

MEDICAL SCHOOL PARTICIPATION CERTIFICATE

This certifies that The Paul Revere Life Insurance Company (hereafter called The Paul Revere) has issued a group insurance policy providing long term disability insurance to a Rhode Island bank as Trustee of The Paul Revere Medical and Dental Student Disability Insurance Trust. The school named below has applied for and has been accepted for membership in the Trust on the date specified. The group number for the Participant Medical School is shown below.

**PARTICIPANT MEDICAL SCHOOL: THE JOHN HOPKINS UNIVERSITY SCHOOL OF
MEDICINE**

DATE OF PARTICIPATION: October 1, 1993

GROUP NUMBER: G-45056

REVISION DATE: December 1, 2006

Full-time medical students of the Participant Medical School are eligible for long term disability insurance in accordance with the terms of the policy issued to the Trust.

The Paul Revere will provide each insured Student an individual certificate of insurance.

The benefits provided to eligible insured Students are described in the Schedule of Insurance and in the same booklet-certificate that forms Appendix 1 to this Medical School Participation Certificate. Additional provisions are set forth in Appendices 2, 3, and 4 and describe General Provisions, Premiums and Termination respectively. In Appendix 1, the term "you" means the insured Student. In all other Appendices, it refers to the Participant Medical School named above.

Signed by the officers of The Paul Revere Life Insurance Company at Worcester, Massachusetts.



Vice-President, Corporate Secretary and
Assistant General Counsel



President and Chief Executive Officer

SCHEDULE OF INSURANCE

CLASSIFICATION OF ELIGIBLE STUDENTS:

Class 1: First & Second Year Students

Class 2: Third Year, Fourth Year & Special Program Students

LONG TERM DISABILITY BENEFIT

Amount of Disability Income Benefit: \$1,000 per month - For Class 1

\$1,500 per month - For Class 2

Maximum Benefit Period: To Age 65

Elimination Period: 90 Days

APPENDIX 2
GENERAL PROVISIONS

PARTICIPATING MEDICAL SCHOOL

The Policyholder acts for and on behalf of you and all other Participant Medical Schools. All agreements made between the Policyholder and Us are binding on you and all other Participant Medical Schools.

BECOMING ELIGIBLE FOR STUDENT INSURANCE

A Student is eligible for insurance if he is a member of an eligible class listed on the Schedule of Benefits. No Student is eligible who attends and/or is enrolled in the Participant Medical School on a part-time basis.

A Student must be a permanent resident of the United States, Canada or Puerto Rico in order to be an eligible Student. A Student who is not a citizen is not considered to be eligible for insurance if he leaves the United States, Canada or Puerto Rico for 180 or more consecutive days. However, this provision will not be applicable if an exception is applied for in writing and is approved by US.

WAITING PERIOD

The waiting period is the length of time Students must wait before becoming eligible for insurance.

A student is eligible for insurance when he becomes a full-time Student in a Participant Medical School.

RE-ENROLLED STUDENTS

A re-enrolled Student is treated as a new Student and must re-enroll for long term disability coverage.

EFFECTIVE DATE OF STUDENT INSURANCE

A Student must be actively attending medical school on the date his insurance goes into effect. If he is absent because of Injury or Sickness, insurance does not begin until the Student returns to school on a full-time basis.

If a Student's insurance is Noncontributory, it will become effective on the date the Student is eligible for insurance. In a Noncontributory plan, all eligible Students must be enrolled and premium paid on their behalf.

APPENDIX 2

GENERAL PROVISIONS

If any part of a Student's insurance is Contributory, all the Student's insurance will become effective on the earliest of the following dates:

1. the date the Student becomes eligible for insurance, provided he enrolls for it on or before that date;
2. the date the Student enrolls for insurance, provided such a date is within the thirty-one days after his becoming eligible for insurance; or
3. the first day of the next following **OPEN ENROLLMENT PERIOD**, if the Student enrolls more than thirty-one days after the date he becomes eligible for insurance.

OPEN ENROLLMENT PERIOD

The Open Enrollment provision applies to Contributory plans only.

Open enrollment is thirty-one (31) consecutive days long and begins each calendar year on the first day of your fall term.

An eligible Student who refuses long term disability insurance when he is first eligible to enroll may subsequently select the benefit during an Open Enrollment Period.

We must receive written notice of the Student's request to enroll for insurance, and it must be approved by Us. If the written request is received prior to the Open Enrollment Period, the effective date of the coverage will be the first day of the Open Enrollment Period. If the request is received during an Open Enrollment Period, the effective date of the coverage will be the date We receive the request. In either instance, no Evidence of Insurability is required. Actively at school requirements do apply.

