any Group Policy or Certificate provision or benefit.

Application – The form completed and signed by the Group Policyholder to apply for the Group Policy.

Certificate - The document issued to each Certificateowner that describes the life insurance coverage under this Group Policy.

Certificate Application – The form completed and signed by the proposed Certificateowner and/or Insured to apply for this life insurance coverage.

Certificateowner - The person who owns a Certificate, as shown in our records.

Death Benefit - The amount of money we will pay when we receive due proof at our Administrative Office that the Insured died while the Certificate was in force, as described in more detail in the Certificate.

Effective Date - The date this Group Policy begins as shown on the cover page.

Eligible Person – The following individuals are eligible for coverage provided they are included in the eligible class as shown on the Application: the Employee, Spouse, dependent child, or dependent grandchild.

Employee – References to Employee include: employees, members, partners, or directors of the Group Policyholder who are included in the eligible class as shown on the Application.

Group Policy – The document issued to the Group Policyholder.

Group Policyholder, you, your, and yours – The entity shown on the front cover of this Group Policy.

Insured –The person covered for life insurance under the terms of the Certificate.

Issue Age - The age of the Insured on the Certificate Date as shown on the Certificate Specifications.

Spouse – References to a Spouse include civil union or domestic partners if recognized under applicable state law.

Massachusetts Mutual Life Insurance Company, the Company, we, us, or our – The Insurer that issues this Certificate and pays the benefits upon a claim.

GENERAL PROVISIONS

Entire Contract

The Group Policy is a legal contract between the Group Policyholder and us. The entire contract consists of:

- This Group Policy, the Certificate and the Application for the Group Policy; and
- Any attached Rider(s), Endorsement(s) or Amendment(s).

A copy of the Application is attached to the Group Policy.

Right to Contest

We will rely on any statements made in the Application for the Group Policy. Such statements are considered to be representations and not warranties. We will not use any statement made in the Application for the Group Policy to contest the validity of the Group Policy after the Group Policy has been in force for two years from its Effective Date. No written statement made by any Insured shall be used in any contest unless a copy of the statement has been furnished to the person, his beneficiary, or his personal representative.

Interim Insurance

Upon our receipt of a Certificate Application in good order, we will provide interim insurance coverage for the proposed Insured in the amount applied for, without our collecting a premium, subject to the following requirements:

- We have an agreement in writing to pay the required premiums, and
- We determine that the proposed Insured has met all eligibility and underwriting requirements for the amount applied for. However, we will provide a lower amount of coverage if the proposed Insured would have only been approved for such amount.

If a Death Benefit becomes due during the interim coverage period, the Death Benefit payable will be reduced by one month's premium. Interim insurance remains in effect until the earlier of (a) the Certificate Date or (b) the 90th day after the date the Certificate Application is received by us in good order.

Premiums and Lapse

Premiums are due and payable for any Certificateowner as set forth in the Certificate. Premiums may be paid by payroll deduction, pre-authorized check/Automated Clearing House (ACH) or check. If premiums are not paid for a Certificateowner by the end of the Grace Period as described in the Certificate, coverage under the Certificate will lapse, and the lapse provisions described in the Certificate will apply.

GROUP POLICYHOLDER REQUIREMENTS

Group Policyholder Obligations

Group Policyholder obligations include, but are not limited to, the following:

- Provide us with any and all information we determine to be necessary for the enrollment of your Employees, their Spouses and dependent children (and grandchildren) for the determination of their eligibility.
- Provide us with all data necessary to generally administer this Group Policy.
- Cooperate fully with us in preparing and/or delivering any communications and/or notices to your Employees regarding this insurance. Honor any payroll deduction or list bill authorization forms signed by your Employees, and pay the premiums to us when due.
- Maintain records of all premiums deducted for your Employees while this Group Policy is in force and for two years following the termination date. You must allow us the opportunity to examine these records at any reasonable time during normal business hours.

Inspection of Group Policy

You must make this Group Policy available for inspection by your Employees at all reasonable times during normal business hours.

Delivery of Certificates

We will send Certificates directly to the Certificateowners.

GROUP POLICY CHANGES, TERMINATION, AND REINSTATEMENT

Who May Change this Group Policy

The terms of this Group Policy may be changed at any time by written agreement between you and us. Only our Secretary or Assistant Secretary may make any changes to this Group Policy. No agent or Group Policyholder has authority to change this Group Policy or to waive any of its provisions. All changes are subject to the laws of the governing jurisdiction.

When Group Policy Changes are Effective

Unless agreed otherwise in writing, the Effective Date of any change in benefits will be the first day of the calendar month that next follows the date we send notice to you of the change in benefits.

Termination of the Group Policy

This Group Policy will terminate at the earliest of the following events:

- The Group Policyholder gives us 60 days advance written notice requesting that the Group Policy be terminated;
- We give the Group Policyholder 60 days advance written notice of our intent to terminate the Group Policy;
- We give the Group Policyholder 31 days advance written notice of our intent to terminate the Group Policy for your failure to comply with any terms of the Group Policy, or failure to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance; or
- The date the insurance coverage ends for the last remaining Insured under this Group Policy.

If the Group Policy is terminated by us or the Group Policyholder, the party who initiated the termination will send a notice of such termination to each Certificateowner of record, at the Certificateowner's last known address.

No additional persons will be accepted for insurance after the date of termination.

Continuation of Insurance Coverage

You are required to give each Insured a notice of the right to continue coverage after an Insured ceases to be eligible for coverage under this Group Policy. Details are described in the Portability Option section of the Certificate.

When Group Policy May Be Reinstated

At our sole discretion, we may reinstate the Group Policy which has terminated if requested to do so by the Group Policyholder.

