SUMMARY PLAN DESCRIPTION
CRETE CARRIER CORPORATION GROUP UNIVERSAL LIFE INSURANCE PLAN

This document, together with the Crete Carrier Corporation Welfare Benefits Plan Summary Plan Description and the Certificate (defined below), constitutes the Summary Plan Description for the Crete Carrier Group Universal Life Insurance Plan (the "Plan"), a component benefit program of the Crete Carrier Corporation Welfare Benefits Plan. This Summary of the Plan explains its basic features effective October 13, 2023. It is only a summary. You should keep this Summary with the Certificate and other documents you received regarding the Plan. The separate plan document, insurance contract or other governing document of this Plan contains the actual terms of the Plan. If anything in this Summary or the Certificate is different than the actual terms of the Plan, the Plan controls. Please contact the Crete Carrier Corporation Benefits Department at (800) 998-8005 if you have any questions regarding the Plan.

Plan Name:
Crete Carrier Corporation Group Universal Life Insurance Plan

Plan Number:
501

Name, Address and Telephone Number of the Employer & Plan Sponsor:
CRETE CARRIER CORPORATION
400 NW 56TH STREET
LINCOLN, NE 68528
(800) 998-9100
The Plan Sponsor's Employer Identification Number is 47-0496288.

Hunt Transportation, Inc. is a Participating Employer. "Employer" refers to Crete Carrier Corporation and Hunt Transportation, Inc. collectively.

Type of Plan:
The Plan is a welfare benefits plan that provides benefits in the form of life insurance. Benefits are guaranteed by an insurance contract (the "Policy") issued by the Insurer (defined below).

Plan Administrator:
The Plan Sponsor is the Plan Administrator. The Plan Administrator has full power to interpret and apply the terms of the Plan.

Insurer:
American Heritage Life Insurance Company is the Insurer. The Insurer administers claims. The Insurer has the discretion and authority to interpret and apply the Policy, and to make all determinations regarding coverage and benefits under the Policy. Its determinations are final. The Insurer's home office address is 1776 American Heritage Life Drive, Jacksonville, FL 32224-6687. The Insurer's telephone number for information about the Policy is 1-800-521-3535.

Certificate:
The Insurer's certificate of coverage (the "Certificate") contains additional details about the Plan, including its claims procedures and how you can designate a beneficiary. The Insurer furnished you with a personalized Certificate after you enrolled in the Plan.

You can obtain a specimen Certificate upon request and free of charge by contacting the Plan Administrator, or at www.cretecarrierbenefits.com. More than one specimen Certificate may apply to the Plan. In such cases, the specimen Certificate that applies to you may depend on different factors, including the date of your first enrollment or re-enrollment in the Plan. Instructions for identifying the correct specimen Certificate for you will be posted at www.cretecarrierbenefits.com. The Insurer or the Plan Administrator can also help you determine which specimen Certificate applies to you.

Agent for Service of Legal Process:

General Counsel – Crete Carrier Corporation
400 NW 56th Street, Lincoln, NE 68528; Tel.: (800) 998-9100
Service of legal process may also be made upon the Plan Administrator.

Plan Year, Fiscal Period:

01/01 through 12/31

Enrollment:

Initial enrollment in the Plan generally must occur within 31 days after the date you first meet the eligibility requirements. Before the beginning of each Plan Year, the Plan Administrator will provide an open enrollment period during which eligible persons may elect coverage.

Eligibility:

The following persons are eligible to participate in the Plan:

- An employee of the Employer who regularly works at least 30 hours per week.
- Independent contractors who are owner-operators of over-the-road tractors leased to the Employer and employees of such owner-operators, provided that the applicable individual works a minimum of 30 hours per week on a regular calendar year basis.

Other independent contractors and individuals designated as part-time, temporary, or contract employees are not eligible.

An employee or independent contractor who is eligible for coverage under the Plan may also elect coverage for his or her eligible spouse and/or eligible children. The Certificate contains additional details about eligibility requirements for employees, spouses, and children. The Insurer may require evidence of insurability before coverage commences, and/or impose age or coverage limits for contingent guaranteed issue coverage or simplified issue coverage.

Entry Date:

A person who has met the eligibility criteria for 30 calendar days and who elects to participate in the Plan generally enters the Plan on the first day of the month that occurs on or following the 30th calendar day, provided he or she is actively employed on that day. Special rules apply if you are absent from work due to a Family and Medical Leave of Absence. Please contact the Plan Administrator for more information.

Contributions:

You must contribute the premium for the coverage options you choose. The Insurer determines the premium based on the coverage you elect.

Benefits:

This Plan provides benefits in the form of a lump sum payment upon the death of a participant. A participant may be able to obtain a loan against the value of the Policy, surrender a Policy for cash, or convert it to a reduced paid-up policy. The amount of payments under the Plan depends on several factors, including the amount of coverage and options you elect. Refer to the Certificate for details.

Limits on Benefits:

The Plan will not pay benefits that exceed the death benefit option and amount you choose. You may be required to repay benefits overpaid in error. The Plans' benefits may be limited to premiums paid less applicable charges if an insured commits suicide after the Certificate date. The Insurer may also adjust benefits if a participant's enrollment misstated age, sex, or tobacco use status. The Certificate contains additional details.

Termination of Coverage: Coverage under the Plan will cease if you cancel coverage, if the Employer terminates the Policy or the Plan, if you fail to make required premium payments, if you no longer meet the eligibility requirements, or if you are no longer actively employed by the Employer. Coverage may also terminate due to fraud or intentional misrepresentation, if the Insurer terminates the group Policy, or if the Policy reaches its maturity date. If you cease to meet the Plan's eligibility requirements (other than for non-payment of premiums) or if the Plan terminates, you have the option to continue coverage by paying premiums directly to the Insurer or to convert your coverage to an individual Policy. See the Certificate for details.