REINSTATEMENT

If a Student requests Us to reinstate his insurance that terminated while he was still eligible to be insured by this Policy, We must first approve evidence of his insurability. Evidence must be given at the Student's expense. The Student's insurance begins on the date We approve the evidence.

CHANGE IN AMOUNTS OF INSURANCE

Your plan may be revised to increase or decrease benefits after its effective date. A change in your plan may occur only on the anniversary of your participation in the Trust. Such revision must be shown in the Participant Medical School's participation certificate.

FOR OTHER GENERAL PROVISIONS AND STUDENT BENEFITS, SEE APPENDIX 1.

APPENDIX 3

PREMIUMS

PAYMENT OF PREMIUMS

All premiums are to be paid [annually] in advance. The payment is due on or before the premium due date. You make premium payment to The Paul Revere Life Insurance Company and send it to the address requested by Us.

THE GRACE PERIOD

A grace period of ninety days is allowed for late payment of all premiums after the first one. Your participation in the Trust automatically terminates if premium payments have not been made at the end of the grace period. Insurance is in force during this grace period and premiums are charged.

AMOUNT OF PREMIUMS

The initial premium rates are shown in the Schedule of Premium Rates below. We have the right to charge new rates effective on any premium due date, unless a rate guarantee rider is in effect. Before We can do this, We must give written notice of the change at least thirty-one days before the new rates take effect.

PREMIUM CHARGES FOR PLAN OR BENEFIT CHANGE IN YOUR PLAN

When a change in your plan or benefits results in a change in premium rate, such change occurs on the anniversary date of your participation in the Trust. New premiums are charged from the effective date of the change.

WAIVER OF PREMIUM

After the Student becomes insured, premium is due for that Student while he is actively at school and during his Elimination Period. Premium for the Student is waived while benefits are payable to him during any continuous period of disability. Provided the Group Policy is in force and you are a Participant Medical School in the Trust when the Student's continuous Period of Disability ends, the Student will remain insured if he returns to active Full-time school attendance and premium payments for the Student resume.

PREMIUM CHARGES FOR STUDENTS ENROLLING ON OTHER THAN ANNIVERSARY OPEN ENROLLMENT PERIOD

For Students enrolling within thirty-one (31) days of eligibility but after the annual Open Enrollment Period, premium is charged on a prorated basis. For each calendar month or any portion of the month to be insured, the Student's premium will be one-twelfth (1/12) of the annual premium charge.

APPENDIX 3

PREMIUMS

PREMIUM CREDITS

If a Student voluntarily terminates his insurance, and We receive notice of the termination on or before 60 days of its effective date, full premium credit is allowed for that Student.

If a Student voluntarily terminates his insurance, and We receive notice of the termination more than 60 days after its effective date, no premium credit is allowed for that Student.

SCHEDULE OF PREMIUM RATES

The initial premium rates are as follows:

\$46.00 per annum per Student - For Class 1

\$69.00 per annum per Student - For Class 2

APPENDIX 4

TERMINATION OF YOUR PARTICIPATION

Your participation in the Trust automatically terminates at the earliest of:

1. the date you discontinue or suspend active operations or are placed in bankruptcy, reorganization, receivership, trusteeship or any other plan or proceeding specified according to the Federal Bankruptcy Act (FBA); or
2. the date you lose accreditation as a medical school; or
3. the date you lose your entity by means of dissolution, merger or otherwise; or
4. the date you are terminated by amendment to or change in the Group Policy; or
5. the end of the grace period for which premium payments have not been made; or
6. the date the Group Policy terminates.

We have the right to terminate your participation in the Trust if:

1. less than fifty percent of the eligible Students are insured; or,
2. fewer than 100 Students are insured.

We also have the right to terminate your participation in the Trust at any time for any business reason judged by Us to be sufficient. We must give you at least thirty days advance written notice of such termination.

TERMINATION OF THE GROUP POLICY

We also have the right to terminate the Group Policy at any time. However, We must give at least thirty days notice of the termination to the Policyholder and all Participant Medical Schools.

You may terminate your participation in the Trust at any time. You must send Us written notice and include the proposed date the insurance will end. However, no termination of your participation in the Trust may take place during a period for which the premiums have been paid. The termination takes effect on the later of:

1. the date given in the notice; or
2. the date We receive the notice.

Premiums must be paid for each month We provide insurance, even if notice of termination had been given to Us. We determine the portion of premium to be paid for any period between the premium due date and the date of termination.