CERTIFICATE PROVISIONS MADE A PART OF THIS GROUP POLICY

The remainder of this Group Policy consists of the provisions that appear in the Certificate (including any Amendments, Endorsements, or Riders) that describe the insurance made available to your Employees (and their Spouse, dependent child or grandchild, if applicable) under this Group Policy.

**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
GROUP WHOLE LIFE INSURANCE CERTIFICATE CHRONIC CARE ENDORSEMENT
ACCELERATED DEATH BENEFIT FOR CHRONIC ILLNESS**

This endorsement to the Group Whole Life Insurance Certificate shall remain in effect while the Certificate is in full force.

Subject to the provisions of this endorsement, upon Written Request of the Certificateowner, an accelerated death benefit payment for Chronic Illness will be paid if:

- An Accelerated Death Benefit for Terminal Illness has not been previously paid;
- An Accelerated Death Benefit for Chronic Illness has not been previously paid; and
- We receive due proof that the Insured has a Chronic Illness.

We call this accelerated death benefit a Chronic Care Benefit. *The Chronic Care Benefit does not provide for long-term care insurance or for nursing-home insurance and is not conditioned on the receipt of long-term care or medical services.*

A Chronic Care Benefit payment will not be allowed if the Certificateowner is required to request the payment by any third party (including any creditor, governmental agency, or trustee in bankruptcy) or as the result of a court order. The Certificateowner cannot be required to apply for the accelerated death benefit before qualifying for Medicaid.

Tax Consequences

A Chronic Care Benefit payment may be taxable. The Chronic Care Benefit is intended to receive favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)). *However, based upon the current tax code, benefits provided by this Endorsement may be taxable if the Insured is not the Certificateowner, the spouse of the Certificateowner, or the dependent child of the Certificateowner. You should seek tax advice from your personal tax advisor prior to requesting a Chronic Care Benefit payment.*

Definitions:

All the defined terms of the Certificate apply to this Endorsement, except for those that are inconsistent with the Endorsement.

Activities of Daily Living are:

- **Bathing:** the washing of oneself by sponge bath, or in either a tub or shower, including the task of getting in or out of the tub or shower.
- **Continence:** the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
- **Dressing:** putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating:** feeding oneself by getting food to the body from a receptacle (such as a plate, cup or table) or being fed by a feeding tube or intravenously.
- **Toileting:** getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring:** moving into or out of a bed, chair, or wheelchair.

Chronic Illness means the Insured is permanently unable to perform without Substantial Assistance:

- At least two (2) Activities of Daily Living due to loss of functional capacity; or
- Requires Substantial Supervision to protect the Insured from threats to health or safety due to permanent Severe Cognitive Impairment.

Hands-On Assistance is the physical assistance of another person without which the Insured would be unable to perform an Activity of Daily Living.

Qualified Medical Practitioner is any licensed medical practitioner, other than the Insured, the Certificateowner, or an Insured's household or family member.

Severe Cognitive Impairment is the deterioration or loss of intellectual capacity that is comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia, resulting in a deficiency in the Insured's:

- Short or long term memory;
- Orientation as to person (such as the person's identity), place (such as the person's location) and time (such as day, date and year);
- Deductive or abstract reasoning; or
- Judgment as it relates to safety awareness,

which requires Substantial Supervision.

Stand-By Assistance is the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while the Insured is performing the Activities of Daily Living.

Substantial Assistance is Hands-On Assistance or Stand-By Assistance.

Substantial Supervision is the continual supervision by another person to protect a person with a Severe Cognitive Impairment or others from threats to health or safety (such as may result from wandering). Such supervision may include cueing by verbal prompting, gestures or other similar demonstrations.

Eligible Amount For The Chronic Care Benefit

The Eligible Amount for the Chronic Care Benefit is determined on the date we receive due proof of Chronic Illness, and is 75% of the Face Amount plus any paid-up additions. The Eligible Amount for the Chronic Care Benefit does not include the amount of benefit under any Rider, unless otherwise specified in the Rider.

The Chronic Care Benefit will be capped at the maximum amount allowed by the Internal Revenue Code in section 7702B(d)(4). This maximum is calculated as the per diem dollar amount adjusted for inflation and multiplied by three hundred sixty-five (365).

Fee For Exercising The Chronic Care Benefit

There is a fee for exercising the Chronic Care Benefit. The fee is a percentage of the Eligible Amount for the Chronic Care Benefit and is determined based upon the Attained Age of the Insured on the date we receive due proof of Chronic Illness.

Insured Attained Age	Fee As A Percentage Of The Eligible Amount For The Chronic Care Benefit
Under age 35	36%
Ages 35 - 44	27%
Age 45 and above	18%

Chronic Care Benefit Payment Amount

The amount of the Chronic Care Benefit payment will be fixed at the time we receive due proof of Chronic Illness. The amount of the Chronic Care Benefit payment is the Eligible Amount for the Chronic Care Benefit, less the sum of:

- The fee for exercising the Chronic Care Benefit; plus
- Any due but unpaid premiums; plus
- 75% of any Certificate Debt outstanding.

If the Eligible Amount for Chronic Care Benefit is reduced by a percentage of Certificate Debt outstanding, then the amount of the reduction will be applied to repay the outstanding Certificate Debt.

If the Chronic Care Benefit is capped at the maximum amount allowed by the Internal Revenue Code in section 7702B(d)(4), we will calculate a new percentage for the Eligible Amount for the Chronic Care Benefit necessary so that the resulting Chronic Care Benefit payment does not exceed the per diem dollar amount limitation multiplied by three hundred sixty-five (365). That percentage will be used in place of the 75% to determine the Eligible Amount for the Chronic Care Benefit, the Chronic Care Benefit Payment Amount, and the Effect on Certificate.

