

be payable to you in monthly instalments of not less than \$50 per month during the continuance of such disability, upon receipt by the Equitable of proof of disability before the expiration of one year from the date of its commencement.

4. **BENEFICIARY:** You name your own beneficiary and may at any time change the beneficiary upon written notice to the Equitable through the Association, upon a form provided for this purpose.

5. **TERMINATION OF INSURANCE AND CONVERSION PRIVILEGE:** Your insurance automatically terminates upon termination of your membership in the Association, or upon your ceasing to follow the occupation of teacher or employee in the University of Kansas. But, upon application to the Equitable Life Assurance Society within thirty-one days after such termination, you shall be entitled to have issued to you, without medical examination, a policy of Life Insurance in any one of the forms customarily issued by the Equitable (except term insurance), in an amount, at your discretion, equal to or less than the amount of your protection under the Group Plan, upon the payment of the premium applicable to the class of risk to which you belong and to your age at the time of conversion.

6. **CERTIFICATE OF INSURANCE:** A Certificate of Insurance will be issued to each member insured under the plan. It will show the Table of Amounts of Insurance as shown in this letter and from this table you will, at any time, be able to determine the amount of your coverage.