How We Pay

Unless the benefit is otherwise assigned or designated by the Certificateowner, the Chronic Care Benefit will be made to the Certificateowner in a lump sum. Prior to payment of the Chronic Care Benefit, any assignee (other than Massachusetts Mutual Life Insurance Company) or irrevocable beneficiary, must provide a signed acknowledgement of consent for the payment.

If prior to making the Chronic Care Benefit payment, we receive due proof of the Insured's death, we will not make the Chronic Care Benefit payment; we will administer the Death Benefit as if no request had been received under this Endorsement.

Effect On Certificate

After the Chronic Care Benefit payment is made, the Certificate will remain in full force. Any Riders not included in determining the Eligible Amount for the Chronic Care Benefit will not be affected; they will continue in accordance with their terms. If the Certificate has a Waiver of Premium Rider and premium is not currently being waived at the time a Chronic Care Benefit is paid, we will review your eligibility for any Waiver of Premium Rider benefit as a result of the due proof of Chronic Illness.

For the Certificate, the amounts of insurance and all values, excluding any dividend accumulations, will be reduced by 75%. Premiums for the Certificate will be based on the reduced amount of insurance. Any outstanding Certificate Debt will also be reduced by 75%.

When the Chronic Care Benefit payment is made, we will send the Certificateowner revised Certificate Specifications. The Accidental Death Benefit Rider, if attached to the Certificate, is not affected by the Terminal Illness Benefit or the Chronic Care Benefit.

Due Proof Of Chronic Illness

A Chronic Care Benefit requires due proof of Chronic Illness be given to us at our Administrative Office.

Due proof of Chronic Illness includes a written certification that the Insured has a Chronic Illness. Written certification must be within the preceding 12-month period and by a Qualified Medical Practitioner.

As part of the due proof of Chronic Illness, we have the right to require an examination of the Insured at our expense by a Qualified Medical Practitioner chosen by us. The confirming examination must be completed within 90 days after the date we notify the Certificateowner of this requirement.

Termination Of The Right To Receive A Chronic Care Benefit

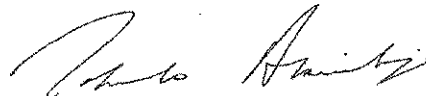
The right to a Chronic Care Benefit ends automatically if and when:

- A Chronic Care Benefit payment is made; or
- A Terminal Illness Benefit payment is made; or
- The Certificate is no longer in full force; or
- The Certificate terminates for any reason.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY



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Waiver of Premium Rider

This Rider provides a benefit if the Insured becomes totally disabled, as described below.

This Rider is non-participating, which means that no dividends will be payable under this Rider.

All the provisions of the Certificate apply to this Rider, except for those that are inconsistent with this Rider.

Rider Date

The Rider Date and the premiums for this Rider are shown in the Certificate Specifications. The Rider Date is the date that coverage under this Rider is effective.

Rider Benefit

We will waive premiums for the Certificate including all Riders (unless specifically excluded by the terms of a Rider) on their due dates based on the payment frequency that was in effect when the total disability began. The premiums that will be waived are:

- Any premium that becomes due after the Insured has been totally disabled for six continuous months;
- Any premium that was due during the first six continuous months of the Insured's total disability; and
- Any premium (except the first one) that was due during the 31-day period before total disability began.

If any of these premiums have been paid to us, they will be refunded when the waiver benefit is approved.

Before we can start waiving premiums, the total disability must have:

- Lasted at least six consecutive months;
- Begun while the Certificate is in full force; and
- Begun prior to the Insured's Attained Age 67.

The benefit provided under this Waiver of Premium Rider will not reduce the benefits payable under the Certificate and any other Riders. All rights and values under the Group Policy, Certificate, and any other Riders will be the same as if the premiums had been paid. The only exception is that the frequency of premium payments cannot be changed while the Insured is totally disabled.

If there is any Certificate Debt while the Insured is totally disabled, benefits provided under this Rider do not guarantee that the Certificate will continue in full force.

When Benefits End

The benefits under this Rider will end when any of the following occurs:

- The Insured is no longer totally disabled;
- Satisfactory proof of continued total disability is not given to us as required;
- The Insured refuses or fails to have an examination we require; or
- The Insured reaches Attained Age 67.

Exclusions

This Rider does not provide any benefit if the total disability is a result of any of the following:

- Injury or disease the Insured intentionally caused to himself or herself.
- War, declared or undeclared, or any act of war.
- Service in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "War" includes undeclared war and any act of war. "Country" includes any international organization or group of countries.
- Committing or attempting to commit an assault or felony.

Total Disability

The disability of the Insured is considered total if:

- The disability is caused by sickness or injury;
- The Insured is under a doctor's care; and
- The disability prevents the Insured from engaging in any occupation the Insured is or may become qualified to perform based on education, training, or experience.

Example: You are a full-time surgeon. You receive an injury to your hands that prevents you from performing surgery, but you can carry on a general medical practice. Your occupation, under this Rider, will be any that you are reasonably qualified to do based on your education, training, or experience. Since you can carry on a general medical practice, we would not consider you to be totally disabled.

We consider any of the following to be a total disability even if the Insured is able to work.

- Permanent loss of sight in both eyes;
- Permanent loss of use of both hands, or both feet; or
- Permanent loss of use of one hand and one foot.

Recurrent Disabilities

A period of total disability due to the same condition or related conditions as that of an earlier period of total disability may be considered to be a continuation of the earlier period if less than six months have passed. We will consider it to be a continuation of the earlier period. If six months or more have passed, we will consider it to be a new period of total disability.

Example: You were totally disabled for 10 months because of a severe knee injury. Two weeks after you recover, your knee fails and you are totally disabled again. We consider this to be a continuation of the earlier period of total disability.

Proof of Total Disability

Before any benefit is allowed, proof of total disability must be given to us at our Administrative Office. Proof of total disability includes written proof from a licensed medical practitioner, other than the Insured or an Insured's family member, satisfactory to us, that:

- The Insured is totally disabled;
- Total disability began while this Rider was in full force;
- Total disability began before the Insured's Attained Age 67; and
- Total disability has continued for six continuous months.

As part of the proof of total disability, we have the right to require an examination of the Insured at our expense by a physician chosen by us.

When Proof Must Be Given

Written proof must be given to us

- While the Insured is living;
- While the Insured is totally disabled; and
- Within one year of the due date of any premium to be waived.

However, if it was not reasonably possible to provide proof of total disability within these time limits, we will consider the proof of total disability if proof is given as soon as reasonably possible.

Proof of Continued Disability

We may require satisfactory proof of continued disability not more than once a year. We have the right to require an examination of the Insured at our expense by a physician chosen by us.

Contestability

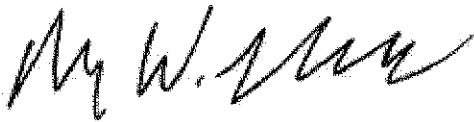
This Rider will be Contestable on the same basis as the Certificate during the lifetime of the insured for two years from the Rider Date.

Termination of This Rider

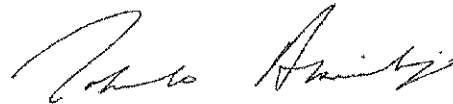
This Rider will terminate when:

- The Certificate is terminated for any reason;
- The Certificate is being continued as paid up life insurance;
- We receive a Written Request from the Certificateowner to cancel this Rider; or
- The Insured reaches Attained Age 67.

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Spouse or Domestic Partner Term Life Insurance Rider

This Rider provides level term insurance on the life of an Insured Spouse or Insured Domestic Partner.

This Rider is non-participating, which means that no dividends will be payable under this Rider.

This Rider is attached to and made part of the Certificate as of the Rider Date.

All the provisions and defined terms of the Certificate apply to this Rider, except for those that are inconsistent with this Rider.

Insured Spouse – A lawfully married spouse of the Employee between the ages of 18 and 65.

Insured Domestic Partner – A domestic partner of the Employee between the ages of 18 and 65.

Rider Date and Cost

The Rider Date and Premium for this Rider are shown in the Certificate Specifications. The Rider Date is the date that coverage under this Rider becomes effective.

Rider Benefit

We will pay the Rider Death Benefit Amount shown in the Certificate Specifications to the Certificateowner when we receive due proof that the Insured Spouse/ Insured Domestic Partner died while covered under this Rider. This Rider will terminate upon payment of the Rider Death Benefit Amount.

Paid-up Term Life Insurance

If the Insured dies while this Rider is in force, the term life insurance covering the Insured Spouse/Insured Domestic Partner will become fully paid-up non-participating term life insurance and no more Premiums for this coverage will be imposed. The Insured Spouse/Insured Domestic Partner will be the owner of such paid-up term life insurance, and will have the right to name the beneficiary of this coverage.

The coverage will be equal to the Rider Death Benefit Amount.

This paid-up term life insurance may be surrendered at any time for the sum of the net single premium for such insurance coverage. We call this the surrender value. The basis for the net single premium will be:

- Interest of 3% per year;
- The Commissioner's 2017 Standard Ordinary Mortality Table;
- The Insured Spouse's/Insured Domestic Partner's age on his/her last birthday; and
- The assumption that the Rider Death Benefit Amount will be paid immediately.

The surrender value of any paid-up term insurance surrendered within 30 days after the Anniversary Date will be not less than the surrender value as of that date.

The paid-up term life insurance will expire on the earlier of:

- The Anniversary Date immediately following the Insured Spouse's/Insured Domestic Partner's 65th birthday; or
- The Anniversary Date on which the Insured would have reached Attained Age 67.

Conversion Privilege

When the coverage of an Insured Spouse/ Insured Domestic Partner under this Rider terminates for any reason other than the non-payment of premium, the Insured Spouse/Insured Domestic Partner may convert this Rider to permanent life insurance on a policy form that we then issue, without any riders, for the then current rates and limits, without evidence of insurability.

The following conditions must be met in order for conversion to occur:

- We must receive the conversion application and any required premium at our Administrative Office within 31 days of the termination of coverage under this Rider.
- Coverage under the new policy will become effective on the date both the application and required premium are received. The amount of insurance under the new policy shall not exceed the amount of the terminated coverage less the amount of any group life coverage that the Insured Spouse/ Insured Domestic Partner is or becomes eligible for within 31 days after termination.

If the Insured Spouse/ Insured Domestic Partner dies within the 31 day period described above, we will pay a death benefit equal to the amount of insurance under the new policy stated above whether or not we receive the conversion application or the payment of the first premium has been made.

Suicide

If the Insured Spouse/ Insured Domestic Partner dies by suicide, while sane or insane, within two years after the Rider Date, the amount we will pay will be limited to the cost for this Rider.

Contestability

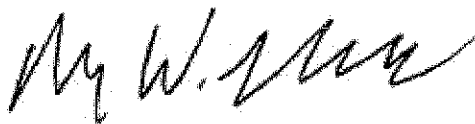
This Rider will be contestable on the same basis as the Certificate during the lifetime of the Insured for two years from the Rider Date.

Termination of This Rider

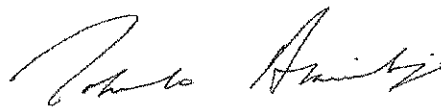
Subject to the Conversion Privilege, coverage under this Rider will terminate on the earliest of:

- The date of payment of the Rider Death Benefit Amount;
- The date the Certificate terminates for any reason;
- The date we receive a Written Request from the Certificateowner to cancel this Rider; or
- The Anniversary Date on or immediately following the Insured Spouse's/Insured Domestic Partner's 65th birthday; or
- The Anniversary Date on which the Insured reaches Attained Age 67; or
- The date the non-forfeiture option under the Certificate becomes effective.

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Children's Term Life Insurance Rider

This Rider provides level term insurance on the life of any Insured Child.

This Rider is non-participating, which means that no dividends will be payable under this Rider.

This Rider is attached to and made part of the Certificate as of the Rider Date.

All the provisions and defined terms of the Certificate apply to this Rider, except for those that are inconsistent with this Rider.

Insured Child – A child of the Employee who is between the ages of 14 days and 25 years and is:

- A natural child;
- A legally adopted child; or
- A stepchild.

Coverage on any newborn child will be effective on the 14th day after birth.

Rider Date and Cost

The Rider Date and the Premium for this Rider are shown in the Certificate Specifications. The Rider Date is the date that coverage under this Rider becomes effective.

Rider Benefit

We will pay the Rider Death Benefit Amount shown in the Certificate Specifications to the Certificateowner when we receive due proof that the Insured Child died while covered under this Rider.

Paid-up Term Life Insurance Benefit

If the Insured dies while this Rider is in force, the term life insurance covering each Insured Child will become fully paid-up non-participating term life insurance, and no more Premiums for this coverage will be imposed. The Insured Child or the Insured Child's legally appointed guardian will be the owner of such paid-up term life insurance, and will have the right to name the beneficiary of this coverage.

The coverage for each Insured Child will be equal to the Rider Death Benefit Amount. For any child then alive and under the age of 14 days, such paid-up term life insurance will commence when such child reaches the age of 14 days.

This paid-up term life insurance may be surrendered at any time for the sum of the net single premium for such insurance coverage. We call this the surrender value. For each Insured Child, the basis for the net single premium will be:

- Interest of 3% per year;
- The Commissioner's 2017 Standard Ordinary Mortality Table;
- The Insured Child's age on his/her last birthday; and
- The assumption that the Rider Death Benefit Amount will be paid immediately.

The surrender value of any paid-up term insurance surrendered within 30 days after the Anniversary Date will be not less than the surrender value as of that date.

The paid-up term life insurance will expire on the earlier of:

- The Anniversary Date immediately following the Insured Child's 26th birthday; or
- The Anniversary Date on which the Insured would have reached Attained Age 67.

Conversion Privilege

When the coverage of an Insured Child under this Rider terminates for any reason other than the non-payment of premium, the Insured Child may convert this Rider to permanent life insurance on a policy form that we then issue, without any riders, for the then current rates and limits, without evidence of insurability.

The following conditions must be met in order for conversion to occur:

- We must receive the conversion application and any required premium at our Administrative Office within 31 days of the termination of coverage under this Rider.
- Coverage under the new policy will become effective on the date both the application and required premium are received.
- The amount of insurance under the new policy shall not exceed the amount of the terminated coverage less the amount of any group life coverage that the Insured Child is or becomes eligible for within 31 days after termination.

If the Insured Child dies within the 31 day period described above, we will pay a death benefit equal to the amount of insurance under the new policy stated above whether or not we receive the conversion application or the payment of the first premium has been made.

Suicide

If an Insured Child dies by suicide, while sane or insane, within two years after the Rider Date, the amount we will pay will be limited to the cost for this Rider.

Contestability

This Rider will be contestable on the same basis as the Certificate during the lifetime of the Insured for two years from the Rider Date.


Termination of This Rider

Subject to the Conversion Privilege, coverage for an Insured Child under this Rider will terminate on the earliest of:

- The date the Certificate terminates for any reason; or
- The date we receive a Written Request from the Certificateowner to cancel this Rider; or
- The Anniversary Date on or immediately following the Insured Child's 26th birthday; or
- The Anniversary Date on which the Insured reaches Attained Age 67; or
- The date the non-forfeiture option under the Certificate becomes effective.

Notwithstanding the above, this Rider will not terminate on the Anniversary Date on or immediately following an Insured Child's 26th birthday if such child at that time is both (1) incapable of self-sustaining employment due to intellectual disability or physical handicap and (2) chiefly dependent upon the Insured for support and maintenance. We may require that proof of incapacity and dependency be submitted by the Insured within 31 days of such Insured Child's 26th birthday. After such Insured Child's 28th birthday we may require, annually, continued proof of incapacity and dependency in order for coverage to continue. The premium we charge for such continued coverage will be at our then customary group life insurance rate applicable to such extended coverage.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY



PRESIDENT



SECRETARY



Group Application for MassMutual@Work
Group Whole Life

Massachusetts Mutual Life Insurance Company 1296 State Street, Springfield, Massachusetts 01111-0001

Group Information

Group Name Pittsylvania County Government	Taxpayer Identification Number 54-6001508
PO Box or Street, Apt. or Suite # PO Box 426	City Chatham
State or Country VA	ZIP/Postal Code 24531

Eligibility and Benefit Selection

- Indicate class description: Employees working a minimum of 30 hours per week
 Employees/Members must be between the ages of 18 and 75 who are continuously at work at their usual and customary location, maintaining their normal work schedule, performing all the duties of their occupation without limitation due to injury or sickness.
- Number of eligible employees/members: ~~300~~ 364
- Proposed effective date (mm/dd/yyyy): 10/01/2022

Group Whole Life

Yes No

Benefit options (Select all that apply):

Waiver of Premium Accidental Death Benefit

Dependent Life Insurance

Spouse or Domestic Partner and Children's Term Life Insurance Riders

Agreement and Signature

I understand that this insurance is subject to the approval of Massachusetts Mutual Life Insurance Company (MassMutual), and that nothing contained herein shall be binding against MassMutual until this insurance is approved and accepted by MassMutual. I hereby represent that all information herein, relative to the application and agreement, is true and complete and that I have read and understand the form.

I understand that MassMutual will rely on these statements and this information in approving this application and in determining if the enrolling employees may become insured.

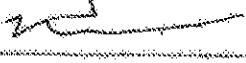
Upon MassMutual's approval, insurance will become effective on the date specified by MassMutual.

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated Virginia law.

Group name: Pittsylvania County Government

Signature of authorized representative:  Date: 7/20/2022

Printed name: HOLLY E. STANFIELD Title: HR MANAGER

Producer signature: 

Printed name: Mark Browder Date: 7-20-2022

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives

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Massachusetts Mutual Life Insurance Company

Home Office:
1295 State Street
Springfield, Massachusetts 01111-0001

Group Whole Life Insurance Policy

Notice of Annual Meeting

The Group Policyholder is hereby notified that by virtue of this Group Policy he, she or it is a member of Massachusetts Mutual Life Insurance Company and is entitled to vote either in person or by proxy at any and all meetings of said Company. The annual meetings are held at its Home Office, in Springfield, Massachusetts, on the second Wednesday of April in each year at 2 o'clock p.m.

Massachusetts Mutual Life Insurance Company US Insurance* Privacy Notice

At Massachusetts Mutual Life Insurance Company ("MassMutual") we recognize that our relationships with you are based on integrity and trust. As part of that trust relationship, we want you to understand that in order to provide our products and services to you, we must collect, use and share personal information about you. This Privacy Notice describes policies and practices about how we protect, collect and share personal information related to the products and services you receive from us, including life insurance, disability income insurance, long-term care insurance, and individual annuities. It also describes how you can limit some of that sharing.

We Protect Your Personal Information By:

- Using security measures that include physical, electronic and procedural safeguards to protect your personal information from unauthorized access or use in accordance with state and federal requirements.
- Training employees to safeguard personal information and restricting access to personal information to those employees who need it to perform their job functions.
- Contractually requiring business partners with whom we share your personal information to safeguard it and use it exclusively for the purpose for which it was shared.

Personal Information We May Collect:

The types of personal information we may collect depend on the type of product or service you have with us and may include:

- Information that you provide to us on applications or forms, during conversations with us or our representatives, or when you visit our website (for example, your name, address, Social Security number, date of birth, income, and assets, beneficiaries, and medical or health information).
- Information about your transactions with us and our affiliates, including your policy coverages, premiums, and payment history.
- Information from third parties such as consumer or other reporting agencies and medical or health care providers.

We May Share All of the Personal Information We Collect, as Described Above, With:

- Agents, brokers and others who provide our products and services to you;
- Our affiliated companies, such as insurance or investment companies, insurance agencies or broker-dealers that market our products and services to you;
- Companies that perform marketing or administrative services for us;
- Nonaffiliated companies in order to perform standard business functions on our behalf including those related to processing transactions you request or authorize, or maintaining your policy or contract;
- Courts and government agencies in response to court orders or legal investigations;
- Credit bureaus; and
- Other financial institutions with whom we may jointly market products, if permitted in your state.

In addition, we may share certain of your personal information with your MassMutual financial professional, if he or she is a career agent of ours who terminates their relationship with us to join another financial institution (whom we call a “departing MassMutual financial professional”) so that he or she can continue to work with you at his or her new company.

Please note that any personal information consisting of medical or health information is only shared with third parties to perform business, professional or insurance functions on our behalf or as authorized by you.

Important Privacy Choices

MassMutual respects your privacy choices. If you have a relationship with a departing MassMutual financial professional, as described above, and you prefer that we do not share your personal information, such as information about your insurance policies or contracts held with us, with him or her under these circumstances, you can opt out of this sharing by directing us not to do so. If you wish to opt out of the sharing of your personal information with your departing MassMutual financial professional you may:

- Call us at 1-800-272-2216

You may make this privacy choice and contact us at any time, however, if we do not hear from you we may share your information with your departing MassMutual financial professional as described above. If this is a joint account, if one joint owner tells us not to share information that choice will apply to the other owner or owners. If you have already told us your choice, there is no need to do so again.

If you have not purchased a product or service through a MassMutual financial professional or you do not have a relationship with a MassMutual financial professional, as described above, you do not need to contact us as we will not share your personal information other than as described in this notice.

Other than as described above, we will only share your personal information as permitted by law and, if the law requires us to obtain your consent or give you the opportunity to opt out of some types of sharing, we will do so before sharing the information.

Certain state laws may provide residents with additional protections for personal information. If you are a resident of one of the states listed below, we will not share your personal information with your departing MassMutual financial professional unless we receive your express consent.

Arizona	Georgia	Massachusetts	Nevada	North Carolina	Oregon
California	Illinois	Minnesota	New Jersey	North Dakota	Vermont
Connecticut	Maine	Montana	New Mexico	Ohio	Virginia

If you are no longer our customer, we may continue to share your personal information as described in this Privacy Notice.

If you have any questions or concerns about this Privacy Notice, please contact us at 1-800-272-2216.



This Privacy Notice is being provided on behalf of the following insurance companies: Massachusetts Mutual Life Insurance Company (MassMutual), C.M. Life Insurance Company, and MML Bay State Life Insurance Company.

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Massachusetts Mutual Life Insurance Company
1295 State Street, Springfield, Massachusetts 01111-0001

**DISCLOSURE STATEMENT
GROUP WHOLE LIFE INSURANCE CERTIFICATE ACCELERATED DEATH BENEFIT FEATURES
ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS
AND ACCELERATED DEATH BENEFIT FOR CHRONIC ILLNESS**

This document provides disclosures for Accelerated Death Benefit for Terminal Illness feature and includes disclosures for the Accelerated Death Benefit for Chronic Illness available in the Group Whole Life Insurance Certificate.

*Accelerated Death Benefit payments **MAY BE TAXABLE** and assistance should be sought from a personal tax advisor.*

ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS

A. Condition For Payment Of Terminal Illness Benefit

Terminal illness reducing life expectancy to 12 months or less that is first diagnosed after the Certificate Date.

B. Limitations Of The Terminal Illness Benefit

- (1) The Terminal Illness Benefit does not provide for long-term care insurance or for nursing-home care insurance. The amount payable under this feature may not be enough to cover the Insured's medical, nursing-home, or other bills.
- (2) Receipt of the Terminal Illness Benefits available under this Certificate **MAY AFFECT MEDICAID** and **SUPPLEMENTAL SECURITY INCOME ("SSI")** eligibility. Exercising the option to accelerate benefits and receiving those benefits before applying for these programs, or while receiving government benefits, may affect initial or continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and the Social Security Administration Office for more information.
- (3) The right to a Terminal Illness Benefit automatically ends if and when:
 - An accelerated death benefit payment has been made; or
 - The Certificate is no longer in full force; or
 - The Certificate terminates for any reason.

C. Payment Option Available

The amount of Terminal Illness Benefit is equal to 75% of the Death Benefit less:

- Any due but unpaid premiums; and
- 75% of any loans or loan interest outstanding.

D. Premium For The Terminal Illness Benefit:

No additional premium is charged for the Accelerated Death Benefit for Terminal Illness feature.

E. Effect On Certificate For Exercising the Terminal Illness Benefit:

If a Terminal Illness Benefit payment is made, the Certificate will remain in full force. For the Certificate, the amounts of insurance and all values will be reduced by 75%. Premiums for the Certificate will be based on the reduced amount of insurance. Any outstanding Certificate loans and loan interest will also be reduced by 75%.

ACCELERATED DEATH BENEFIT FOR CHRONIC ILLNESS

A. Condition For Payment Of Chronic Care Benefit

The Chronic Care Endorsement provides an accelerated death benefit for Chronic Illness if the Insured has a Chronic Illness. We call this accelerated death benefit a Chronic Care Benefit.

A Chronic Care Benefit requires due proof of Chronic Illness be provided to us at our Administrative Office. Due proof of Chronic Illness includes a written certification that the Insured has a Chronic Illness. When requesting a Chronic Care Benefit, written certification of Chronic Illness by the Qualified Medical Practitioner must be dated within the preceding 12-months.

An Insured will have a Chronic Illness, if the Insured is permanently unable to perform without Substantial Assistance:

- At least two (2) Activities of Daily Living due to loss of functional capacity; or
- Requires Substantial Supervision to protect the Insured from threats to health or safety due to permanent Severe Cognitive Impairment.

Activities of Daily Living are:

- Bathing: the washing of oneself by sponge bath, or in either a tub or shower, including the task of getting in or out of the tub or shower.
- Continence: the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
- Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- Eating: feeding oneself by getting food to the body from a receptacle (such as a plate, cup or table) or being fed by a feeding tube or intravenously.
- Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- Transferring: moving into or out of a bed, chair, or wheelchair.

Hands-On Assistance is the physical assistance of another person without which the Insured would be unable to perform an Activity of Daily Living.

Qualified Medical Practitioner is any licensed medical practitioner, other than the Insured, the Certificateowner, or an Insured's household or family member.

Severe Cognitive Impairment is the deterioration or loss of intellectual capacity that is comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia, resulting in a deficiency in the Insured's:

- Short or long term memory;
- Orientation as to person (such as the person's identity), place (such as the person's location) and time (such as day, date and year);
- Deductive or abstract reasoning; or
- Judgment as it relates to safety awareness,

which requires Substantial Supervision.

Stand-By Assistance is the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while the Insured is performing the Activities of Daily Living.

Substantial Assistance is Hands-On Assistance or Stand-By Assistance.

Substantial Supervision is the continual supervision by another person to protect a person with a Severe Cognitive Impairment or others from threats to health or safety (such as may result from wandering). Such supervision may include cueing by verbal prompting, gestures or other similar demonstrations.

B. Limitations Of The Chronic Care Benefit

(1) The Chronic Care Benefit does not provide for long-term care insurance or for nursing-home care insurance. The amount payable under this feature may not be enough to cover the Insured's medical, nursing-home, or other bills.

(2) Receipt of the Chronic Care Benefit available under this Certificate **MAY AFFECT MEDICAID** and **SUPPLEMENTAL SECURITY INCOME ("SSI")** eligibility. Exercising the option to accelerate benefits and receiving those benefits before applying for these programs, or while receiving government benefits, may affect initial or continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and the Social Security Administration Office for more information.

(3) A Chronic Care Benefit payment will not be allowed if the Certificateowner is required to request the payment by any third party (including any creditor, government agency or trustee in bankruptcy) or as the result of a court order. The Certificateowner cannot be required to apply for the accelerated death benefit before qualifying for Medicaid.

(4) The Chronic Care Benefit will be capped at the maximum amount allowed by the Internal Revenue Code in section 7702B(d)(4). This maximum is calculated as the per diem dollar amount adjusted for inflation and multiplied by three hundred sixty-five (365).

(5) The right to a Chronic Care Benefit automatically ends if and when:

- An accelerated death benefit payment has been made; or
- The Certificate is no longer in full force; or
- The Certificate terminates for any reason.

C. Payment Option Available For The Chronic Care Benefit

The Eligible Amount for the Chronic Care Benefit is determined on the date we receive due proof of Chronic Illness, and is 75% of the Face Amount plus any paid-up additions. The Eligible Amount for the Chronic Care Benefit does not include the amount of benefit under any Rider, unless otherwise specified in the Rider.

The amount of the Chronic Care Benefit payment will be fixed at the time we receive due proof of Chronic Illness. The amount of the Chronic Care Benefit payment is the Eligible Amount for the Chronic Care Benefit, less the sum of:

- The fee for exercising the Chronic Care Benefit; plus
- Any due but unpaid premiums; plus
- 75% of any Certificate Debt outstanding.

D. Fee For Exercising The Chronic Care Benefit

There is not a premium charge for the Chronic Care Benefit. There is a fee for exercising the Chronic Care Benefit. The fee is a percentage of the Eligible Amount for the Chronic Care Benefit, and is determined based upon the Attained Age of the Insured on the date we receive due proof of Chronic Illness.

Insured Attained Age	Fee As A Percentage Of The Eligible Amount For The Chronic Care Benefit
Under age 35	36%
Ages 35-44	27%
Age 45 and above	18%

E. Effect On Certificate For Exercising The Chronic Care Benefit

After the Chronic Care Benefit payment is made, the Certificate will remain in full force. Any Riders not included in determining the Eligible Amount for the Chronic Care Benefit will not be affected; they will continue in accordance with their terms. If the Certificate has a Waiver of Premium Rider and premium is not currently being waived at the time a Chronic Care Benefit is paid, we will review your eligibility for any Waiver of Premium Rider benefit as a result of the due proof of Chronic Illness.

For the Certificate, the amounts of insurance and all values, excluding any dividend accumulations, will be reduced by 75%. Premiums for the Certificate will be based on the reduced amount of insurance. Any outstanding Certificate Debt will also be reduced by 75%.

When a Terminal Illness Benefit or a Chronic Care Benefit payment is made, we will send the Certificateowner revised Certificate Specifications. The Accidental Death Benefit Rider if attached to the Certificate, is not affected by the accelerated death benefit.

Upon request for a Terminal Illness Benefit or a Chronic Care Benefit payment, the Certificateowner will be given a statement illustrating the effect of the acceleration of the death benefit on the Certificate. This is a disclosure statement only. Detailed information is contained in the issued Certificate. The terms of the issued Certificate take precedence over the information in this disclosure statement.

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

Massachusetts Mutual Life Insurance Company
1295 State Street, M.S. D081
Springfield MA 01111-0001

Telephone: 1-800-272-2216

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Commonwealth of Virginia
Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA 23218

Telephone:
1-877-310-6560 (Nationwide Toll-Free)
1-800-552-7945 (VA Toll-Free)
1-804-371-9741 (in Richmond)

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

BENEFICIARY DESIGNATION MAY NOT APPLY IN THE EVENT OF ANNULMENT OR DIVORCE

Under Virginia law (Virginia Code Section 20-111.1), a revocable beneficiary designation in a policy owned by one spouse that names the other spouse as beneficiary becomes void upon the entry of a decree of annulment or divorce, and the death benefit prevented from passing to a former spouse will be paid as if the former spouse had predeceased the decedent. In the event of annulment or divorce proceedings, and if it is the intent of the parties that the beneficiary designation of the former spouse is to continue, you are advised to make certain that one of the following courses of action is taken prior to the entry of a decree of annulment or divorce: (i) change the beneficiary designation to make it irrevocable; (ii) change the ownership of the policy or contract; (iii) execute a separate written agreement stating the intention of both parties that the beneficiary designation is to remain in effect beyond the date of entry of the decree of annulment or divorce; or (iv) make certain that the decree of annulment or divorce contains a provision stating that the beneficiary designation is not to be revoked pursuant to Section 20-111.1.

**NOTICE OF
PROTECTION PROVIDED BY
VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values

Health Insurance

- \$500,000 in hospital, medical and surgical insurance benefits
- \$300,000 in disability (income) insurance benefits
- \$300,000 in long-term care insurance benefits
- \$100,000 in other types of health insurance benefits

Annuities

- \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for hospital, medical and surgical insurance benefits, for which the limit is increased to \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association's website at www.valifega.org or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION
c/o APM Management Services, Inc.
1503 Santa Rosa Road, Suite 101
Henrico, VA 23229-5105
804-282-2240

STATE CORPORATION COMMISSION
Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218-1157
804-371-9741
Toll Free Virginia only: 1-800-552-7945
<http://www.scc.virginia.gov/boi/index.aspx>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to 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 Virginia law, then Virginia law will control.

To: Benefit Administrator
From: Massachusetts Mutual Life Insurance Company
RE: Important Insurance Information Enclosed

Welcome to Massachusetts Mutual Life Insurance Company!

Thank you for choosing massmutual@work Insurance Solutions to complement the benefits package you offer to employees. Our valuable benefit solution(s) can help improve your employees' financial security with affordable insurance coverage to protect the ones they love.

Please carefully review your massmutual@work Group Insurance Policy(ies).

The specialists at Concentrix Insurance Administration Solutions Corporation, in Greenville, SC will administer your group policy(ies) and the certificates issued to your employees.

You may also access your employees' certificate information by accessing our online portal located at <https://massmutual.ins-portal.com/>. To access the portal you must first complete the registration process. To assist in the registration process, click "Help" at the top of the landing page to access the "Employer" portal guide. Your plan "group number" will be required to complete the registration.

If we can be of further assistance, please call us toll-free at 1-844-975-7522 (1-844-WRKPLACE). Our Service Professionals can assist you Monday through Friday from 8am to 6pm, Eastern Time.

We appreciate your business and look forward to continuing to deliver solutions to help meet your company's financial needs.

